

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: 02-2004-0112

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. NICAISSSE, M.D.;  
JOSEPH N. NICAISSSE, 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.

ORIGINAL  
FILED  
MAR 30 2009  
HARVEY RUVIN  
CLERK

**PLAINTIFFS' NOTICE OF SERVICE OF MEDICAL MALPRACTICE  
INTERROGATORIES TO DEFENDANT JOSEPH N. NICAISSSE, M.D., PA.**

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, JOSEPH N. NICAISSSE, M.D., P.A. (hereinafter "Nicaisse, P.A."), 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, Joseph N. Nicaisse, M.D., P.A. contemporaneously with the Summons and Complaint herein.

DATED this 30<sup>th</sup> day of March 2009.

RATZAN & RUBIO, P.A.  
Attorneys for Plaintiffs  
Wachovia Financial Center  
54<sup>th</sup> 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, JOSEPH N. NICAISSÉ, M.D., 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 Nicaisse, P.A. 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 Nicaisse, P.A. 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 Nicaisse, P.A. contends constituted negligence that was a contributing legal cause of the damages described in the Complaint.

**ANSWER:**

5. Does Defendant Nicaisse, P.A. 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 Nicaisse, P.A. 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 Nicaisse, P.A., 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 Nicaisse, P.A. 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 Nicaisse, P.A. 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 Nicaisse, P.A.'s attorney, if any.

**ANSWER:**

9. Please state if Defendant Nicaisse, P.A. has ever been a party, either plaintiff or defendant, in a lawsuit other than the present matter and, if so, state whether Defendant Nicaisse, P.A. 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 Nicaisse, P.A.'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 Nicaisse, P.A. and whether each said person is still so employed.

**ANSWER:**

11. Does Defendant Nicaisse, P.A. 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 Nicaisse, P.A. 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 Nicaisse, P.A.'s assets and liabilities since November 2006.

**ANSWER:**

14. List the names and addresses of the officers, directors and shareholders of Defendant Nicaisse, P.A. 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)