



Recupera Record Retrieval Services LLC

185 Great Neck Rd
Suite 403

Great Neck, NY 11021

Tel: (212) 580-1191

FACSIMILE TRANSMITTAL SHEET

TO: Records Custodian	FROM: Recupera Record Retrieval Services
COMPANY: Recupera Record Retrieval Services LLC	DATE: March 2nd, 2026
PHONE NUMBER: (305) 509-8224	RECORDS OF: Emily Kowalski
FAX NUMBER: 212 213 1715	SENDER REFERENCE NUMBER: 7408

RE:

**Requesting Medical and Billing
Records for dates of service indicated
in attached.**

*****Rush Case Please Expedite*****

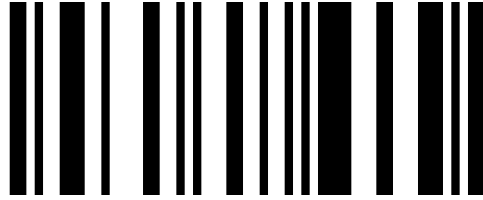
Thank You,

Recupera Record Retrieval Services LLC

Great Neck, NY 11021

Phone: (212) 580-1191

Fax: (212) 213-1715



Recupera Record Retrieval Services LLC
800 Brickell Avenue, 4th Floor
Miami, FL 33131

Recupera #: 7408

Recupera Record Retrieval Services
185 Great Neck Road Suite 403
Great Neck, NY 11021
Phone: (212) 580-1191 / Fax: (212) 213-1715
Email: Records@recuperars.com

ATTN: Custodian of Records:

Recupera Record Retrieval Services LLC
800 Brickell Avenue, 4th Floor
Miami, FL 33131

Please Find Enclosed a request for records of:

PATIENT: Emily Kowalski
DOB: 12/25/1980
SSN:

On behalf of Perri Law LLP, Recupera is a third party records retrieval company that is handling the retrieval of records for this matter involving the above mentioned patient. Please direct any questions or concerns to Recupera. Any prepayment invoices or film breakdowns need to be sent to Recupera. Attached is a signed authorization provided to us from our client, Perri Law LLP, in order to obtain the following requested records per the authorization attached.

If copy costs exceed \$500.00 please contact Recupera Record Retrieval Services LLC for approval prior to sending records.

RUSH CASE - PLEASE EXPIDITE
PLEASE SEND RECORDS IMMEDIATELY

We need these records and legal documents returned BEFORE: As soon as possible

<input checked="" type="checkbox"/> Subpoena	<input type="checkbox"/> Cross Questions
<input type="checkbox"/> Written Questions	<input type="checkbox"/> Affidavit of No Record
<input type="checkbox"/> Affidavit	<input type="checkbox"/> Authorization

Contact: Records Retrieval Department

Recupera Oder Number: 7408



CERTIFICATION OF SATISFACTORY ASSURANCE

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: Emily Kowalski

DOB: 12/25/1980

As required by the Standards for Privacy of Individually Identifiable Health Information ("Privacy Act") promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), this certification provides satisfactory assurances that appropriate steps have been taken to notify and/or otherwise protect the privacy of the individual who is the subject of the protected health information that is being requested.

(X) **Notice**

In compliance with 45 C.F.R. § 164.512(e)(1), I hereby certify, that I have made a good faith attempt to provide written notice to Emily Kowalski the individual, or if the individual's location is unknown, to make a notice to the individual's last known address or legal representation.

Name:	<u>Jack Ma</u>
Street Address:	<u>1 Main Street</u>
City, State, ZipCode:	<u>Smithtown, NY 11787</u>

A copy of such notice is attached to this Certification

I further certify that the notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise and objection to the court or administrative tribunal. I further certify that the time for the individual to raise objections to the court or administrative tribunal has elapsed and either: (1) no objections were filed; or (2) all objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

_____ Qualified Protective Order

In compliance with 45 C.F.R. §16a.512(e)(1), I hereby certify that the parties to the dispute giving rise to this request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute. A copy of the qualified protective order, or my request for such order, is attached hereto.

Bernard Arnault

Name

March 2nd, 2026

Date

/s/ Bernard Arnault

Signature

Perri Law LLP

Company

Recupera # 7408

**FLAGLER COUNTY COURT
CIVIL DIVISION**

Kowalski, Emily
Plaintiff(s)

Case No.: 2024-CV-051998

v.

Northern Ridge Apartments, LP
Defendant(s)

SUBPOENA DUCES TECUM WITHOUT DEPOSITION

To: RECORDS CUSTODIAN
Recupera Record Retrieval Services LLC
800 Brickell Avenue, 4th Floor
Miami, FL 33131

YOU ARE HEREBY COMMANDED to produce the following records for inspection and copying **within fifteen (15) days of your receipt** of this subpoena, by mailing, faxing, or securely delivering them to in electronic format on CD or via E-Mail to Records@recuperars.com.

