



Recupera Records  
185 Great Neck Rd  
Great Neck, NY 11021  
Tel: (212) 213-6659

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**FACSIMILE TRANSMITTAL SHEET**

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|                                       |                                  |
|---------------------------------------|----------------------------------|
| TO:<br>Records Custodian              | FROM:                            |
| COMPANY:<br>1 Health & Wellness, Inc. | DATE:<br>December 6th, 2025      |
| PHONE NUMBER:<br>(813) 252-9240       | RECORDS OF:<br>Maria R. Lopez    |
| FAX NUMBER:<br>813-252-7556           | SENDER REFERENCE NUMBER:<br>1231 |

RE:

|  |  |
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|  |  |
|--|--|

Thank You,  
Recupera Records  
Great Neck, NY 11021  
Phone: (212) 213-6659  
Fax: (212) 213-1715



1 Health & Wellness, Inc.  
1931 W. MLK Jr Blvd. Suite D  
Tampa, FL 33607

Recupera #: 1231



**CERTIFICATION OF SATISFACTORY ASSURANCE**

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: Maria R. Lopez

DOB: 03/02/1990

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. §16a.512(e)(1), I hereby certify, that I have made a good faith attempt to provide written notice to Maria R. Lopez 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: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, ZipCode: \_\_\_\_\_

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.



**Alan Dershowitz**  
Name

December 6th, 2025  
Date

**/s/ Alan Dershowitz**  
Signature

Perri Law LLP  
Company

Recupera # 1231

**IN THE CIRCUIT COURT OF THE  
JUDICIAL CIRCUIT IN AND FOR,  
CIVIL DIVISION**

<<Plaintiffs>>

Plaintiff(s)

v.

<<Defendants>>

Defendant(s)

Case No.: 2025-CI-009876

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**SUBPOENA DUCES TECUM WITHOUT DEPOSITION**

To: RECORDS CUSTODIAN  
1 Health & Wellness, Inc.  
1931 W. MLK Jr Blvd. Suite D  
Tampa, FL 33607

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 Maria R. Lopez

RECORDS FOR PHONE NO. <<CellPhoneNo>> FOR <<PatientDateOfLoss>>

ANY AND ALL OUTGOING AND INCOMING CALL DETAILS OR LOG, ANY AND ALL DATA USAGE, INCLUDING BUT NOT LIMITED TO, TEXT MESSAGES AND INTERNET BROWSING, INCOMING AND OUTGOING TEXTS/ALERTS, SENT AND RECEIVED DATA, DATA USAGE, GPS DATA AND COORDINATES, APPLICATION USAGE, AND ANY AND ALL STREAMING MEDIA.

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

Recupera Records  
185 Great Neck Rd  
Great Neck, NY 11021

Phone: (212) 213-6659  
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 6th of December, 2025

|  |                           |
|--|---------------------------|
|  | /s/ Alan Dershowitz       |
|  | RI State Bar No.: 2316516 |
|  | Perri Law LLP             |
|  | 7 Thrush Dr               |
|  |                           |
|  |                           |

**Please do not respond to Perri Law LLP. Please direct any questions or responses to Recupera Record Services, Inc. 185 Great Neck Rd Great Neck, NY 11021; Phone No.: (212) 213-6659; 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:<br>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<br>1 Health & Wellness, Inc.<br>1931 W. MLK Jr Blvd. Suite D<br>Tampa, FL 33607<br><br>(813) 252-9240  |
| 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<br>Patient Name: Maria R. Lopez<br>Date of Birth: 03/02/1990<br><br>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*

**FILM REQUEST**

Recupera No.: 1231

To: RECORDS CUSTODIAN  
1 Health & Wellness, Inc.  
1931 W. MLK Jr Blvd. Suite D  
Tampa, FL 33607

RECORDS/FILMS OF: Maria R. Lopez

Your Tax Id No.: \_\_\_\_\_ (Necessary to issue check)

Please provide a quote as to what the cost of the reproduction of the films and/or disc reflected thereon would be. A complete breakdown is required prior to approval of duplication. If your office does not have radiology exams in your possession, please fill out the below accordingly.

\_\_\_\_\_ No radiology exams done

\_\_\_\_\_ No radiology exams due to being destroyed after \_\_\_\_\_ years.

\_\_\_\_\_ No radiology exams in the office, but can be obtained from:

\_\_\_\_\_ We have x-rays, MRIs, video fluoroscopes, CT scans and/or studies, films/disc, listed below.

Please complete the form and fax or mail to the address below prior to the compliance date specified on the Subpoena.

| <b>Film Date</b> | <b>View/Description</b> | <b>No. of Films</b> | <b>Duplicating Costs</b> |
|------------------|-------------------------|---------------------|--------------------------|
|                  |                         |                     |                          |
|                  |                         |                     |                          |
|                  |                         |                     |                          |
|                  |                         |                     |                          |

Total Cost: \_\_\_\_\_

\_\_\_\_\_  
**CUSTODIAN NAME (PLEASE PRINT)**

\_\_\_\_\_  
**DEPARTMENT**

\_\_\_\_\_  
**SIGNATURE OF CUSTODIAN**

\_\_\_\_\_  
**DATE**

**SEND RECORDS AND INVOICE TO:**

**RECORDS@RECUPERARS.COM**

**OR**

**185 Great Neck Rd Great Neck, NY 11021**

**Telephone # (212) 213-6659 - Fax # (212) 213-1715**

Recupera # 1231

<<Plaintiffs>>

Plaintiff(s)

v.

Case No.: 2025-CI-009876

<<Defendants>>

Defendant(s)

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**ADDENDUM TO SUBPOENA**

To: RECORDS CUSTODIAN  
1 Health & Wellness, Inc.  
1931 W. MLK Jr Blvd. Suite D  
Tampa, FL 33607

**\*\*\*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: Maria R. Lopez  
SSN:  
Date of Birth: 03/02/1990

Recupera # 1231

**IN THE CIRCUIT COURT OF THE  
JUDICIAL CIRCUIT IN AND FOR,  
CIVIL DIVISION**

<<Plaintiffs>>

Plaintiff(s)

v.

<<Defendants>>

Defendant(s)

Case No.: 2025-CI-009876

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**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.

Records Custodian  
1 Health & Wellness, Inc.  
1931 W. MLK Jr Blvd. Suite D  
Tampa, FL 33607

**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 <<Plaintiff.Attorney>>

|     |                     |
|-----|---------------------|
| By: | /s/ Alan Dershowitz |
|     | Alan Dershowitz     |
|     |                     |
|     |                     |
|     |                     |

Recupera # 1231

**IN THE CIRCUIT COURT OF THE  
JUDICIAL CIRCUIT IN AND FOR, CIVIL  
DIVISION**

<<Plaintiffs>>

Plaintiff(s)

v.

<<Defendants>>

Defendant(s)

Case No.: 2025-CI-009876

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**NOTICE OF PRODUCTION FROM NON-PARTY**

To all parties of record:

YOU ARE NOTIFIED that after 10 days from the date of service of this notice, if service is by delivery, or 15 days from the date of service, if service is by mail, and if no objection is received from any party, the undersigned will issue or apply to the clerk of this court for issuance of the attached subpoena directed to the following, who are not parties, to produce the items listed at the time and place specified in the subpoena.

Records Custodian  
1 Health & Wellness, Inc.  
1931 W. MLK Jr Blvd. Suite D  
Tampa, FL 33607