

Affidavit's supplied by the Florida Medical Association (FMA)

Robert E. Cline, M.D., President
Carl W. "Rick" Lentz, M.D., President-Elect
Troy M. Tippett, M.D., Vice President
Dennis S. Aguiar, M.D., Secretary
James B. Dolan, M.D., Treasurer
Patrick M. J. Butler, M.D., Speaker
Madelyn E. Butler, M.D., Vice Speaker
H. Frank Farmer, Jr., M.D., Ph.D., Past President
Sandra B. Mortham, EFP & CEO



FLORIDA MEDICAL ASSOCIATION, INC.
P.O. Box 10269 • Tallahassee, Florida • 32302 • 113 E. College Ave. • 32301
(850) 224-6496 • (850) 224-6627-FAX • Internet Address: www.fmaonline.org

TO: Senate Judiciary Committee
FROM: Sandra Mortham, Executive Vice President
DATE: August 4, 2003
RE: Attached Affidavits

Attached are over 1600 affidavits that the Florida Medical Association has collected from Florida physicians. These are sworn affidavits that clearly demonstrate that there is a very real crisis in Florida regarding access to care. Each of these affidavits presents sworn testimony stating that a Florida physician has altered his or her practice, left practice or is thinking of leaving practice. The affidavits regarding alterations to practice are especially significant, as they state that everything from obstetrical care, pediatric care, trauma care and oncological care are being affected. These affidavits were not sent to all Florida physicians, or even to all FMA members so the number of responses should not be extrapolated in any way and are not intended to be all inclusive or demonstrate a particular rate of return. We sent affidavits to those members that we were able to reach by email or fax, and are continuing to receive them. These are merely a sampling of the impact this crisis has had on medicine in Florida, however, I think you will find the sampling extremely significant.

AFFIDAVIT Page 1 of 2

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name]
Rosemarie P. Abad, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

AFFIDAVIT

- psychiatry
- pulmonary medicine
- radiology
- trauma center care – CERTIFIED (provide specifics if applicable – attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

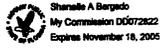
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Rosemarie P. Abad
(Signature)

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Rosemarie P. Abad, MD, who is personally known to me / who bid take an oath.

Sherelle A Bergado
NOTARY PUBLIC
My Commission Expires:



Affidavit

State of Florida,
County of Palm Beach

Before me, the undersigned authority, personally appeared Antonio Abadía, M.D. who being duly sworn, deposes and states:

AFFIDAVIT

- I am a physician licensed in the State of Florida.
- My area of medical practice is Anesthesiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have restricted my practice as described below:

I will no longer provide elective care to patients without a complete set of laboratory values "within normal limits" in spite of the negligible risk that some of these aberrations yield. I will also require accompanying chest x-ray and electrocardiograms on all patients in spite of the lack of clinical indications suggesting the need for such studies so as to eliminate the possibility of having missed possible, non-consequential aberrations on these examinations that could later be misconstrued as negligence and medical malpractice. This is in direct response to the numerous, frivolous litigations I have encountered in my practice of anesthesiology. This results in numerous delays and cancellations of elective surgery and results in redundant and unnecessary medical evaluations, which prudent anesthesiologists would not have normally required prior to the malpractice crisis. Furthermore, my anesthesiologist colleagues are additionally modifying their practice in similar ways also in response to the same external pressures.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 1 day of August 2003, by ANTONIO ABAZIA, MD, who is personally known to me / who did take the oath.

Notary Public Andrés A. Chac Clavel
My Commission Expires: 5/15/04



STATE OF FLORIDA,

COUNTY OF DALL

BEFORE ME the undersigned authority, personally appeared Azarel Abinader, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida
- My area of medical practice is Anesth. DASH, FL
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply)

- Moved to another State or have retired from or quit the practice of Medicine
- Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

- (If you checked item b, please provide an explanation here):

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28 day of July 2003, by me who did take an oath.

Chris Cuffee
My Commission Expires 05/01/2005

Chris Cuffee
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared Dennis Abraham, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- Moved to another state or have retired from or quit the practice of medicine.
- Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):

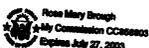
no longer see new Medical patients
have received medical licenses in Tennessee and North Carolina - actually looking to relocate
do not see patients without insurance because can't take risk of not being able to pay appropriate malpractice due to financial constraints

FURTHER AFFIANT SAYETH NAUGHT

Leon Jay Abrams

The foregoing instrument was acknowledged before me this 17 day of July 2003, by Dennis Abraham, who is personally known to me / who did take an oath.

Rosa Mary Brough
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared LEON J. ABRAM, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is SPINE SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- Moved to another state or have retired from or quit the practice of medicine.
- Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):

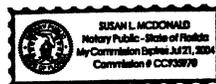
PATIENTS AT HIGH RISK FOR LITIGATION ARE BEING AVOIDED. THEY ARE REFERRED TO UNIVERSITY CENTERS OF CARE AT THEIR OWN EXPENSE. THESE SCHEMES IN ANNUITY ALREADY EXISTS.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Leon J. Abram

The foregoing instrument was acknowledged before me this 17th day of July 2003, by Leon J. Abram MD, who is personally known to me / who did take an oath.



Susan L. McDonald
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

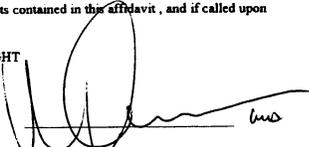
STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared
Mark L. Abramson, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is UROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
(1) NOT SEEING WALK-IN PATIENTS OF MEDICAL
(2) NOT DOING EXTENSIVE RISKY PROCEDURES (e.g. Cystectomy)
(3) NOT CONTINUING TO SEE DIFFICULT PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 17th day of July, 2003, by MARK L. ABRAMSON, who is personally known to me / who did take an oath.

Luis C. Gayle
NOTARY PUBLIC
My Commission Expires:



FAXED
JUL 17 2003
BY:

AFFIDAVIT

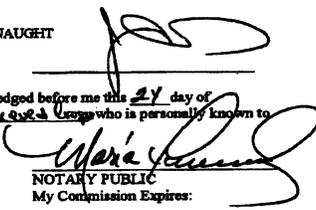
STATE OF FLORIDA
COUNTY OF DAND

BEFORE ME, the undersigned authority, personally appeared
Jorge Acevedo-Crespo MD, who being first duty sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another State or have retired from or quit the practice of Medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked item b., please provide an explanation here):
The reimbursement is too low to cover the cost of higher malpractice insurance. It's not worth the risk.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Jorge Acevedo-Crespo who is personally known to me / who did take an oath.

María Fernandez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
ALBERTO ABRERA A.D.M., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRIC MEDICINE & SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
HIGH RISK TRAUMA, COMPLICATED PROCEDURES
MISMANAGING TYPE DIABETIC PATIENTS
HIV PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 27th day of July, 2003, by ALBERTO ABRERA, DPM, who is personally known to me / who did take an oath.

Almendra
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

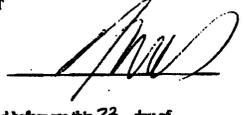
STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
Hebert W. Acken, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GYN/GYNEC - Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Restricting to Gynecology. No longer seeing obstetric patients because of high cost of malpractice liability insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Hebert W. Acken M.D. who is personally known to me / who did take an oath.

Karen Buckley
NOTARY PUBLIC
My Commission Expires: 4-30-04

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Gary Ackerman M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopaedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped seeing concision room patis & other high risk surgical cases no longer do them cases due to liability insurance crisis.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Gary Ackerman

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Gary Ackerman, who is personally known to me / who did take an oath.



Signature of Barbara A. Bowman, Notary Public, My Commission Expires: 8/14/06

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Charles William Adams, Jr., M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

If you checked B, please provide an explanation here: High risk corneal transplant patients (and I am a corneal specialist) for these types of patients it is their only hope for seeing.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Charles William Adams, Jr.

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Charles P. Adams Jr., M.D., who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared Dr. Hursel Lee Adams, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GERIATRICS / FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I AM ONE OF 1,400 (NATIONALLY) CERTIFIED MEDICAL DIRECTORS IN LONG TERM CARE FACILITIES (NURSING HOMES). I CAN NO LONGER FUNCTION AS MEDICAL DIRECTOR BECAUSE FPI WILL NOT GIVE ME MALPRACTICE COVERAGE FOR DIRECTORIAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dr. Hursel Lee Adams, who is personally known to me / who did take an oath.

Signature of Anna Marie Cannistraci, Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Abdul Samad Agha, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine / Geriatrics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

have gone to part time practice to reduce my insurance premium

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this day of 2003, by Abdul Samad Agha, who is personally known to me / who did take an oath.

Signature of Notary Public, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
SUDHIR AGARWAL, who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL Medicine & Cardiology
3. Due to the current professional liability insurance crisis and the unfavorable
litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures,
or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
I have stopped seeing high risk
patients with multiple medical
problems.

I have personal knowledge of the facts contained in this affidavit, and if called upon
as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29 day of
July, 2003, by Sudhir Agarwal, who is
personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
USHA AGARWAL, who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable
litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures,
or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
I have stopped seeing high risks
patients with multiple medical
problems.

I have personal knowledge of the facts contained in this affidavit, and if called upon
as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29 day of
July, 2003, by Usha Agarwal, who is
personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

Penney M. Stovall
My Commission D0087157
Expires September 18, 2006

1-d #12:50 80 82 100

2-d #12:50 80 82 100

FW Fax -> TO: -> -> All FW Members Wed Jul 16 2003 05:30:10 ET EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared
SYED BILAL AHMED, M.D., who
being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine & HIV Medicine
3. Due to the current professional liability insurance crisis and the unfavorable
litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of
medicine.
b. Stopped seeing certain types of patients, stopped doing high risk
procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
- Stopped going to hospital with a high risk patient with HIV
- Stopped seeing HIV patients with chronic liver problems
- Stopped seeing HIV patients with chronic liver problems
- Discontinued seeing HIV patients with chronic liver problems
- Stopped going to hospital with a high risk patient with HIV
I have personal knowledge of the facts contained in this affidavit, and
if called upon as a witness, could testify thereto. Do more testing to decrease risk of
infection - even to exclude HIV
problems which are not very common.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd
day of July, 2003, by Syed Bilal Ahmed, M.D., who is
personally known to me / who did take an oath.

Ilene K. Ballentine
NOTARY PUBLIC
My Commission Expires: 5/21/06

Ilene K. Ballentine
Commission # 00000001
Expires May 21, 2006
Bonded thru
Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
DAVID J. AHK, who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Hematology - Oncology
3. Due to the current professional liability insurance crisis and the unfavorable
litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures,
or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
WITHDRAWING HOSPITAL PRIVILEGES FROM A FACILITY
THAT REQUIRES CONSULTATION ON PATIENTS WITH
HIGH RISK PREGNANCY AND TRAUMA CARE

I have personal knowledge of the facts contained in this affidavit, and if called upon
as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th
day of July, 2003, by David J. Ahk, M.D., who is
personally known to me / who did take an oath.

Alexandra L. Romalis
NOTARY PUBLIC
My Commission Expires:

Alexandra L. Romalis
Commission # 00043379
Expires Aug. 12, 2006
Bonded thru
Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared Rafon K. Abuja, M.D., who being first duly sworn, deposes and states:

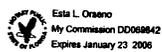
- I am a physician licensed in the State of Florida.
- My area of medical practice is cardiovascular disease.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

- Restricted my practice to two hospitals only. stopped going to 3rd hospital.
- stopped seeing ischemic patients with cardiovascular problems.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Rafon Abuja, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 

Fax -> TO: -> -> Cecil C. Aird, MD Wed Jul 16 2003 05:42:06 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared Cecil C. Aird M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Hand Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I have reduced the number of intra carpal fusions that I perform because of the risk of non-union.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Cecil C. Aird, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared MARTIN B. AINBINDER, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Diagnostic Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):

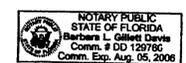
WE HAVE REDUCED OUR RADIOGRAPHIC SERVICES. WE ARE DOING LESS PATIENTS PER DAY AND WE HAVE STOPPED DOING SOME MORE ADVANCED RADIOGRAPHIC PROCEDURES SUCH AS GUIDED WIRE CATHETER APPLICATIONS + SOME FINE NEEDLE APPLICATIONS / CORE BIOPSIES.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Martin B. Ainbinder, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



FROM : N. Florida Internal Medicine FAX NO. : 352-332-6604 Jul. 22 2003 01:54PM P1

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared ANSEL M. AIRD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):

SEE ATTACHED MEMO

[Signature]

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Ansel M. Aird, M.D., who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 08-11-2005

Angeli Maun Akey, M.D.
North Florida Internal Medicine, P.A.
Medical Arts Building Suite # 109
6400 West Newberry Road
Gainesville, Florida 32605-4388
Telephone 352-332-6680
Board Certified Internal Medicine

7/22/2003

To whom it may concern:

The current malpractice climate has kept me from performing laser based procedures / aesthetic procedures and thus has truly limited my practice.

In addition, I have to work a 2nd weekend job (3 days on call in the hospital) just to pay my malpractice premium. Otherwise, I could not afford to stay in private practice of primary care internal medicine.