RECORDS OF Emily Kowalski

ALL BILLING RECORDS, INCLUDING ALL BILLING LEDGERS, AND ALL STATEMENTS REFLECTING PAYMENTS AND ADJUSTMENTS MADE BY OR ON BEHALF OF PATIENT. INCLUDE ANY AND ALL HCFA/CMS-1500 BILLING FORMS AND/OR UB-92/UB-04 FORMS, BILLING R&N, AND BILLING HB 4 FORMS, ALL CPT OR PROCEDURE CODES, HCPCS CODES, ICD-9 CODES, ICD-10 CODES AND ANY AND ALL "E" CODES ASSOCIATED WITH THE PRIMARY DOCTOR, AS WELL AS ANY AND ALL LETTERS OF PROTECTION YOU HAVE RECEIVED AS IT PERTAINS TO THE ABOVE-NAMED INDIVIDUAL.

ANY AND ALL WRITTEN AND ELECTRONIC DOCUMENTS, CORRESPONDENCE, RECORDS AND ITEMIZED STATEMENTS OF CHARGES, INCLUDING BUT NOT LIMITED TO: ALL OFFICE, EMERGENCY ROOM, IN-PATIENT AND OUT-PATIENT CHARTS AND RECORDS, DOCTORS' AND NURSES' NOTES, PAYMENT HISTORY, COPIES OF FILMS, RADIOLOGICAL REPORTS, MRI FILMS, CT SCANS, COLORED INTRA-OPERATIVE PHOTOGRAPHS, INSURANCE DOCUMENTS, INITIAL PATIENT QUESTIONNAIRE, SIGN IN SHEETS, ELECTRONIC RECORDS, ALL PHARMACY RECORDS, ALL DIAGNOSTIC FILMS AND REPORTS, ALL DESCRIPTIONS OF EXERCISES PRESCRIBED, ALL PHYSICAL THERAPY RECORDS, DOCUMENTATION

WHICH INDICATE DATE AND TIME OF PATIENT'S APPOINTMENTS REGARDLESS OF TREATMENT DATE, ANY AND ALL REPORTS OR CORRESPONDENCE INCLUDING BUT NOT LIMITED TO OTHER PHYSICIANS OR OTHER HOSPITALS IN YOUR FILE, INCLUDING CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY. INCLUDE PHYSICIAN'S CURRICULUM VITAE, AND EVERY WRITTEN PIECE OF PAPER INCLUDED WITHIN THE PATIENTS CHART, INCLUDING A COPY OF ANY NOTATIONS ON THE FILE JACKET.

SEND ELECTRONIC RECORDS AND INVOICE TO: RECORDS@RECUPERARS.COM
OR CD OF RECORDS TO:

Recupera Record Retrieval Services LLC
185 Great Neck Rd
Suite 403
Great Neck, NY 11021
Phone: (212) 580-1191
Fax: (212) 213-1715
Email: records@recuperars.com

FAILURE TO COMPLY WITH THIS SUBPOENA MAY SUBJECT YOU TO SANCTIONS, INCLUDING CONTEMPT OF COURT, AS PROVIDED BY FLORIDA LAW. IF YOU FAIL TO PRODUCE THE REQUESTED RECORDS OR FILE A TIMELY WRITTEN OBJECTION, THE COURT MAY COMPEL COMPLIANCE OR IMPOSE PENALTIES. CONSULT WITH LEGAL COUNSEL IF YOU HAVE QUESTIONS REGARDING YOUR OBLIGATIONS.

HIPPA NOTICE AND COMPLIANCE

THIS SUBPOENA HAS BEEN ISSUED IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), 45 C.F.R. §164.512(E), WHICH PERMITS THE DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) IN RESPONSE TO A VALID SUBPOENA THAT:

1. LIMITS THE SCOPE OF RECORDS REQUESTED TO WHAT IS RELEVANT AND MATERIAL TO A PENDING LEGAL MATTER.
2. INCLUDES GOOD FAITH ATTEMPTS TO PROVIDE WRITTEN NOTICE TO THE ABOVE-NAMED PATIENT THAT HIS/HER PROTECTED HEALTH INFORMATION HAS BEEN SUBPOENAED; AND
3. IS ISSUED THROUGH LAWFUL PROCESS (E.G., A COURT OR ATTORNEY-AUTHORIZED SUBPOENA), AND THE TIME FOR THE PATIENT OR THEIR REPRESENTATIVE TO FILE OBJECTIONS WITH THE COURT HAS ELAPSED.
 - a. NO OBJECTIONS WERE FILED, AND THE DISCLOSURE OF RECORDS IS PERMITTED UNDER LAW

- b. ALL OBJECTIONS FILED WERE HEARD AND RESOLVED BY THE COURT, AND THE REQUESTED DISCLOSURE WAS DETERMINED TO BE REASONABLE AND APPROPRIATE.

