

SCANNED
Date: 4/1/09
Initials: [Signature]

IN THE CIRCUIT COURT OF THE 11TH
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

KHASAN GRACE, individually and as
parent and natural guardian of ANDREW
MASON GRACE, a minor,

Plaintiff,

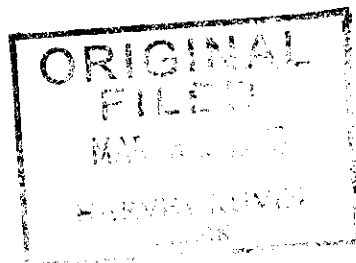
CIVIL DIVISION

CASE NO: 09-25541CA02

v.

HOMESTEAD HOSPITAL, INC. d/b/a
HOMESTEAD HOSPITAL, a Florida
corporation; MARK H. WEINSTEIN, M.D.;
JAMES A. FISH, D.O.;
HOMESTEADMED, P.A., a Florida
corporation; JOSEPH N. NICAISSÉ, M.D.;
JOSEPH N. NICAISSÉ, M.D., P.A., a
Florida corporation; HOMESTEAD
MEDICAL CLINIC, P.A., a Florida
corporation; ROBERT S. ELIAS, M.D.;
ELIAS RADIOLOGY ASSOCIATES, P.A.,
a Florida corporation; HOMESTEAD
DIAGNOSTIC CENTER, INC., a Florida
corporation.

Defendants.



**PLAINTIFFS' NOTICE OF SERVICE OF MEDICAL MALPRACTICE
INTERROGATORIES TO DEFENDANT HOMESTEAD MEDICAL CLINIC, P.A.**

The Plaintiff, KHASAN GRACE, individually and as parent and natural guardian of ANDREW MASON GRACE, a minor, by and through undersigned attorney, pursuant to the Florida Rules of Civil Procedure, hereby propounds the following Interrogatories to Defendant, HOMESTEAD MEDICAL CLINIC, P.A. (hereinafter "Homestead Medical Clinic"), to be

answered under oath, in writing, in accordance with Rule 1.340, Florida Rules of Civil Procedure, within forty-five (45) days from the date of service of said interrogatories.

CERTIFICATE OF SERVICE

WE HEREBY CERTIFY that a true and correct copy of the foregoing Interrogatories has been attached to the summons and complaint to be served upon the Defendant, Homestead Medical Clinic, P.A. contemporaneously with the Summons and Complaint herein.

DATED this 30th day of March 2009.

RATZAN & RUBIO, P.A.
Attorneys for Plaintiffs
Wachovia Financial Center
54th Floor
200 South Biscayne Boulevard
Miami, FL 33131
Telephone: (305) 374-6366
Facsimile: (305) 374-6755

By: 

Stuart N. Ratzan
Florida Bar No. 911445
G. Scott Vezina
Florida Bar No. 20189

**MEDICAL MALPRACTICE INTERROGATORIES
TO DEFENDANT, HOMESTEAD MEDICAL CLINIC, P.A.**

1. What is the name and address of the person answering these Interrogatories, and, if applicable, the person's official position or relationship with the party to whom the interrogatories are directed?

ANSWER:

2. Describe any and all policies of insurance which Homestead Medical Clinic contends covers or may cover it for the allegations set forth in Plaintiff's Complaint, detailing as to such policies: the name of the insurer, number of the policy, the effective dates of the policy, the available limits of liability and the name and address of the custodian of the policy.

ANSWER:

3. Describe in detail each act or omission on the part of any party to this lawsuit that Defendant Homestead Medical Clinic contends constituted negligence that was a contributing legal cause of the injuries described in the Complaint and sustained by Khasan Grace.

ANSWER:

4. Describe in detail each act or omission on the part of any non-party to this lawsuit that Defendant Homestead Medical Clinic contends constituted negligence that was a contributing legal cause of the damages described in the Complaint.

ANSWER:

5. Does Defendant Homestead Medical Clinic contend any person, health care provider or entity is, or may be liable, in whole or part, for the claims asserted against it in this lawsuit? If so, state the full name and address of each such health care provider, individual or other entity, the legal basis for the contention, the facts or evidence upon which the contention is based, and whether or not Homestead Medical Clinic has notified each such person or entity of its contention.

ANSWER:

6. List the names and addresses of all persons who are believed or known by Defendant Homestead Medical Clinic, its agents or attorneys to have any knowledge concerning any of the issues in this lawsuit and specify the subject matter about which the witness has knowledge.

ANSWER:

7. Has Defendant Homestead Medical Clinic heard or does it know about any statement or remark made by or on behalf of any party to this lawsuit, concerning any issue in this lawsuit? If so, state the name and address of each person who made the statement or statements, the name and address of each person who heard it, and the date, time, place and substance of the statement.

ANSWER:

8. Please state whether any claim for medical malpractice has ever been made against Defendant Homestead Medical Clinic and if so, state as to each such claim the names of the parties, the claim number, the date of the alleged incident, the ultimate disposition of the claim and the name of Defendant Homestead Medical Clinic's attorney, if any.

ANSWER:

9. Please state if Defendant Homestead Medical Clinic has ever been a party, either plaintiff or defendant, in a lawsuit other than the present matter and, if so, state whether Defendant Homestead Medical Clinic was a Plaintiff or Defendant, the nature of the action, and the date and court in which such suit was filed.

ANSWER:

10. Identify the name, last known address and job title of all Defendant Homestead Medical Clinic's personnel who provided any care and treatment to Khasan Grace during any of her visits to Defendant Nicaisse, P.A. and/or Homestead Medical Clinic and whether each said person was employed by the Defendant Homestead Medical Clinic and whether each said person is still so employed.

ANSWER:

11. Does Defendant Homestead Medical Clinic intend to call any expert witnesses at the trial of this case? If so, state as to each such witness, the name, business address and area of expertise of the witness, the subject matter upon which the witness is expected to testify, the facts and opinions to which the witness will testify, and a summary of the grounds of each opinion.

ANSWER:

12. Has Homestead Medical Clinic made an agreement with anyone that would limit that party's liability to anyone for any of the damages sued upon in this case? If so, state the terms of the agreement and the parties to it.

ANSWER:

13. List and describe in detail Defendant Homestead Medical Clinic's assets and liabilities since November 2006.

ANSWER:

14. List the names and addresses of the officers, directors and shareholders of Defendant Homestead Medical Clinic since November 2006.

ANSWER:

STATE OF _____)
) SS:
COUNTY OF _____)

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or who has presented _____ as identification, and who has executed the foregoing instrument and has/has not taken an oath.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 200_____.

NOTARY PUBLIC

State of _____

Print Name: _____

My Commission Expires: _____

(Seal)