Sincerely,

Angeli Maun Akey, M.D.
7/22/03

LOUIS A. AKRA, M.D.
AKRA PROFESSIONAL SERVICES, INC.
820 PRUDENTIAL DR. #314
JACKSONVILLE, FL 32207

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Difficult to treat all patients with current liability climate

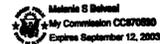
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Louis Akra, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Bayard

BEFORE ME, the undersigned authority, personally appeared Margarita B. Alarcon, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Diagnostic Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

The liability ins. crisis has impacted our radiology group in several ways: 1) It has impeded our efforts to hire additional radiologists. 2) Extra local medical school graduates are leaving positions out of the state. 3) Our group found it necessary to self insure due to high liability insurance premiums combined with low reimbursements.

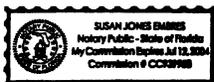
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Margarita B. Alarcon, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 7/27/2004



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HASCOBROUGH

BEFORE ME, the undersigned authority, personally appeared RENE ALARCON, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

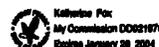
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by RENE ALARCON, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 1/26/04



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

5301 S. Congress Ave
Atlanta FL 33462

BEFORE ME, the undersigned authority, personally appeared ALBERTO ALCA MD, who being first duly sworn, deposes and states:

July 18, 2003

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is INFECTIOUS DISEASES.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

Dear Senator

I'd like to reassure you that the healthcare liability crisis is having a serious negative impact on my practice and patients.

a. Moved to another state or have retired from or quit the practice of medicine.

Therefore I sincerely appreciate your ongoing support of patients and physicians throughout the state of Florida in our quest to seek meaningful liability insurance reform this year.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

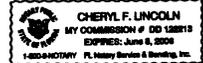
It is gratifying to know that you have taken this issue seriously, and are sincerely concerned that your constituents receive quality medical care and that good doctors continue practicing in our state. Please support the legislation contained in HB 15-C.

4. (If you checked b., please provide an explanation here):

Thank you!

Sincerely,

Cheryl F. Lincoln
(Personally known to me)
Cheryl F. Lincoln 7/22/03

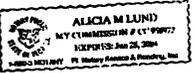


FURTHER AFFIANT SAYETH NAUGHT

Alberto Alca

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Alberto Alca, MD, who is personally known to me / who did take an oath.

Alca
NOTARY PUBLIC
My Commission Expires:



412:40 ED DE 100

Fax -> TO: -> -> S. K. Rao M.D. Med Jul 16 2003 05:39:52 PM EDT

Fax -> TO: -> -> Ahmed M. H. Al-Mait Med Jul 16 2003 05:36:16 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF POCO

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared AZIZ AL-KAWAJI M.D., who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared Ahmed Al-Mait, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General & Vascular Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

4. (If you checked b., please provide an explanation here):

Stopped seeing patients 16y old, stop performing acc surgery, have the practice be high risk & litigation such as surgery of the pancreas, vascular surgery on young & old people, patient

ex: pt with complex cardiac disease, with pregnancy have to be referred to Jack Sullivan, in University setting

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Aziz Al-Kawaji, MD, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Ahmed Al-Mait, who is personally known to me / who did take an oath. RD# A454000510950



Sue A. Hay
NOTARY PUBLIC
My Commission Expires:

Ahmed Al-Mait MD
Linda K. Harris
NOTARY PUBLIC
My Commission Expires: Jan 11, 2005



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm BeachBEFORE ME, the undersigned authority, personally appeared [print name]
Timothy B. Allison, MD, who being first duly sworn,
deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Palm Beach County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - ? burns
 - ? cardiology
 - ? cardiovascular surgery
 - ? emergency medicine
 - ? gastroenterology
 - ? general surgery
 - ? geriatrics
 - ? gynecology
 - ? hand surgery
 - ? internal medicine
 - ? neurology
 - ? neurosurgery
 - ? obstetrics
 - ? ophthalmology
 - ? oral/maxillo-facial surgery
 - ? orthopedics
 - ? otolaryngology
 - ? pediatrics/pediatric surgery
 - ? plastic surgery

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7/18/03

- ? psychiatry
- ? pulmonary medicine
- ? radiology
- ? trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

See additional page

? thoracic surgery

? urology

? vascular surgery

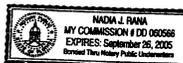
? other

- b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

See additional page.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature) 4429 002-66-467-0The foregoing instrument was acknowledged before me this 22 day of July, 2003, by
Timothy Allison, who is personally known to me / who did take an oath.[Signature]
NOTARY PUBLIC
My Commission Expires:

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7/18/03

Response to Affidavit

Emergency Medicine: The Emergency Medicine Group at our facility has not been able to expand coverage optimally to meet our burgeoning patient volume due to rising malpractice cost. We have instead implemented a lesser increase in physician coverage and taken a significant pay cut to try and provide adequate physician coverage for our volume. If premiums increase again next year, we will be forced to decrease our physician coverage. Decreased physician coverage is directly correlated with longer wait times and correlated with decreased patient satisfaction. There is also a higher probability of diminished patient care with fewer physicians taking care of larger numbers of patients. Our patient population is largely elderly with high acuity medical problems. The malpractice rates have already had a negative impact on their care and any further cuts in our services will further erode the quality of care these patients receive.

The emergency physicians have also been put in the position of having to find medical services for more patients who can no longer be treated at our facility due to decreased specialty services. This involves multiple phone calls and a lot of time on the phone. The process is hindered by the fact that the surrounding hospitals have also decreased their services. Patients have significant delays while an accepting facility is sought and this delay can worsen outcomes. The time I personally spend on the phone for this purpose has become excessive and the time could be better used treating patients.

Neurology: All of the neurologists in Northern Palm Beach County have withdrawn from service call coverage. This means that for a patient with an acute neurological emergency, we no longer have a designated neurologist to contact. Fortunately, the neurologists at our facility have been accommodating about treating these patients when they have no obligation to do so. The situation is worse at other facilities and our emergency physicians are fielding calls daily from other emergency departments looking to transfer patients with neurological emergencies. Our neurologists no longer perform lumbar punctures because of the liability. This has placed an additional burden on the emergency physicians and the interventional radiologists to assume liability for these procedures.

Neurosurgery: In the past two years, our hospital staff has lost three neurosurgeons and gained none. They left because of insurance cost. We no longer have a neurosurgery call roster and cannot offer these services to patients presenting with a neurosurgical emergency. This has resulted in delays in getting transfers accepted and further delays in transport. Delays are generally deleterious to a patient with an acute neurosurgical emergency. Patients are suffering poor outcomes because of this delay.

Ophthalmology: Our hospital is now the only one in North Palm Beach County, Martin County and St. Lucie County with ophthalmology service call coverage. This results in patients having to be transferred up to 80 miles for this service. Our ophthalmologists are being overwhelmed by this situation and they will likely stop taking service call by the end of the year.

Pediatric Surgery/Pediatrics: Our pediatricians now routinely refuse to admit patients under 12 years old to this facility. They perceive an increased liability in treating even minor cases because there is no pediatric intensive care unit. These children must now wait in the ED until a bed becomes available and they can be transferred to the children's hospital 20 miles away. Parents routinely express their frustration over this situation as many of them have had their children admitted here in the past. Our general surgeons no longer perform even routine pediatric cases because of liability issues. This has resulted in significant delays in getting children to surgery at another facility. While it used to take about an hour from the time of diagnosis to get a pediatric appendicitis to the operating room, it now takes about four hours to secure an accepting surgeon, an accepting facility with an open bed and obtain transport. This is a significant delay in care.

Trauma Center Care: Our hospital is not a designated trauma center. Despite this, we receive a significant number of trauma patients. Since the neurosurgeons left the staff, we have decreased ability to care for these patients. Patients with certain traumatic injuries who were previously able to be treated at our hospital must now be transferred to the trauma facility 20 miles away. This has led to difficulty and delay in caring for acutely injured patients - many of whom are elderly.

[Signature]

AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared JOSE I. ALMEIDA, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is VASCULAR SURGERY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another State or have retired from or quit the practice of Medicine
- Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked item b, please provide an explanation here): I have stopped performing arterial surgery & resigned from all hospitals. I only perform varicose vein procedures in the office. I am 1 of 6 fellowship trained JCI board certified vascular surgeons in Miami.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Jose I. Almeida, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

thoracic surgery

urology

vascular surgery

other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

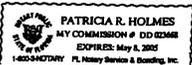
Surgeons have limited coverage and have re-evaluated transfers to distant facilities inconveniently and on a case by case basis. No hand surgery on carpal tunnel all for next weeks of this year.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Jose I. Almeida, M.D., who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared [print name] LEONARDO L. ALONSO, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is emergency medicine.
- 3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
- 4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics

File # 850 222-8827

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Sean A. Salzman, DO, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is EMERGENCY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

AS AN EMERGENCY PHYSICIAN IN SOME AN INFLUX OF PATIENTS DUE TO 1st PHYSICIAN RETIRALS IN FEAR OF LITIGIOUS CLIMATE AND SPECIALTY DENIAL OF CARE 2nd INSURANCE COMPANIES.

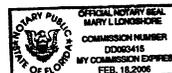
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of JULY, 2003, by Sean A. Salzman, DO, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 2/18/2006



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Joseph J. Alshon D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Physiatrist
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I was trained to do
LUMBAR DISCUTANEOUS LASER disectomy
But not doing any 2° malpractice issues.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by JOSEPH J. ALSHON, D.O., who is personally known to me / who did take an oath.

Maryluu Casza
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Flagler

BEFORE ME, the undersigned authority, personally appeared Dennis Alton, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgeon
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
do longer take care of acute hand injuries
the risk of liability is to great in this area
they are of the nature of a legal finger,
which has significant economic impact on the patients,
but not on the provider or outcome.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 1 day of August, 2003, by Dennis Alton, M.D., who is personally known to me / who did take an oath.

Maria Starkov Powers
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Dr. Fredrick Altman, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Conciliates mal practice
insurance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. Altman, who is personally known to me / who did take an oath.

Phyllis A. Turner
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Harold Altman, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Cardiac Catheterization
Hospital Work (Acute)
Temporary Procedures
Swamp Area Contract

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of JULY, 2003, by Harold Altman, M.D., who is personally known to me / who did take an oath.



Elaine A. Ricco
 NOTARY PUBLIC
 My Commission Expires: 8-29-03

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared WILFREDO AMAYA, who being first duly sworn, deposes and states:

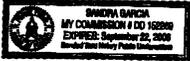
- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer performing revision joint replacements. Performing only straight forward simple primary joint replacements. Referring all revision joint replacements to county trauma center.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by WILFREDO AMAYA, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 9/22/06



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared BEATRIZ A. AMENDOLA MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- DC. high risk or. extremity patients / and also time to cover. I limit the patients' procedure in different amount than I used to.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by BEATRIZ AMENDOLA, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: _____



FBI Fax -> TO: -> -> James Seth Amontre Wed Jul 16 2003 05:47:52 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

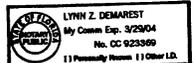
- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I stopped treating trauma patients + do not take Emergency Room call.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 1st day of August, 2003, by JOSE ANTONIO AMONTE, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 3-29-04



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared James Amontre, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped doing live biopsies. Stopped taking long CxR plus not endoscopy. I consider myself ERCA.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by JAMES AMONTE MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared SARATH ANAC, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is HEMATOLOGY ONCOLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

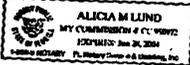
4. (If you checked b., please provide an explanation here):
DUO TO FREQUENT LITIGATIONS TO SOME OF MY COLLEAGUES FOR CASES THAT WERE TREATED TO MY RISK PATIENT, SOME OF THEM EVEN WITHOUT INSURANCE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by SARATH ANAC, MD, who is personally known to me / who did take an oath.

Alicia M Lund
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared PAVAN ANAND R. Anand, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Emergency Room Calls

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by PAVAN K. ANAND, who is personally known to me / who did take an oath.

Debra A Kaurer
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Florida

BEFORE ME, the undersigned authority, personally appeared Charles R. Anthony, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is diagnostic radiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped performing interventional procedures
Considering doing mammography on limited basis to generate procedure fees
May not be sworn

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Charles R. Anthony, MD, who is personally known to me / who did take an oath.

Shirley York
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF forward

BEFORE ME, the undersigned authority personally appeared Richard B. Antosek, D.O., F.A.C.O.S., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is urology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

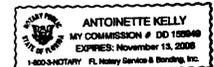
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
YES

4. If you checked "b" above, please provide an explanation here:
Not doing prostate procedures.
No more prostate implants
No difficult arthroscopic scope kidney stone treatments
NO MEDICARE (PES - NO MED BEN)
NO office visits unless except in unique circumstances
generally providing my difficult procedures
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this _____ day of _____, 2003, by _____, who is personally known to me/who did take an oath.

Antonette Kelly
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared RACHID AOUCHICHE, M.D., who being first duly sworn, deposes and states:

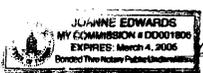
- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OPHTHALMOLOGY / NEURO-OPHTHALMOLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1- WORKER'S COMPENSATION
2- HIGH RISK OPHTHALMIC SURGICAL PROCEDURES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Joanne Edwards
NOTARY PUBLIC
My Commission Expires: Mar. 4, 2005

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Rachid Aouchiche, who is personally known to me / who did take an oath. FL DL# A220 720 53 104-0

Joanne Edwards
NOTARY PUBLIC
My Commission Expires: Mar. 4, 2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared LEWIS APTER, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OPHTHALMOLOGY (EYE)
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
considering STOPPING ALL ER coverage due to liability.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lewis Apter MD

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Lewis Apter MD, who is personally known to me / who did take an oath.