Dated this 2nd of March, 2026

/s/ Bernard Arnault

Bernard Arnault

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787

Please do not respond to Perri Law LLP. Please direct any questions or responses to Recupera Record Services, Inc. 185 Great Neck Rd Suite 403 Great Neck, NY 11021; Phone No.: (212) 580-1191; Fax No.: (212) 213-1715; E-Mail: records@recuperars.com. Thank you.

Attestation Regarding a Requested Use or Disclosure of Protected Health Information Potentially Related to Reproductive Health Care

Name of person(s) or specific identification of the class of persons to receive the requested PHI: Recupera Record Retrieval Services LLC, on behalf of Perri Law LLP
Name or other specific identification of the person or class of person from whom you are requesting the use or disclosure Recupera Record Retrieval Services LLC 800 Brickell Avenue, 4th Floor Miami, FL 33131 (305) 509-8224
Description of the specific PHI requested, including names of individuals if practical, or a description of the class of individuals who's protected information you are requesting Patient Name: Emily Kowalski Date of Birth: 12/25/1980 All records per the attached subpoena duces tecum.

I attest that the use or disclosure of PHI that I am requesting is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii) because of one of the following (check one box):

(X) The purpose of the use or disclosure of protected health information is not to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care or to identify any person for such purposes.

The purpose of the use or disclosure of protected health information is to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for such purposes, but the reproductive health care at issue was not lawful under the circumstances in which it was provided.

I understand that I may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if I knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.

Signature of the person requesting the PHI

Recupera # 7408

**FLAGLER COUNTY COURT
CIVIL DIVISION**

Kowalski, Emily
Plaintiff(s)

Case No.: 2024-CV-051998

v.

Northern Ridge Apartments, LP
Defendant(s)

ADDENDUM TO SUBPOENA

To: RECORDS CUSTODIAN
Recupera Record Retrieval Services LLC
800 Brickell Avenue, 4th Floor
Miami, FL 33131

*****ATTENTION*****

DO NOT FILE WITH COURT

Due to privacy issues, the Social Security Number was not included in the subpoena but the information is as follows:

Plaintiff: Emily Kowalski
SSN:
Date of Birth: 12/25/1980

/s/ Bernard Arnault
Bernard Arnault
Perri Law LLP
7 Thrush Dr
Smithtown, NY 11787

Recupera # 7408

**FLAGLER COUNTY COURT
CIVIL DIVISION**

Kowalski, Emily
Plaintiff(s)

Case No.: 2024-CV-051998

v.

Northern Ridge Apartments, LP
Defendant(s)

CERTIFICATE OF NON-OBJECTION

I HEREBY CERTIFY that no objection to production under Florida Rules of Civil Procedure Rule 1.351 that no objection was received within ten (10) days from the date of service of their Notice if by delivery/fax/email or fifteen (15) days from the date of service if service is by mail, given to every other party of the of the action entitled to receive such notice prior to service of the subpoena upon the records custodian.

Recupera Record Retrieval Services LLC
800 Brickell Avenue, 4th Floor
Miami, FL 33131
Medical and Billing / Insurance - Auto

CERTIFICATE OF SERVICE

I HEREBY CERIFY that a true and correct copy of the above and foregoing was furnished in accordance with the Florida Rule of Judicial Administration 2.516, to Jack Ma

/s/ Bernard Arnault

Bernard Arnault

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787

Recupera # 7408

**FLAGLER COUNTY COURT
CIVIL DIVISION**

Kowalski, Emily
Plaintiff(s)

Case No.: 2024-CV-051998

v.
Northern Ridge Apartments, LP
Defendant(s)

NOTICE OF PRODUCTION FROM NON-PARTY

(Pursuant to Fla. R. Civ. P. 1.351)

To all parties of record:

YOU ARE NOTIFIED that the undersigned intends to issue or apply to the clerk of this court for issuance of the attached proposed subpoena(s) duces tecum without deposition directed to the following, who are not parties, to produce the items listed at the time, place, and method specified in the subpoena(s):

Recupera Record Retrieval Services LLC
800 Brickell Avenue, 4th Floor
Miami, FL 33131
Medical and Billing / Insurance - Auto

Pursuant to Fla. R. Civ. P. 1.351(b), the subpoena(s) may not be issued until 10 days after service of this notice by delivery or e-mail service (15 days after service by mail service) on every other party. If this notice is served with original process, the subpoena(s) shall not issue earlier than 45 days after service on the last-served party. If any party serves a written objection within the time allowed by Fla. R. Civ. P. 1.351(b), the documents or things shall not be produced pending resolution of the objection in accordance with Fla. R. Civ. P. 1.351(d).

DATED this 2nd of March, 2026.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Notice of Production from Non-Party (with attached proposed subpoena(s)) was served on all parties/counsel of record on this 2nd of March, 2026 via the Florida Courts E-Filing Portal's e-service function or by other method permitted by Fla. R. Gen. Prac. & Jud. Admin. 2.516.

/s/ Bernard Arnault
Bernard Arnault
Perri Law LLP
7 Thrush Dr
Smithtown, NY 11787