Mary Somick
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Calhoun

BEFORE ME, the undersigned authority, personally appeared PAVAN K. ANAND, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is INTERNAL MEDICINE
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Emergency Room Call

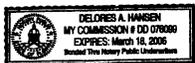
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Pavan K. Anand

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Pavan K. Anand, who is personally known to me / who did take an oath.

Delores A. Hansen
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared LEWIS APTER, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OPHTHALMOLOGY (EYE)
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
considering STOPPING ALL ER coverage due to liability.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lewis Apter MD

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Lewis Apter MD, who is personally known to me / who did take an oath.

Mary Somick
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
ORLANDO A. ARANA M.D., who being first
duly sworn, deposes and states:

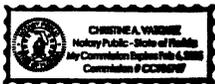
- I am a physician licensed in the State of Florida.
- My area of medical practice is General Practice (Stopped doing general surgery)
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I'm certified General Surgeon also doing general practice. For the past one and a half years I have totally stopped performing surgery and I am only doing general practice at the office level on a part-time basis. As of July 1, 2003 I DO NOT carry malpractice insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Orlando Arana M.D., who is personally known to me / who did take an oath.



Christina Wagne
NOTARY PUBLIC CHRISTINE WAGNER
My Commission Expires: Feb 6 2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
Sergio M. Arcey, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

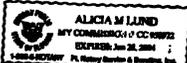
over case patients
not seeing patients and the uppr co

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Sergio M. Arcey, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm beach

BEFORE ME, the undersigned authority, personally appeared
Gustaf Arcein M.D., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics + Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

Practicing without medical malpractice insurance
DISMISSING LITIGIOUS PATIENTS
REFUSING HIGH RISK PATIENTS BY REFERRALS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st day of JULY, 2003, by GUSTAF ARCEIN, M.D., who is personally known to me / who did take an oath.

Judith A. Sepka
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
Jose Arce, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS!
The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William J. McClary
My Commission Expires December 28, 2004

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Jose Arce, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Armando Armas MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Medical Oncology & Hematology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have sent letters to several patients ending my relationship with them giving them one month to cover emergencies so required by law. They will stop coming for complications of obstetrical emergencies and other high risk patients. There is a crisis. Just walk into the West Boca Hospital ER and ask for Neurosurgeon.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Armando Armas, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: Nov. 8, 2004

Jul.17. 2003 5:56PM

No.1762 P. 1

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
JOSE F. ARRASQUE MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Nephrology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

not doing renal biopsies; declining consultation on high risk patients; discharge from my practice "difficult" patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by JOSE F. ARRASQUE, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
J. A. Arnold, P.O., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Insurance Companies don't want to pay any PIP claims - the above plus SR 2092 put me out of business

Please see that Senator Campbell gets a copy of this.

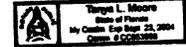
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. J. A. Arnold, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



P. 2-3 10-727396412 10-17-11-2003 17:47:47 FROM:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Okaloosa

BEFORE ME, the undersigned authority, personally appeared
GUSTAVO J. ARRASQUE, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurosurgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

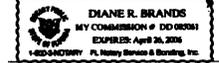
I have suspended ALL Hospital based procedures - including ALL Surgery, and ALL Hospital consultations.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by GUSTAVO J. ARRASQUE, M.D., who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

4/26/06

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Madison

BEFORE ME, the undersigned authority, personally appeared VINAI ARTYMSOAL, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB-GYN
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I will stop high risk surgery & surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

V. Artymsoal

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Vinai Artymsoal, MD, who is personally known to me / who did take an oath.



Sue G. Abbott
NOTARY PUBLIC
My Commission Expires June 29, 2004

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Jackson

BEFORE ME, the undersigned authority, personally appeared NIKORN ARMAKUL, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Gen Practice & Gen Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No Major Surgery No ER Pt. Vis.

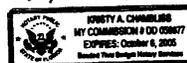
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Nikorn Armarkul, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Brian David Auld MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal medicine
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

My former surgeon & cardiologist left the state & quit practice. Defining medicine was frequently. other doctors are seeing & do high risk procedures.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Brian David Auld, who is personally known to me / who did take an oath.

DL's 20 A634 069 57 031

SHERRY C. OLMSTED
Notary Public, State of Florida
My comm. exp. July 12, 2005
Comm. No. DP 041762

[Signature]
NOTARY PUBLIC
My Commission Expires:

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Robert E. Ashmore, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Refer out all high risk OB patients. No longer perform gyn oncology patients surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Robert E. Ashmore, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lake.

BEFORE ME, the undersigned authority, personally appeared
Stephen A. Naught M.D., who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice Geriatrics.
3. Due to the current professional liability insurance crisis and the unfavorable
litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures,
or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Our group lost a partner of 12 yrs as a direct result
of malpractice insurance cost and availability issues.
We have closed and are trying to sell a satellite office as a
direct result of this.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon
as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stephen A. Naught M.D.

The foregoing instrument was acknowledged before me this 17th day of
July, 2003, by [Signature], who is
personally known to me / who did take an oath.



Tammie Judy Coffman
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Nassau

BEFORE ME, the undersigned authority, personally appeared
R. Asokan M.D., who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PLASTIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable
litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures,
or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Planning to retire early in
the [blank] [blank]

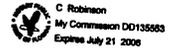
5. I have personal knowledge of the facts contained in this affidavit, and if called upon
as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

R. Asokan M.D.

The foregoing instrument was acknowledged before me this 14 day of
July, 2003, by R. Asokan, who is
personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF

BEFORE ME, the undersigned authority, personally appeared
[Signature], who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is POET CHARLOTTE PRIMA.
3. Due to the current professional liability insurance crisis and the unfavorable
litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures,
or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED DOING INVASIVE PROCEDURES
(LUMBAR TAP / KNEE TAP)
RESISTION FROM NURSING HOMES
DIRECTION OF WOUND CARE & INFECTION
CONTROL INT (2002)
5. I have personal knowledge of the facts contained in this affidavit, and if called upon
as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of
July, 2003, by Mark Asperillo M.D., who is
personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
Richard F. Asokan, who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB-GYN.
3. Due to the current professional liability insurance crisis and the unfavorable
litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures,
or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped OB-1999
Retired from OB-1999. Currently
administering [blank] and [blank].
Idea for [blank] total lack of control of frivolous
lawsuits.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon
as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard F. Asokan

The foregoing instrument was acknowledged before me this 16 day of
July, 2003, by Richard F. Asokan, who is
personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared NARINDER S. AJITKA MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDICS
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped Back & Hand Surgery
" complex hip Revision Surgery
Restricting work on complex cases

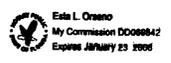
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 16th day of July, 2003, by Narinder S. Ajitka, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

- otolaryngology
pediatrics/pediatric surgery
plastic surgery
psychiatry
pulmonary medicine
radiology
trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)
thoracic surgery
urology
vascular surgery
other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

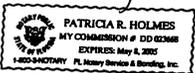
Several MDs have retired early 20 to the crisis.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Narinder S. Ajitka, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Escambia

BEFORE ME, the undersigned authority, personally appeared John H. Axley, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Due to increasing cost of malpractice insurance and low rate of reimbursement rate of some insurances we no longer accept a great many plans thus reducing our patient encounters

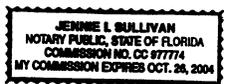
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John Axley, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared MAYSSA AZIZ TAPPING, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here):
a. Have greatly reduced LASIK and refractive surgery.
b. Have stopped treating high risk cataract patients.
c. Have restricted cataract surgery to low risk patients only.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Have not been able to hire a w/physician.

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by MAYSSA AZIZ-TAPPING, MD, who is personally known to me / who did take an oath.

Mary Ann Reeling, NOTARY PUBLIC, My Commission Expires: 12/19/2004



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared BURRELL T. BAKER, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatric (I own a five dr group)
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here):
(1) Do not see indigent patients - greater cost.
(2) Unable to buy up to date equipment.
(3) Had to reduce staffing.
(4) Have lowered my malpractice to bear minimum cost of malpractice.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 15th day of July, 2003, by BURRELL T. BAKER, who is personally known to me / who did take an oath.

Signature of Patricia Kuhn

Patricia Kuhn, Commission # 10088205, Expires Jan. 31, 2006, Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared DENISE L. BAKER, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is obstetrics & gynecology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

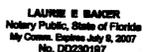
- 4. (If you checked b., please provide an explanation here):
A. Halted all obstetrics 9/1/02
B. Halted high risk surgeries (1) Anov. / tumor staging surgeries including (2) Laparoscopic / Scope Surgeries (3) Patients 2 previous surgeries (4) "Cutting edge" techniques that are either (a) organ saving (b) return patient to work sooner
C. I changed to Casuar Hospital, only at Manatee Memorial Hospital & stopped all surgeries there to ↓ my risk with ER patients.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

D. ↓ my participation in ER from 500/yr to 200/yr to none. Signature of Denise L. Baker, MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by DENISE L. BAKER, M.D., who is personally known to me / who did take an oath.

Signature of Laurie E. Baker, NOTARY PUBLIC, My Commission Expires:



- 6. My husband is selling his business.
7. I have listed my office for sale or lease to Michael Saunders Co.
8. I will have to take a leave of absence from each hospital in 30 days (9 working days) if I can not obtain liability insurance within my budget.
9. I am applying for, or reactivated licenses to practice medicine in 4 other states.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared JAY BAKER, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here):
and resigned from staff. Stopped ER on call at Boca Community for cardiology due to malpractice crisis.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by JAY BAKER, who is personally known to me / who did take an oath.

Signature of Virginia H. Barrett

Virginia H. Barrett, NOTARY PUBLIC, My Commission Expires:



FAKED JUL 16 2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
John A. Baker, MD, FACP, who being
first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE + GERIATRICS
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine. moving 9/15/03
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

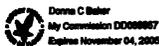
4. If you checked B, please provide an explanation here:

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John A Baker MD, FACP

The foregoing instrument was acknowledged before me this
31 day of July, 2003, by
John A. Baker, MD, FACP,
who is personally known to me / who did take an oath.



Donna C. Baker
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared
John C Baker MD PA, who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopaedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I stopped doing spine surgery
all together

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John C Baker MD
John C Baker MD PA

The foregoing instrument was acknowledged before me this 17 day of
July, 2003, by John C Baker MD, PA, who is
personally known to me / who did take an oath.



Gayle M Carter
NOTARY PUBLIC
My Commission Expires: 2/11/05

FPA Fax -> TO: -> -> All FPA Members Wed Jul 16 2003 05:40:17 PM EDT

FPA Fax -> TU: -> -> William Smith MD Wed Jul 16 2003 05:51:35 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared
Mary S. Baker, DO, who being first
duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gynecology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped obstetrics
may discontinue surgeries in the future

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mary S Baker DO

The foregoing instrument was acknowledged before me this 21st day of
July, 2003, by Mary S. Baker, DO, who is
personally known to me / who did take an oath.



Lorraine Smith
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared
_____, who being first
duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is _____
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Curtailed my practice to the
maintenance of an active license
and hospital privileges.

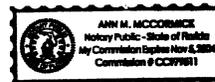
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard A. Balbin MD

The foregoing instrument was acknowledged before me this 21st day of
July, 2003, by Richard A Balbin DO, who is
personally known to me / who did take an oath.

Ann M. McCormick
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Morristown

BEFORE ME, the undersigned authority, personally appeared
Clayton G. Ball MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer work nights or weekends to avoid participating in emergency surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Clayton G. Ball

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Clayton G. Ball MD, who is personally known to me / who did take an oath.

Elaine E. Schneider
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
John G. Ball MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Dermeatology & Dermatology & Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

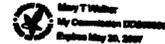
4. (If you checked b., please provide an explanation here):
from high risk surgery of the skin & soft tissues requiring national flags, etc.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by John G. Ball MD, who is personally known to me / who did take an oath.

Mary Shae
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared
James M. Balliro, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Surgeon
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

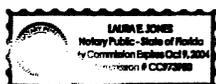
4. (If you checked b., please provide an explanation here):
Synergistic Soft Tissue Infection, All Patients under 18, all Breast Problems, Gall problems related to Portal hypertension

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James M. Balliro

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by James M. Balliro, MD, who is personally known to me / who did take an oath.



Laura E. Jones
NOTARY PUBLIC
My Commission Expires: 10-9-2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Josiah Bancroft III, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Radiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
embolizations, cerebrovascular TIPS interventions, biopsies, mammography

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SA YETH NAUGHT



The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Josiah Bancroft III, who is personally known to me / who did take an oath.

Jwbancroft

Bibok Gloria Fournier
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared PARVESH BANSAL MD., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Critical Care Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped any invasive procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Bansal

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Parvesh Bansal MD, who is personally known to me / who did take an oath.

ALEXANDER M. WHEELER
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared JORGE L. BARBEITO who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
(1) MINOR SURGERY
(2) INTRA-ARTICULAR INJECTIONS
(3) PRENATAL CARE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Jorge L. Barbeito MD, who is personally known to me / who did take an oath.

[Signature]
Carmen Rose Mendez
My Commission 00100001
Expires March 10, 2007
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Carlos O. Barbosa MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

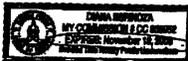
4. (If you checked b., please provide an explanation here):
The cost of my malpractice insurance is approx 30% of my yearly income. If the insurance increases I will quit practicing in Florida.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Barbosa

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Carlos O. Barbosa MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Mansueta M. Burkett, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped going to Miami Homes except for 1
stopped admitting most patients to hospital

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Mansueta M. Burkett, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Jeffrey Barnes, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Emergency Med
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Jeffrey Barnes, MD

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Jeffrey Barnes, MD, who is personally known to me, who did take an oath.



Mary L. Longshore, Notary Public, My Commission Expires: 2-18-2006

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Kenneth Entrod, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Kenneth Entrod, who is personally known to me, who did take an oath.



Mary L. Longshore, Notary Public, My Commission Expires: JAN. 11, 2007

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

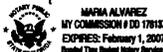
BEFORE ME, the undersigned authority, personally appeared EDUARDO BARROSO MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PLASTIC RECONSTRUCTIVE SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another State or have retired from or quit the practice of Medicine
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked item b, please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Eduardo Barroso, who is personally known to me, who did take an oath.

Signature of Notary Public, My Commission Expires



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared James P Bartek, MD, who being first duly sworn, deposes and states:

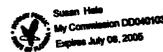
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is VASCULAR SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by James Bartek, who is personally known to me, who did take an oath.

Signature of Notary Public

Susan Hale, Notary Public, My Commission Expires: 7/8/05



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared Mary E. Rawson, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GYNECOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer do obstetrics

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Mary E. Rawson, M.D., who is personally known to me / who did take an oath.

LENTA A. FONTAINE
Notary Public, State of Florida
My Comm. exp. Jan. 28, 2005
Comm. No. CC 983707

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared JEFFREY BAUMANN M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OPHTHALMOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I STOPPED DOING REFRACTIVE SURGERY STOPPED HIGH RISK CORNEAL TRANSPLANT STOPPED COVERING EMERGENCY ROOM AT LEBLANC REGIONAL MEDICAL CENTER. (DORADO HOSPITAL PROVIDER)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Jeffrey Baumann, who is personally known to me / who did take an oath.

DIANA MACY NOVAK
Notary Public - State of Florida
My Commission Expires Jun 23, 2004
Commission # CC913087

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF OSCEOLA

BEFORE ME, the undersigned authority, personally appeared Christopher Baue MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer perform vasectomy
No longer Chel for nursing Home Patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by CHRISTOPHER BAUE MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: July 21, 2006
COLLEEN M. CHAMBERS
MY COMMISSION # DD 13394
EXPIRES: July 21, 2006
Notary Public State of Florida

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared G. CLAY BAYNHAM, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is SPINAL SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I NO LONGER PROVIDE COMPLEX ELECTIVE SPINAL PROCEDURES TO CERTAIN PATIENTS AND HAVE ASSIGNED SPECIALTY TO OBTAINER REQUIRING EMERGENCY PROCEDURES.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by G. CLAY BAYNHAM, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared CHARLES H. BECKER II, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OPHTHALMOLOGY - SURGERY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles H. Becker II, M.D.

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Charles H. Becker II, M.D. who is personally known to me / who did take an oath.

Debra M. Troyer
NOTARY PUBLIC
My Commission Expires:



PM Fax -> TO: -> -> Richard Allan Beck Wed Jul 16 2003 05:45:53 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Richard A. Beck MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Otolaryngology - Head & Neck Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

No high risk surgical procedures
Limited all emergency room on-call responsibility
Restricted hospital care and withdrawal privileges
Not accepted new patients with litigation histories

5. I have personal knowledge of the facts contained in this affidavit and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard A. Beck MD FACS
Richard A. Beck MD FACS

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Richard A. Beck who is personally known to me / who did take an oath.



Sherri Lynn Brown
NOTARY PUBLIC
My Commission Expires: 3/15/05

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared Scott W. Beck, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Pediatric Orthopedics.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

I have stopped seeing certain types of patients, stopped doing some high-risk procedures, and have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Even though professionally I would like to see all children without regard to their insurance or diagnosis I have chosen to restrict my practice by restricting some diagnoses, such as neck pain, hand problems and herniated discs (among others). The state of the insurance crisis has limited my practice and will further limit my ability to treat all children.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Debra M. Troyer



The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Scott W. Beck, who is personally known to me / who did take an oath.

Debra L. Mitchell

NOTARY PUBLIC # CC 933447
My Commission Expires: May 9, 2004

JUL-17-2003 09:42 PM P.01
PM FAX -> TO: -> -> Hilton Becker, MD Wed Jul 16 2003 05:36:49 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Hilton Becker, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Pediatric Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

No Hand Surgery
Staff: 1/1
Major Malpractice - Surgery

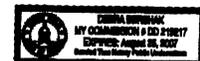
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Debra M. Troyer

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Hilton Becker, M.D. who is personally known to me / who did take an oath.

Debra M. Troyer
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CADWALADER

BEFORE ME, the undersigned authority, personally appeared
THOMAS A. BECKETT, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OROPHTHOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

1) STOPPED SEEING HIGH RISK PATIENTS
2) STOPPED DOING HIGH RISK PROCEDURES
3) MY PRACTICE IS BEING CLOSED FOR BUSINESS
4) STOPPED PROVIDING CERTAIN PROCEDURES (IE. CERAMIC VENEERS)

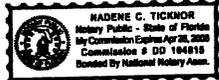
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas A. Beckett, M.D.

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by THOMAS A. BECKETT, who is personally known to me / who did take an oath.

Nadene C. Ticknor
NOTARY PUBLIC
My Commission Expires: Apr 26, 06



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared
BENJAMIN BEFFLER, M.D., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another State or have retired from or quit the practice of Medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked item b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Benjamin Beffler, M.D.

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by DR B BEFFLER, who is personally known to me / who did take an oath.

MARISA GONZALEZ
Notary Public, State of Florida
My comm. exp. Mar. 21, 2005
Comm. No. DD 011046

Marisa Gonzalez
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared
STUART S. BECKERMAN, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stuart S. Beckerman, M.D.

The foregoing instrument was acknowledged before me this 22 day of JULY, 2003, by Stuart Beckerman, MD, who is personally known to me / who did take an oath.



Lisa Gail Grinn
NOTARY PUBLIC
My Commission Expires: MAY 5, 2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared
DR DONALD A. BEHRE, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal medicine / Geriatrics.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- I no longer wish to see complicated patients re high risk
- My practice of 22 years is quitting and
gone for work for the federal government
due to their crisis

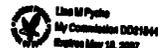
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Donald A. Behre

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by DR DONALD A. BEHRE, who is personally known to me / who did take an oath.

Lisa M. Pyle
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE BEACH

BEFORE ME, the undersigned authority, personally appeared SUSAN BEIL, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is obstetrics + gynecology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Practicing without medical malpractice insurance looking for jobs outside Florida esp. California
REMOVING HIGH RISK PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

SO

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by SUSAN BEIL, M.D. who is personally known to me / who did take an oath.

Judith A. Sepka
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared KARSA BELMONT, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is _____
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

CONCENTRATING PEDIATRIC PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

DAVID

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by David Belmont who is personally known to me / who did take an oath.

Robbie Ann Warren
NOTARY PUBLIC
My Commission Expires: Feb. 10, 2006



FMA Fax -> TO: -> -> All FMA Members Wed Jul 16 2003 05:47:54 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Sarasota

BEFORE ME, the undersigned authority, personally appeared William S. Belmont, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Ophthalmology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

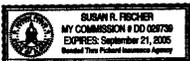
D/K
Retinal detachment surgery
Corneal surgery
Other surgeries - plastic and laminar

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William S. Belmont, M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by William S. Belmont who is personally known to me / who did take an oath.



Susan R. Fischer
NOTARY PUBLIC
My Commission Expires:

AUG. 01. 2003 (FRI) 13:56 WESTCHESTER GENERAL HOSPITAL 3052676920 PAGE 14

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Hugo E. Belmont, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General practice
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

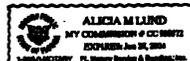
Been unable to afford malpractice insurance due to high costs

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Hugo E. Belmont, M.D. who is personally known to me / who did take an oath.

Alicia M. Lind
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Tulia R. Benazet M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General practice.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Been unable to afford malpractice insurance due to high quote

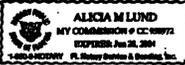
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Tulia R. Benazet, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Gleford Benzera MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is FULL WORKER / INTERNAL MEDICINE.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
HIGH RISK PATIENTS & PROCEDURES

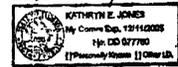
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by [Signature], who is personally known to me / who did take an oath.

Katharine E Jones
NOTARY PUBLIC
My Commission Expires:



Fax -> TO: -> -> Charles M. Bennett 07/26/2003 05:34:56 PM EDT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared Michael Benjamin MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OBSTETRICS AND GYN/OB/GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
DISCONTINUED DELIVERING BABIES

4. If you checked "b" above, please provide an explanation here:

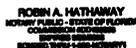
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by [Signature], who is personally known to me / who did take an oath.

Robin A. Hathaway
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Putnam

BEFORE ME, the undersigned authority, personally appeared Charles Bennett MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Family Practice.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
reduce Emergency Room coverage, + medical + self pay + accident care

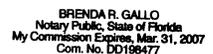
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Charles Bennett, who is personally known to me / who did take an oath.

Brenda R Gallo
NOTARY PUBLIC
My Commission Expires: March 31, 2007



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ONE

BEFORE ME, the undersigned authority, personally appeared Shaughn C. Bennett, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

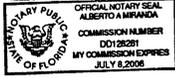
4. (If you checked b., please provide an explanation here):
Problem Patients: complicated medical problems; no procedure done in office and inpatient.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Shaughn C. Bennett, D.O., who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Both B. Benson, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Gynecology - Obstetrics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Decline certain patients. Stopped doing Medicaid deliveries. May be dissolve my nurse-midwife practice. Consider stopping obstetrics.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Both Benson, MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Escambia

BEFORE ME, the undersigned authority, personally appeared Philip C. Beron, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Our practice is tentatively making plans to 1) Discontinue Medicare and Medicaid 2) Moving to Azalea, Alabama / Brachon 3) Discontinue all Medicaid

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Amy Scheerer, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Laura R. Barboot, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic + Reconstructive Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
limited the number types of breast procedure with a - will not perform male augmentation - will not perform tummy tuck surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Laura R. Barboot, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared STACY JOHN BERCKES, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ANESTHESIOLOGY / PAIN MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- STOPPED DOING GENERAL ANESTHESIA CASES
- STOPPED DOING CERTAIN INTERVENTIONAL PAIN MANAGEMENT PROCEDURES EXCEPT IN TERMINAL CANCER PATIENTS

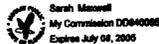
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Stacy John Berckes, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared Christian Berg, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

no longer see "we care" avoid some reconstructive procedures, cut back # of patients & procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Christian Berg, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:

Rx Date/Time JUL-17-2003 (THU) 08:25 P.002
07/17/03 05:34:18 Florida Orthopedic ->15619129556 TU:44 PAGE 002

Print Fax -> TU: -> -> Lewis H. Berger, M.D. Jul 16 2003 05:41:08 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared MARC BERGMAN MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- I NO LONGER TREAT BASIC PEDIATRIC FRACTURES
- ANY RELATIVELY COMPLICATED HIP OR KNEE PROBLEMS
- WHICH I NORMALLY TREATED NOW GOT SENT TO THE UNIVERSITY.

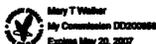
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Marc Bergman, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF HIGHLAND

BEFORE ME, the undersigned authority, personally appeared Lewis H. Berger M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic + Reconstructive Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- limit for the number type of reconstructive procedures
- could not perform plastic reconstructive
- will not do reconstructive surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by LEWIS H. BERGER, M.D., who is personally known to me / who did take an oath.



[Signature] NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Brian Bernick, MD, who being first duly sworn, deposes and states:

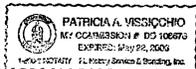
- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics & Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped all elective Surgeries
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Brian A. Bernick MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

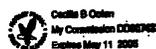
BEFORE ME, the undersigned authority, personally appeared Raymond Bernstein, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have already stopped practicing Obstetrics and am considering stopping gynecologic surgery
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Raymond Bernstein, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

Jul 17 03 05:03p Polk County Med 8634019245 P-3

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Martin

BEFORE ME, the undersigned authority, personally appeared John F. Berry, MD, who being first duly sworn, deposes and states:

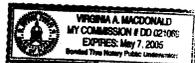
- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I am avoiding high risk coronary valve cases and performing only patients who deem unreliable to follow-up on surgery during their initial visit
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 31 day of July, 2003, by John F. Berry, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared Frank W. Serhan, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is orthopedic surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

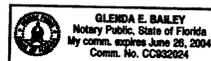
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Frank W. Serhan MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
SALIGRAM B. BHATT, MD, who being first
duly sworn, deposes and states:

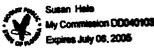
- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine / Pulm Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Decreasing incoming home admissions

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

S. Saligram
The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Saligram Bhatt, who is personally known to me / who did take an oath.



Susan Hale
NOTARY PUBLIC
My Commission Expires: 7/8/06

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared
Michael A. Binder, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped doing medical cytotechnic & proctology due to high risk. Have stopped seeing low back & neck's degenerative patients due to their high medical litigation. Most MD's have also been eliminated from my practice for the same reason.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

M. Binder
The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Michael A. Binder, MD, who is personally known to me / who did take an oath.

Ruth A. Plisko
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared
James A. Birriel Jr, MD, who being first duly sworn,
deposes and states:

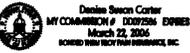
- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James A. Birriel Jr
The foregoing instrument was acknowledged before me this 24 day of July, 2003, by James A. Birriel Jr, MD, who is personally known to me / who did take an oath.



Doreen Susan Carter
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared
Jose A. Birriel Jr, M.D., who being first duly
sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pulmonary
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:
I will not accept any more complex pulmonary patients i.e. cystic fibrosis patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dabrom Infeld
The foregoing instrument was acknowledged before me this 31 Day of July, 2003, by Jose A. Birriel Jr, MD Who is personally known to me/who did take an oath.

Dabrom Infeld
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared Dr. B. B. Bizer, who being first duly sworn, deposes and states:

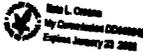
- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped taking ER call.
Stopped seeing Medicaid patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

B. B. Bizer

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dr. B. B. Bizer, MD, who is personally known to me / who did take an oath.

Carol A. Moore
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Thomas G. Ruffin, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiac Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
opened an office & a practice
& wanted to be able to
pay escalating malpractice premium
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Thomas G. Ruffin, who is personally known to me / who did take an oath.

Shonda J. Hunt
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF St. Johns

BEFORE ME, the undersigned authority, personally appeared DAVID BLACKMAN, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

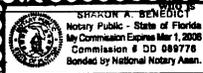
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David Blackman, M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by David Blackman, who is personally known to me / who did take an oath.

Sharon A. Benedict
NOTARY PUBLIC
My Commission Expires: 3/1/2006



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Leon

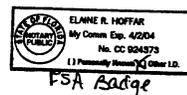
BEFORE ME, the undersigned authority, personally appeared Robert Blackburn, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Robert Blackburn, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 4/26/2004

FSA Badge

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Robert Ellis Blais, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cosmetic-Thoracic & Vascular Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
High risk procedures such as thoracic aortic aneurysms and multi-lobed malignant patients are transferred to tertiary centers. Also I have had to cancel my malpractice insurance.

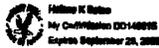
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert E. Blais, MD

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Robert Blais, MD, who is personally known to me / who did take an oath.

Helen K. Bates
NOTARY PUBLIC
My Commission Expires:



STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name] STEVEN M. Blake, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Duval County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery

<http://www.fccep.org/affidavit.htm>

7/18/2003

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)
- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Services have decreased. Physicians have retired early due to cost of malpractice insurance. Surgeons have taken a leave of absence due to expense of malpractice insurance. On-call specialists are difficult to find for pt care. Drs have had to be transferred to other hospitals for cover.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

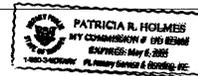
FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by

Steven M. Blake, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Regina S. Bland, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatrics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

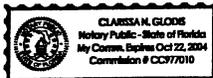
Resigned Hospital Privileges - no longer see patients in the hospital.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Regina S. Bland, M.D.

The foregoing instrument was acknowledged before me this 11th day of July, 2003, by Regina S. Bland, M.D., who is personally known to me / who did take an oath.



Signature of Charisael Glode, Notary Public, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared MARE H. BLASSER, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is UROLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Have restricted my major procedures - primarily cancer cases involving the kidneys, prostate, bladder - due to the high-risk nature inherent in them.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

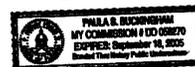
FURTHER AFFIANT SAYETH NAUGHT

Signature of MARE H. BLASSER, MD

The foregoing instrument was acknowledged before me this 14th day of July, 2003, by MARE H. BLASSER, MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared SAMUEL S. BLICK, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHO PEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

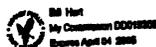
stopped covering Emergency Room at multiple hospitals have stopped doing several high risk surgeries

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Samuel S. Blick, M.D.

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Samuel S. Blick, M.D., who is personally known to me / who did take an oath.



Signature of Bill Hart, Notary Public, My Commission Expires: 4/4/06

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Allan Bloom, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

PO ER call; No consults in Hospital

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Allan Bloom, MD

The foregoing instrument was acknowledged before me this 22 day of

JULY, 2003, by Allan Bloom, MD

who is personally known to me / who did take an oath.



Signature of Lisa Gail Gram, Notary Public

My Commission Expires: MAY 5, 2006

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Michael Bluet M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

If you checked B, please provide an explanation here:
I no longer perform thoracoabdominal aneurysm surgery and have high risk operations

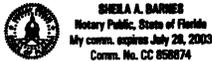
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Michael Bluet

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Michael Bluet, M.D., who is personally known to me / who did take an oath.

Notary Public Signature and Commission Expires



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Kalman Blumberg M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Spinal Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
We have stopped taking on high risk, complicated cases. We have lost two physicians who were unwilling to come to Broward County due to unavailability of malpractice insurance. I am only practicing in Broward and I could not get for malpractice insurance was \$12,000 each for 250/750 coverage.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Kalman Blumberg

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Kalman Blumberg, who is personally known to me / who did take an oath.



Notary Public Signature and Commission Expires

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Donna Blythe M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine / Nephrology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another State or have retired from or quit the practice of Medicine
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

(If you checked item b, please provide an explanation here):
No further Kidney Biopsies
No Hmo patients
No E.R. call
No Medical Consults in hospital

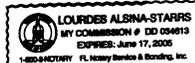
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Donna Blythe

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Donna Blythe, who is personally known to me / who did take an oath.

Notary Public Signature and Commission Expires



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Stephen E. Blythe, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
Prevent women / workmen's compensation / Hospital management / team coverage / spinal surgery / Automobile Accidents / I AM not performing / stopping surgery or retiring

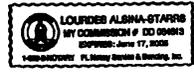
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Stephen E. Blythe

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Stephen E. Blythe, M.D., who is personally known to me / who did take an oath.

Notary Public Signature and Commission Expires



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared
JAMES L. BOORSTIN, MD, FAPA, FACP, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PSYCHIATRY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

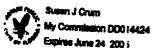
I am only 1st Psychiatrist in the county that sees Medicaid and indigent patients in the office - I have drastically limited these now

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James L. Boorstin

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by James Boorstin, MD, who is personally known to me / who did take an oath.



Susan J. Crum
NOTARY PUBLIC
My Commission Expires: 6-24-05

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared
LUCIANO BOEMI MD, FACS, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or I have retired from or quit the practice of medicine. CONSIDERING TO COUNTRY (OPENED OFFICE IN ROME)
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED DOING FREE PLAS. REPLANTATION AND OTHER HIGH-RISK PROCEDURES. DO NOT ADMIT PATIENTS TO HOSPITAL SURG. WARD, UNLESS COVERED BY OTHER SPECIALIST.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Luciano Boemi

The foregoing instrument was acknowledged before me this 18th day of JULY, 2003, by Luciano Boemi, who is personally known to me / who did take an oath.



Quanna Yusem
NOTARY PUBLIC
My Commission Expires: 6-24-05

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
GREGORY N. BOGER, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OTO-LARYNGOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED SEEING CHNS CHILDREN
RESTRICT COMPLEXITY OF HEAD+NECK, EAR CARES
DUE TO LIABILITY CONCERNS.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Gregory N. Boger

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Greg Boger, MD, who is personally known to me / who did take an oath.

Quanna Yusem
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Sudha Bogineni-Misra, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Mammography.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Interventional breast procedures were either stopped or limited due to a shortage of surgeons to handle possible complications

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: Sudha Bogineni-Misra MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Sudha Bogineni-Misra, MD, who is personally known to me / who did take an oath.

Quanna Yusem
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared BRETT R BOEHGNER, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ORTHOPEDIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

we have & will have to decrease further, emergency services to patients is our main focus - the trauma center will close this year if no 2007 reform is achieved

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Brett R Boehgner, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Calhoun

BEFORE ME, the undersigned authority, personally appeared Luis Bonet MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is CARDIOLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

-NO LOWER between Invasive Procedures (i.e. Temporary pacemakers, Small-Gate catheter insertion, Percutaneous Coronary Intervention (Catheter Ablation))
-NO LOWER on the Invasive Procedures, limiting practice to noninvasive conditions

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Luis Bonet MD, who is personally known to me / who did take an oath. FLOR #5305203509105



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared Carlos O. Barbosa MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is PLASTIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

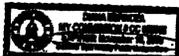
The cost of my malpractice insurance is approx. 20% of my yearly income. If the insurance increases I will quit practicing in Florida

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Carlos O. Barbosa MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared RICHARD T. BOSSMART, MD, FACS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is PLASTIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

AM CONSIDERING STOPPING HOSPITAL PRIVILEGES AND/OR E.R. CALL AT SEVERAL HOSPITALS LIMITING OR DISCONTINUING SEEING MEDICAL PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Richard T. Bossmart MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
JEFFREY N. BOOTH, MD, who
being first duly sworn, deposes and states:

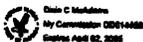
- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiovascular and Thoracic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. In process of obtaining MEA, intending to retire or leave.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
No longer perform thoracic aortic surgery or esophageal surgery. Many surgery patients no longer get narcotics for analgesia resulting in excessive pain.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Jeffrey N. Booth, MD, who is personally known to me / who did take an oath.

Rene C. McMillan
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF WALTON

BEFORE ME, the undersigned authority, personally appeared
ARTHUR J. NOTTING, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PATHOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
UTERINE CERVICAL CYTOLOGY
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Karen A. Coishman, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



20 P

10:17-03 10:17-03

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF FL

BEFORE ME, the undersigned authority, personally appeared
Constantine G. Bouckas, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PMR
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have restricted certain types of interventional procedures
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Constantine G. Bouckas, who is personally known to me / who did take an oath.

Christian Michael
NOTARY PUBLIC
My Commission Expires: 3/20/07



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
Clarence Bouckas, MD, who being
first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Dermatology Jacksonville FL
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
We hired a doctor to staff a clinic in an under served rural area of North Florida. He could not obtain malpractice insurance at the million dollar level so we lost him 90%.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto. The area remains under served.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 3rd day of July, 2003, by Clarence Bouckas, who is personally known to me / who did take an oath.

Loren D. Boyer
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared Howard Bourdages, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- [X] a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Howard Bourdages

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Howard Bourdages who is personally known to me / who did take an oath.



Sharon A. Spade, NOTARY PUBLIC, My Commission Expires: 10/10/2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BROWARD

BEFORE ME, the undersigned authority personally appeared JC Bourque M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:

Minor surpluses, Completed medical problem, No another diagnostic procedure

- I associate of mine (Dr. Aaron) Dr. seeing pts. His max practice income went up to \$66,000. for FP!
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Jean-Claude Bourque

The foregoing instrument was acknowledged before me this 22 Day of July, 2003, by Jean-Claude Bourque, MD Who is personally known to me/who did take an oath.

Beta D. Roberts, NOTARY PUBLIC, My Commission Expires: 11-30-04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared PIER BOUTIN M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- [X] a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

CANNOT AFFORD MAINT PRACTICE PRACTICES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Pier Boutin

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Pier Boutin, who is personally known to me / who did take an oath.

Donna Haynes, NOTARY PUBLIC, My Commission Expires: 4-6-04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared GARY J. JENSEN, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is: General Surgery / Trauma / Orthopedics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- [X] a. Moved to another state or have retired from or quit the practice of medicine
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I no longer perform high performing a procedure... I am the only... I can be... I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Gary J. Jensen

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Dr. Gary Jensen, who is personally known to me / who did take an oath.

Sherry Wesselhoff, NOTARY PUBLIC

SHERRY WESSELHOFF, NOTARY PUBLIC, STATE OF FLORIDA, My Commission Expires May 15, 2002, Commission No. DD12993

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared, Bradford J. Bows, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Orange County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- general surgery
- gynecology
- hand surgery
- neurosurgery
- obstetrics

AFFIDAVIT OF Bradford Bows, M.D.

07-18-2003

orthopedics

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (Attach additional pages if necessary)

I was unable to arrange care for a patient, with an intraabdominal ectopic pregnancy, by an appropriate Ob/Gyn specialist.

Many of the Florida Hospital satellite campuses now have no Orthopedic or General Surgery coverage.

The crisis has caused transfer over long distances for neurosurgery patients.

Many orthopedic doctors in the community have had to drop privileges for hand surgery requiring microvascular care, due to cost of insurance, causing delays in care for patients with hand injuries.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Bradford J. Bows
(Signature)

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Bradford Bows, M.D., who is personally known to me / who did take an oath.

Gene A. Man

AFFIDAVIT OF Bradford Bows, M.D.

07-18-2003

NOTARY PUBLIC 5/3/07
My Commission Expires:



87/21/2003 16:56 9417412381 PENINSULA MEDICAL PAGE 01
FAX TODAY to 1-850-222-8827
SEND ORIGINAL TO: FMA, 113 E. COLLEGE AVE, TALLAHASSEE, FL 32309

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared Kevin L. Boyer, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurosurgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

avoid high risk patient surgeries - anticipate relocating if no change are made.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

K. L. Boyer
The foregoing instrument was acknowledged before me this 14 day of July, 2003, by Kevin L. Boyer, M.D., who is personally known to me / who did take an oath.



Cynthia C. Pillsbury
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name] THOMAS M BOZZUTO, DO, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Duval County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

http://www.fcep.org/affidavit.htm

7/17/2003

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)
Increased ER volume because of unavailability of appointments in specialty offices. Having to transfer patients to another hospital because of lack of on-call specialists.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas M. Bozzuto, DO
(Signature)

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by THOMAS BOZZUTO, DO, who is personally known to me / who did take an oath.

Shanella A. Bergado
NOTARY PUBLIC
My Commission Expires:



http://www.fcep.org/affidavit.htm

7/17/2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Todd Bradford, DO, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I don't do colonoscopies, endometrial biopsies or perform low risk surgeries
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Todd Bradford, DO

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Todd Bradford DO, who is personally known to me / who did take an oath.

Nancy C. McShale
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Todd Bradford, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
One patient that has a different case, so sent to the front of Miami Jackson then it not treated locally. I am currently considering moving out of the state.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Todd Bradford

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Todd Bradford, who is personally known to me / who did take an oath.

Denise Braden
NOTARY PUBLIC
My Commission Expires: 11-3-06



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI - DADE

BEFORE ME, the undersigned authority, personally appeared MICHAEL BRAZDA, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is EMERGENCY MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

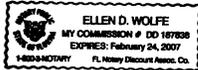
4. (If you checked b., please provide an explanation here):
Have changed to practicing DEPARTMENTAL MEDICINE I LIMIT HIGH RISK PROCEDURES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by MICHAEL BRAZDA, who is personally known to me / who did take an oath.

Notary Public signature: Ellen D. Wolfe, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared RICHARD BREGMAN, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I DO MUCH LESS HOSPITAL CASE DUE TO THE INCREASED LIABILITY. I WILL PROBABLY BE FORCED TO RETIRE 5-10 YEARS EARLIER THAN I PLANNED.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by RICHARD BREGMAN, who is personally known to me / who did take an oath.

Notary Public signature: Lenora R. Damaged, My Commission Expires: 2/25/05



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared CHARLES D. BECKER, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

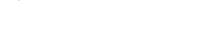
4. (If you checked b., please provide an explanation here):
Reduced the number of vaginal births following previous section deliveries

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by CHARLES D. BECKER, who is personally known to me / who did take an oath.

Notary Public signature: Charlene S. Ellis, My Commission # CC986858, Expires February 24, 2007.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared A.G. BECKER, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am not at high risk obstetric patients I no longer perform any secondary patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by A.G. BECKER, M.D., who is personally known to me / who did take an oath.

Notary Public signature: Charlene S. Ellis, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Sarasota

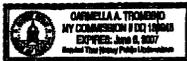
BEFORE ME, the undersigned authority, personally appeared Adam S. Bright, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orythopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - (1) stopped doing spine surgery
 - (2) refer out all complex hand surgery cases / joint replacement
 - (3) stopped accepting Medicaid unless through ER
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Adam S. Bright

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Adam Bright M.D., who is personally known to me / who did take an oath.



Carmella A. Trambino
NOTARY PUBLIC
My Commission Expires:
CARMELO A. TRAMBINO

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Martin

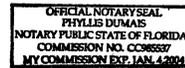
BEFORE ME, the undersigned authority, personally appeared David E. Bright, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - Stopped seeing any new + hi risk patients
 - Referred higher risk patients to specialists
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David E. Bright

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by David E. Bright, who is personally known to me / who did take an oath.



Phyllis Dumais
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Franklin

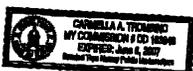
BEFORE ME, the undersigned authority, personally appeared Rose T. Bright M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pulmonary / Critical Care.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Rose Bright

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Rose Bright M.D., who is personally known to me / who did take an oath.



Carmella A. Trambino
NOTARY PUBLIC
My Commission Expires:
CARMELO A. TRAMBINO

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Jeffrey E. Brink, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OTOLARYNGOLOGY - HEAD & NECK SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - NO LONGER DOING COMPLICATED CASES WITH INCREASED CHANCE OF FAILURE, LACK OF IMMEDIATE OR INJURY
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jeffrey E. Brink

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Jeffrey E. Brink, who is personally known to me / who did take an oath.

Jeane R. Reese
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Robert Briskin, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b. please provide an explanation here): SEE following sheet

FURTHER AFFIANT SAYETH NAUGHT

Robert Briskin

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by DR. ROBERT BRISKIN, who is personally known to me / who did take an oath.

Virginia L. Deighan NOTARY PUBLIC

My Commission Expires:



Virginia L. Deighan Commission # DD068329 Expires April 8, 2005 Florida State Notary Public Co., Inc.



ROBERT A. BRISKIN, M.D., FACP Diplomat American Board Internal Medicine

07/17/03

Affidavit

4. b.

I have practiced in the State of Florida since 1984. I am limiting my medical practice due to the Medical Liability Insurance Crisis in the following ways, to protect myself from potential financial ruin, resulting from any one of the over 3000 patient encounters I have seen each year.

- 1) I will no longer admit any managed care patients to the hospital, as these patients tend to be more complex, and it is more difficult to find consultants to see them as well. I may drop off active medical staff entirely, to decrease my financial risk to \$100,000 from the current \$250,000.
2) I will only see patients directly referred from a physician or other patient.
3) I will stop seeing any patient who cancels visits consistently or does not follow medical advise (stopping smoking, taking medications, etc.)
4) I will not refill prescriptions without seeing patients first, if I have not seen them in the previous 3 months.
5) I am referring many more patients to consultants and ordering far more tests than I have ever done.
6) I will cease seeing any patient who expresses any displeasure with their perception of the care they have received, or is unhappy with my office staff for any reason.

Robert Briskin, M.D.

Robert Briskin

Fax -> TU: -> -> Jeffrey Michael Br Med Jul 16 2003 05:39:54 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared DR. MARK BROMSON, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have eliminated emergency calls. I have had to reduce urgent care. I no longer do high-risk procedures that result in having to travel to the University hospital to have certain procedures performed.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mark Bromson

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by DR. MARK BROMSON, who is personally known to me / who did take an oath.

John E. Hornberger NOTARY PUBLIC

My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF St. Lucie

BEFORE ME, the undersigned authority, personally appeared Jeffrey M. Brown, M.D., MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Oral/Maxillofacial Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

We have stopped performing cancer related surgeries. I have decreased my trauma (facial) coverage to only 7 days/month. I used to do 16-25. (I am the only Oral/Maxillofacial surgeon on staff at St. Lucie Medical Center)

FURTHER AFFIANT SAYETH NAUGHT

Jeffrey M Brown

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Jeffrey M. Brown, who is personally known to me / who did take an oath.

Deborah L. Batten NOTARY PUBLIC

My Commission Expires: 2/25/2005



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared
Linda K Brown, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/Gyn.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
no longer performing high risk surgeries or taking care of high risk obstetrical patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Linda K Brown

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Linda K Brown, who is personally known to me / who did take an oath.

Mary J. Swedell M.D.
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF West Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Patricia Brown-Graham M.D., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics & Gynecology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Will not see "high risk" patient b due to liability.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Patricia Brown-Graham

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Patricia McDermott, who is personally known to me / who did take an oath.

Patricia McDermott
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
Dr. Mark Brown, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiovascular Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I will not see patients who have been involved in a personal injury and/or case involved with an attorney unless the patient has an independent situation. I will not perform high risk surgery unless it is an emergency. One of my best friends' number 10 is hospitalized to Indiana because of the cost/risk of malpractice in Fla.

FURTHER AFFIANT SAYETH NAUGHT

Dr. Mark Brown

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Dr. Mark Brown, who is personally known to me / who did take an oath.

Teresa Lee Biel
NOTARY PUBLIC
My Commission Expires: Aug 2, 2003



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Samuel E. Brown M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Reproductive Endocrinology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
decreased surgeries due to limitation of general surgeon back-up in our region.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Samuel E. Brown M.D.

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Samuel E. Brown, M.D., who is personally known to me / who did take an oath.

Mary Kathryn Barakasi
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MONROE

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Gastroenterology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

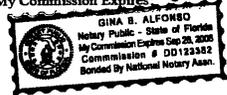
4. (If you checked b., please provide an explanation here):
I am self insured. I cannot afford traditional malpractice insurance. Current fees make it too easy to bring suit. The claimant should be responsible for court costs, attorney's fee, and lost wages.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard Earl Brown

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Richard Brown, who is personally known to me / who did take an oath.

Gina B. Alfano
 NOTARY PUBLIC
 My Commission Expires: _____


AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name] MATTHEW M. BENECKE, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in DUVAL County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

<http://www.fcpep.org/affidavit.htm>

7/17/2003

AFFIDAVIT

Page 2 of 2

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

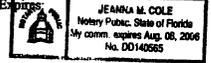
No General Surgery call 94% of the days of each month. all patients with General Surgery illnesses require transport up to 1 hour away

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Matthew Prueckel
(Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Matthew Prueckel, who is personally known to me / who did take an oath.

Jeanne M. Cole
 NOTARY PUBLIC
 My Commission Expires: _____


AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lee

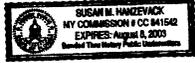
BEFORE ME, the undersigned authority, personally appeared Robert Brown, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Breast reconstruction, breast reduction in certain cases, microsurgery
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert Brown

The foregoing instrument was acknowledged before me this 16th day of July, 2003, by Robert J. Brown, who is personally known to me / who did take an oath.

Susan M. Hanzewick
 NOTARY PUBLIC
 My Commission Expires: _____


AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared
Phillip M. Bruner, MD, FACOG, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped seeing high risk obstetrics and limited my GYN procedures

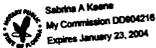
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Phillip M. Bruner MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Phillip M. Bruner, who is personally known to me / who did take an oath.

Sabrina A Kaens
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF JACKSON

BEFORE ME, the undersigned authority, personally appeared
RICHARD G. BRUNNER, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery & critical care
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped critical care except for my patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard G. Brunner

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Richard Brunner, who is personally known to me / who did take an oath.

B. Paulette Weeks
NOTARY PUBLIC
My Commission Expires: 8 PAULETTE WEEKS
MY COMMISSION # DD 061363
EXPIRES: September 30, 2005
1-800-3-NOTARY FL Notary Services & Bonding, Inc.

Noted by [signature]

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Okaloosa

BEFORE ME, the undersigned authority, personally appeared
Billy A. Bucklew MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

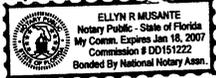
4. (If you checked b., please provide an explanation here):
After 34 years of assisting major surgeries on my own patients I am forced to stop due to the rising cost of insurance rates. I am unable to continue performing vasectomies and other procedures in my office.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Billy A. Bucklew

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Billy A. Bucklew, MD, who is personally known to me / who did take an oath.



Ellen R. Murante
NOTARY PUBLIC
My Commission Expires: 1/18/07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRIC SURGERY / TRAUMA SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1) Decrease amount of trauma call
2) Decrease amount of ER call
3) Refer patients with higher risk problems to university surgeons.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Anthony J. Bufo

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by ANTHONY JAMES BUFO MD, who is personally known to me / who did take an oath.

Roberta J. Bikowicz
NOTARY PUBLIC
My Commission Expires:
Roberta J. Bikowicz
Commission # DD227748
Expires June 30, 2007
Astron Notary
1-800-350-9161

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared [print name] TIMOTHY B. BULLARD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in ORANGE County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
cardiology
cardiovascular surgery
emergency medicine
gastroenterology
general surgery
geriatrics
gynecology
hand surgery
internal medicine
neurology
neurosurgery
obstetrics
ophthalmology
oral/maxillo-facial surgery

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Timothy B. Bullard, M.D. 7/17/2003

- orthopedics
otolaryngology
pediatrics/pediatric surgery
plastic surgery
psychiatry
pulmonary medicine
radiology
trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
urology
vascular surgery
other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

In my opinion, the above marked specialties have been impacted by liability crisis. Particularly in terms of recruiting new physicians to the area. We have shortages in these marked areas and cannot recruit physicians to fill the void. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

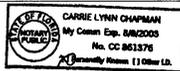
Timothy B. Bullard, M.D. (Signature)

http://www.fcen.org/affidavit.htm

7/17/2003

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Timothy B. Bullard, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires: 8/8/03



Timothy B. Bullard, M.D.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BAY

BEFORE ME, the undersigned authority, personally appeared Yvonne Denise Bullard MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gynecology and Gynecology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I no longer receive/ carries or accept new Patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Yvonne Denise Bullard MD (Signature)

The foregoing instrument was acknowledged before me this 16th day of July, 2003, by Yvonne Bullard, who is personally known to me / who did take an oath.



Pamela J Driver NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Monroe

BEFORE ME, the undersigned authority, personally appeared David A. Bulley, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Diagnostic Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have reduced the number of mammograms performed, and will not be replacing a seasonal visit that is no longer certified. I also no longer perform any interventional spine/pain management procedures and am also contemplating leaving the practice of medicine.

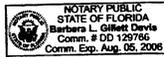
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David A. Bulley

The foregoing instrument was acknowledged before me this 10 day of July, 2003, by David A. Bulley, MD, who is personally known to me / who did take an oath.

Babara S. Elliott Davis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Clay

BEFORE ME, the undersigned authority, personally appeared RICHARD J. BULTMAN, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped seeing my patients in hospital and nursing homes. Stopped seeing any new patients will need to go back in order to stay in FLA.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard J. Bultman MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Richard Bultman, MD, who is personally known to me / who did take an oath.

Peggy A. Joyner
NOTARY PUBLIC
My Commission Expires: 06/12/2005



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared ARTHUR C. BURDETT, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPAEDIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
PRACTICE LIMITED TO HIP and KNEE PROBLEMS
SPINE SURGERY DISCONTINUED
SHOULDER SURGERY DISCONTINUED
HAND SURGERY DISCONTINUED
ELBOW SURGERY DISCONTINUED

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Arthur C. Burdett

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Arthur Burdett, MD, who is personally known to me / who did take an oath.

Betty R. Gonia
NOTARY PUBLIC
My Commission Expires: Oct 29, 2005



AFFIDAVIT Fth to 85W-222-8827

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared William Randy Burke, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped trauma care
Stopped seeing litigation cases
Refer any high risk cases to the university

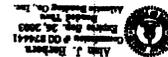
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William R. Burke

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Anna Barbara, who is personally known to me / who did take an oath.

Anna Barbara
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Christine Burns MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is pediatric ophthalmology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Due to extremely high insurance rates, I have taken the chance of cutting my malpractice insurance to the bare minimum required to maintain hospital privileges. I used to carry \$1 million/\$3 million. Now it is \$250,000. I pray I do not get sued.

FURTHER AFFIANT SAYETH NAUGHT

Christine Burns MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Christine Burns, who is personally known to me / who did take an oath.



Karen M. Nowicki
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared George Burns M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is DERMATOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have limited the procedures that I do. Even though I have extra training to perform certain procedures I won't do them in the present medical climate in Florida. Every body loses.

FURTHER AFFIANT SAYETH NAUGHT

George Burns MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by George E. Burns, who is personally known to me / who did take an oath.



Karen M. Nowicki
NOTARY PUBLIC
My Commission Expires:

1-24-2000 9:57AM FROM

RECEIVED P.1 ✓
JUL 21 2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Ronald R. Burns, D.O. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

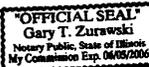
NO LONGER PROVIDE FREQUENT CARE, OFFICE SURGICAL PROCEDURES, SIGMOIDOSCOPY, LACERATION REPAIR, NURSING HOME CARE OR CARE OF WOMEN WHO ARE PREGNANT.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald R. Burns

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by GARY ZURAWSKI, who is personally known to me / who did take an oath.



Gary T. Zurawski
NOTARY PUBLIC
My Commission Expires: 6/3/2006

From: DCMA 714-9289 To: M.D., Don Sokolik

Date: 7/17/03 Time: 6:27:18 PM

Page 2 of 3

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared FREDERICK BUSHKIN M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GENERAL SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Frederick Bushkin MD FACS

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Frederick Bushkin MD FACS, who is personally known to me / who did take an oath.



Marilyn Flaseca
NOTARY PUBLIC
My Commission Expires: 7/23/2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared
MARLENE E. BUTLER M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

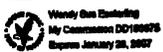
4. (If you checked b., please provide an explanation here):
1) Moving above patients with chronic illness. Disposed of my surgery as a result
2) Disposed of high risk OB patients as a result of insurance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Marlene E. Butler

The foregoing instrument was acknowledged before me this 11th day of July, 2003, by Marlene E. Butler MD, who is personally known to me / who did take an oath.



Wendy Ann Stuchling
NOTARY PUBLIC
My Commission Expires: 1/28/07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
STEPHEN A BUTLER, who being first
duly sworn, deposes and states:

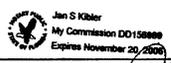
- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
High risk / complex cases I'm referring to a Urology Center - 2 weeks in malpractice award
Have stopped all future reconstructive urology

FURTHER AFFIANT SAYETH NAUGHT

Stephen A. Butler

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Stephen Butler, who is personally known to me / who did take an oath.



Jan S Keller
NOTARY PUBLIC
My Commission Expires:

2/2 '04 11:17 AM No. 0710 THE WOMEN'S GROUP 8:36AM 2003 07-11-03

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Roger Butala, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Complex / High Risk Procedures

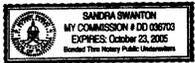
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Roger Butala MD

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. Roger Butala, who is personally known to me / who did take an oath.

Sandra Swanton
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
CHARLES BUZUEGO MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OPHTHALMOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

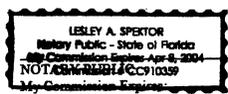
4. (If you checked b., please provide an explanation here):
I HAVE REDUCED / LIMITED SURGERY + MED CARE TO PATIENTS WHO HAVE (1) POOR PROGNOSIS (HIGH RISK) (2) UNREALISTIC EXPECTATIONS (3) HAVE ONE ONE GOOD EYE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles Buzuego

The foregoing instrument was acknowledged before me this 17th day of JULY, 2003, by CHARLES BUZUEGO MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

Page 2 of 2

BEFORE ME, the undersigned authority, personally appeared PAUL W. BUZO, who being first duly sworn, deposes and states:

AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared SONG M. CASHBEE, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Neurology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 1. I am a physician licensed in the State of Florida
- 2. My area of medical practice is ORTHOPEDIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply)

- a. Moved to another State or have retired from or quit the practice of Medicine
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked b., please provide an explanation here):

Any further income in Neurology practice will result in limited income in stopping clinical practice.

- 4. (If you checked item b, please provide an explanation here):
I HAVE RESIGNED FROM ALL HOSPITAL EMERGENCY ROOM CALL. I HAVE DROPPED MY MALPRACTICE INSURANCE. I DON'T TAKE ANY COMPLICATED CASES AS A RESULT AND CONSEQUENTLY I AM SCREENING PATIENTS IN ORDER TO AVOID DIFFICULT INDIVIDUALS THAT COULD POTENTIALLY CAUSE PROBLEMS IN MY OFFICE.
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

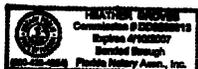
[Signature]

FURTHER AFFIANT SAYETH NAUGHT

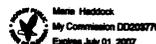
[Signature]

The foregoing instrument was acknowledged before me this 25th day of JULY, 2003, by PAUL W. BUZO, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 23 day of JULY, 2003, by Dr. Song M. Cashbee, who is personally known to me/who did take an oath.



Heather Shover
NOTARY PUBLIC
My Commission Expires: 4/10/2007



Maria Maddox
NOTARY PUBLIC
My Commission Expires:

0200676192E ZVOR RD NW 33 AV 11 18 6002-92-10F

JUL-25-2003(PRI) 13:22 DELGADO & FLEITES, MD, PA (PAX)305 274 0646 P.001/001

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Alachua

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared ROY J. CACCIAGUIDA MD, who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared LUIS R. CACERES, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal Medicine / Hospitalist
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is INTERNAL MEDICINE
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I am about to retire since I work part time now + still can afford the malpractice premiums
I no longer see pt under the age of 65

4. (If you checked b., please provide an explanation here):

I am no longer practicing in the state of Florida. I am working with a consultant to assist in the transition of my practice to a new owner who has a specialty part of my practice after the transition of Florida.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

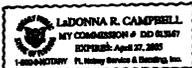
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by ROY J. CACCIAGUIDA, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Luis R. Caceres D.O., who is personally known to me / who did take an oath.



Ledonna R. Campbell
NOTARY PUBLIC
My Commission Expires:



Steven D. Adams
NOTARY PUBLIC
My Commission Expires:

7/17/03 12:05PM -> ROY J. CACCIAGUIDA, MD, PA da Wed Jul 16 2003 No. 8524 @ RP. 2/2

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared George L. Caldwell, Jr., M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

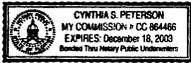
4. (If you checked b., please provide an explanation here): less trauma and chnity patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by George L. Caldwell, Jr., M.D. who is personally known to me / who did take an oath.

Cynthia S. Peterson NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Fort Lauderdale (Neurology)
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): stopped performing spinal taps, little or no ER coverage - I am considering moving to a more "doctor friendly" state.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Paul Calise M.D. who is personally known to me who did take an oath.

Diane J. Blumstein NOTARY PUBLIC My Commission Expires: 6-25-2004



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Okaloosa

BEFORE ME, the undersigned authority, personally appeared Mark S. Calkins, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
2. My area of medical practice is Orthopedics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Because of this crisis, I no longer do high risk procedures on older patients, such as Medicare joint replacement. I no longer assist on high risk spine procedures. My malpractice insurance rate starting August 2003 was raised \$12,000 in one year, to \$45,000 per year (\$3K in one year) and \$5K in two years. I plan on eliminating all hospital inpatient surgery in one year and doing only out-patient surgery. I plan on practicing without malpractice insurance in one year. The current Senate compromise is NO HELP at all to the present crisis.

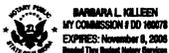
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mark Calkins, M.D.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Mark Calkins who is personally known to me who did take an oath.

Barbara L. Killeen NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared Charles M. Callahan, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Infectious Disease
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

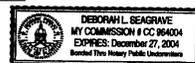
4. (If you checked b., please provide an explanation here): no pediatrics, no obstetrics, change in practice patterns over last 5 years. I am the only Infectious Disease specialist in the entire county of ~100,000 people

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 27 day of July, 2003, by Charles M. Callahan who is personally known to me who did take an oath.

Deborah L. Beagraw NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Richard Collier MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

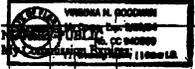
(If you checked b., please provide an explanation here): Lack of Insurance Coverage

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard Collier (Signature)

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Richard Collier, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Richard Collier MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here):
a. Will retire soon due to high insurance premium - unable to pay and maintain escalating costs
b. Stop doing high risk cases and stopped seeing certain types of patients
c. Stop seeing Emergency Room Patients
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

A. Lealajes MD (Signature)

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Richard Collier, who is personally known to me / who did take an oath.

Notary Public Seal for Carol M. Mason, My Commission Expires: October 17, 2005



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared ILIACIO J. CALVO, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here): I do not perform surgery on Medicaid patients. I only do simple hand surgery procedures and avoid all reconstructive work.

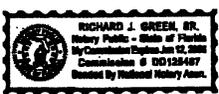
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Ilacio J. Calvo, MD, who is personally known to me / who did take an oath.

Notary Public Seal for Richard J. Green, Sr., My Commission Expires: 11/22/04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Efrain Camara, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gastroenterology and Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here): I have had to stop seeing uninsured patients. I am highly considerate. Retiring from practice much earlier than anticipated because the malpractice premiums continue to increase and it is not allowing me to continue in practice for much longer.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Efrain Camara, MD, who is personally known to me / who did take an oath.

Notary Public Seal for George B. Nunez, My Commission Expires: 05/13/2007



STATE OF FLORIDA,
COUNTY OF Duval / Nassau

BEFORE ME, the undersigned authority, personally appeared
David Campbell MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Medical, Hospitalist, Emergency
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:
Over workload at BMC Nassau when I work here for certain state and I am unable to obtain new professional liability insurance to admit patients from time to time to Nassau Hospital.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David Campbell MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by David Campbell MD, personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
David R. Campbell MD, who being first
duly sworn, deposes and states:

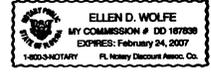
- I am a physician licensed in the State of Florida.
- My area of medical practice is EMERGENCY MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Unable to obtain specialist to see patients in the ER.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David R. Campbell MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by David R. Campbell MD, who is personally known to me / who did take an oath.

Ellen D. Wolfe
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Escambia

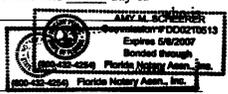
BEFORE ME, the undersigned authority, personally appeared
Wayne P. Campbell Jr. M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

FURTHER AFFIANT SAYETH NAUGHT

Wayne P. Campbell Jr. MD

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Amy Schorer, personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PineHills

BEFORE ME, the undersigned authority, personally appeared
George H. Canizales, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGEON
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have stopped doing revision joint surgery and other high risk procedure but with my time on a staff under current situation.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

George H. Canizales

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by George H. Canizales, MD, who is personally known to me / who did take an oath.

John D. Lee
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared
D.F. Cannon, Jr., M.D., who
being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedics
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Markedly limiting surgery to just
straight forward low risk.
Very selective, low risk

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

D.F. Cannon, Jr.

The foregoing instrument was acknowledged before me this 17th day of
July, 2003, by D.F. Cannon, Jr., M.D., who is
 personally known to me / who did take an oath.

Mary Pamela Register
 NOTARY PUBLIC
 My Commission Expires:



LOCATION: Florida Orthopedic RX TIME: 07/17 '03 08:18

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
EDDIE G. CANO, M.D., who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Int Med + Cardiology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Restricted complicated cardiac cases
due to high cost of malpractice fees
and diminished income from Medicaid
care - can only afford with difficulty
minimal malpractice coverage

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Eddie G. Cano, MD

The foregoing instrument was acknowledged before me this 22 day of
July, 2003, by EDDIE G. CANO, M.D., who is
 personally known to me / who did take an oath.



Jacqueline Sanchez
 NOTARY PUBLIC
 My Commission Expires: 8/14/2007

FROM EDDIE CANO M.D. (ME) 7 28 2003 14:00:00 18:56:00 5510804726 P 2

MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared
Craig Cantor, MD, who
being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Ob/Gyn
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have restricted my privileges at two other hospitals
and can only perform certain surgical procedures
when there is a low surgical backup.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Cantor, MD)

The foregoing instrument was acknowledged before me this 18th day of
July, 2003, by Craig Cantor, who is personally
 known to me / who did take an oath.

212-104
 NOTARY PUBLIC
 My Commission Expires:



Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared
Anthony J. Cappola, MD, who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Gastroenterology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Decreased # of hepatic metastases
Stoped liver biopsies + gastroscopies
Cautious screening FEGD
Decreased # of hepatic patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Anthony J. Cappola

The foregoing instrument was acknowledged before me this 17th day of
July, 2003, by Anthony J. Cappola, MD, who is
 personally known to me / who did take an oath.



Susan M. Schwab
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared MARIABELLA CARABALLO, D.O. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

CLOSED PRACTICE DUE TO PRICE OF LIABILITY INSURANCE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Mariabella Caraballo, who is personally known to me / who did take an oath.

Notary Public signature and commission expiration date: Nov. 8, 2004



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared JEFFREY K CARLSON, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

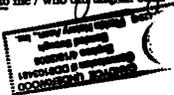
- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No longer doing high risk or complex OB/GYN. NO LONGER DOING MORE COMPLICATED GYN SURGERY. NO LONGER ACCEPTING NEW MEDICAL PT. I will stop my obstetric practice 6/30/04

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jeffrey K Carlson, who is personally known to me / who did take an oath.



Notary Public signature and commission expiration date: 4-18-06

I AM A GRADUATE OF USF'S USF MEDICAL SCHOOL I HAVE PRACTICED IN ST PETERSBURG APX 20 YEARS MY GROUP PRACTICE (OB/GYN) IS THE LARGEST IN THE AREA. I HAVE DELIVERED 110-120 DELIVERIES EACH MONTH

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared Michael S. Carcy, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

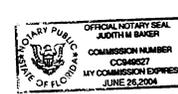
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Michael S. Carcy, M.D. who is personally known to me / who did take an oath.

Notary Public signature: Dr. Carcy

Notary Public signature: Judith M. Baker, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared LOREN S. CARLSON D.O. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

My rates tripled in the last 1 year (\$50 per visit to \$1500 per visit) I have had all work but to drop the insurance or move out of state

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by LOREN S. CARLSON, D.O. who is personally known to me / who did take an oath.

Notary Public signature: Celia M. Sullivan

Notary Public signature and commission expiration date: My Commission Expires: 12-28-06



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Citrus

BEFORE ME, the undersigned authority, personally appeared Donald Carmichael, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Trauma Services
PEDS
Lap Nissen Fundal Plication
Complex vascular procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Donald Carmichael, who is personally known to me / who did take an oath.

Jeresa H. Davis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Pedro R. Caro MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Practice.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Pedro Caro, who is personally known to me / who did take an oath.

Eduardo
NOTARY PUBLIC
My Commission Expires:
Eduardo Caro
Commission # 00890616
Expires Jan 1, 2004
Bonded thru
Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Nevine Carp, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Pulmonary Medicine.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Central line catheters, endotracheal intubation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Nevine Carp MD, who is personally known to me / who did take an oath.



Virginia Abram
NOTARY PUBLIC
My Commission Expires: Mar. 8, 2004

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Orlando V. Carrillo MD PA, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is _____.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No ER Call.
Hospital admits - No charity work
Any controversial issue with a patient - I discuss them immediately

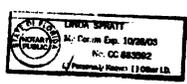
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Orlando V. Carrillo MD PA, who is personally known to me / who did take an oath.

Linda Spravo
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, Duval
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared William Carrere M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William Carrere M.D.

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by William L. Carrere, who is personally known to me / who did take an oath.

Patricia C. Handler
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LAKE CO.

BEFORE ME, the undersigned authority, personally appeared Charles K. Cartwright, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer see pediatric pts., urologic problems in adults with multi med. probes (high risk)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles K. Cartwright M.D.
7/18/03

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Charles K. Cartwright, M.D., who is personally known to me / who did take an oath.

Elizabeth H. Carter
NOTARY PUBLIC
My Commission Expires:



07/17/2003 07:54 PHILLIP A CARUSO + 1850222827 NO. 673 D01
FPA Fax -> TO: -> -> All FPA Members Med Jul 16 2003 09:30:31 111 LPT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami Dade

BEFORE ME, the undersigned authority, personally appeared EMILIO J. CARULLO, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC RECONSTRUCTIVE SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I DO NOT carry malpractice insurance and because of it do not perform high risk procedures, mainly in reconstructive surgery to limit my liability.

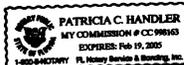
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Emilio J. Carullo

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by EMILIO J. CARULLO, who is personally known to me / who did take an oath.

Patricia C. Handler
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Phillip A. Caruso, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Oncology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped Emergency Room Call
Stopped Performing High Risk Surgery

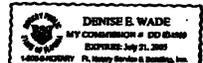
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Phillip A. Caruso

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Phillip A. Caruso, M.D., who is personally known to me / who did take an oath.

Denise E. Wade
NOTARY PUBLIC
My Commission Expires: July 21, 2005



Affidavit

State of Florida,
County of Palm Beach

Before me, the undersigned authority, personally
appeared William M. Caskey, M.D. who being
duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have restricted my practice as described below:

I will no longer provide elective care to patients without a complete set of laboratory values "within normal limits" in spite of the negligible risk that some of these aberrations yield. I will also require accompanying chest x-ray and electrocardiograms on all patients in spite of the lack of clinical indications suggesting the need for such studies so as to eliminate the possibility of having missed possible, non-consequential aberrations on these examinations that could later be misconstrued as negligence and medical malpractice. This is in direct response to the numerous, frivolous litigations I have encountered in my practice of anesthesiology. This results in numerous delays and cancellations of elective surgery and results in redundant and unnecessary medical evaluations, which prudent anesthesiologists would not have normally required prior to the malpractice crisis. Furthermore, my anesthesiologist colleagues are additionally modifying their practice in similar ways also in response to the same external pressures.

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 1 day
of August 2003,
By WILLIAM M. CASKEY MD who is personally known to me / who
did take the oath.

Notary Public Audith A. MacCloud
My Commission Expires: 5/15/04



- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

- Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

AFFIDAVIT

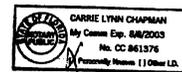
STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name]
DAVID D. CASSELY, who being first duly sworn,
deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in ORANGE County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by
David D. Cassey, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



JUL 28 2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared John A. Castella, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

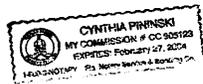
4. (If you checked b., please provide an explanation here):
Sub for patient's non-compliance and loss of income by medical advice!

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 26 day of July, 2003, by John Castella, D.O., who is personally known to me / who did take an oath.

Cynthia Pirinski
NOTARY PUBLIC
My Commission Expires: Feb. 27, 2004



Ed 1480: 02: 008 28 111 : '0N XRF : '0001

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Ramon A. Castillo, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is MATERNAL - FETAL MEDICINE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients; stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
I HAVE SUBSTANTIALLY REDUCED MY HIGH RISK OBSTETRICAL PRACTICE IN ORDER TO LIMIT MY EXPOSURE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Ramon A. Castillo, who is personally known to me / who did take an oath.

Melody A. Scheel
Commission # DD108112
Expires April 10, 2006
Notary Public
My Commission Expires:



FMA Fax -> TO: -> -> All FMA Members Wed Jul 16 2003 05:48:42 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MONROE

BEFORE ME, the undersigned authority, personally appeared ROBERT CATANEO, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
NOT PERFORMING SPINE SURGERY, CRANIAL FRACTURE CARE AND MANY OTHER PROCEDURES, STOPPED SEEING INDIGENT PATIENTS THAT I WOULD NORMALLY SEE. STOPPED PAYING MALPRACTICE PREMIUMS AND GOING "BARE".

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert Cataneo, who is personally known to me / who did take an oath.

Kris Yaccarino
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared FRANK P. CATANEO, D.O., who being first duly sworn, deposes and states:

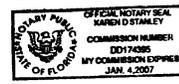
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiovascular & Thoracic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
DO NOT TREAT THORACIC ANEURYSMS OR AORTIC DISSECTIONS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Frank P. Cataneo, M.D., who is personally known to me / who did take an oath.



Karen D. Stanley
NOTARY PUBLIC
My Commission Expires: 01/04/07

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Lawrence Cerino, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Cost: Increase in Malpractice Insurance Cost.

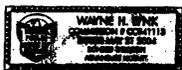
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Lawrence Cerino, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared George V. Centano, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

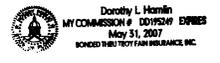
4. (If you checked b., please provide an explanation here):
Quit Admitting to Hospital to reduce RUC - patients upset about not seeing their doctor in hospital, it is less efficient to admit patients upon their doctor's orders that is not reality. I will try to retire as 65 1/2 (3 years) so I can leave state and work locum tenens elsewhere. I can't afford this, but it is the safest alternative.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by George V. Centano MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared ROBERT F. CHARTIN, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped deliveries - due to malpractice lawsuit.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Robert Chartin, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared AMIT CHAKRAVARTY, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pulmonary Critical Care Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

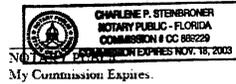
4. (If you checked b., please provide an explanation here):
Stopped Seeing Pregnant Asthmatics

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Amit K. Chakravarty MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared,
KAHANG CHAN, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine at Florida Hospital Altamonte in Seminole County, Florida.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region:
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

Orthopedics

In house on-call coverage in orthopedics is unavailable at Florida Hospital Altamonte more than 50 percent of the time. Many patients who arrive at Florida Hospital Altamonte emergency department with orthopedic emergencies must be transferred to another facility when coverage is not available. This results in delay in care for patients who have life and limb threatening orthopedics emergencies.

Neurosurgery

The shortage of neurosurgery coverage has resulted in transfers of patients to Florida Hospital Celebration, which is more than 20 miles further away than Florida Hospital Orlando. This results in delay in care for patients who have life threatening neurosurgical emergencies.

AFFIDAVIT OF KAHANG CHAN, M.D. 07-21-2003

Trauma care

The loss of orthopedics on-call coverage at Florida Hospital Altamonte has dangerously compromised this institution's ability to care for trauma patients who have multiple injuries.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kahang Chan
(Signature)

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Kahang Chan, MD, who is personally known to me / who did take an oath.

Janet R. Mas

NOTARY PUBLIC

My Commission Expires: 5/3/2007



AFFIDAVIT OF KAHANG CHAN, M.D. 07-21-2003

07/17/2003 16:28 4266399 -> AMPTAJ PAGE 01/01
margaret r. Chang, Not Jul 16 2003 05:34:12 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Margaret Wang, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

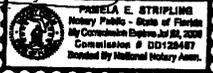
4. (If you checked b., please provide an explanation here):

Our small town hospital has already lost 1 of 2 nephrologists & 1 of 2 cardiologists. I have been forced to send patients for dialysis, tests, just due to their request which cost the industry. Please fix this broken system.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by PAMELA E. STRIPLING, who is
personally known to me and did take an oath.



Pamela E. Stripling
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

Page 1 of 2

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared [print name]
GREGORY W. CHAPMAN, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in DUVAL County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by Gregory Chapman who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

ELIZABETH S. PATTERSON
Notary Public, State of Florida
My comm. exp. Apr. 1, 2005
Comm. No. DD 014153

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Paul J. Chapman, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida,
2. My area of medical practice is Jacksonville - General Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Discontinued liver & pancreatic surgery
Stopped all trauma surgery
No elective surgery on high risk patients -
Limited amount of breast surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by PAUL J. CHAPMAN, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, Brevard
COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Dr. Jonathan Charles, who being first duly sworn, deposes and states:

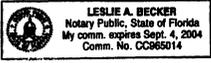
1. I am a physician licensed in the State of Florida.
2. My area of medical practice is pathology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):

Many diagnoses are evasive
I work in Florida for reasons other than
practice location the practice is actually in
state to practice any other state.
The legal, administrative,
+ in business corruption
in Florida is unprecedented
+ unmatched by any other state.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by Jonathan Charles, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 9-4-04



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PAVE

BEFORE ME, the undersigned authority, personally appeared Keith Charles, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ophthalmology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

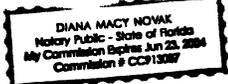
4. (If you checked b., please provide an explanation here):

High risk surgeries, stopped ER call
at our hospital. stopped problems
trauma cases.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Keith Charles, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared JOSEPH S. CRATER, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

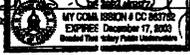
(If you checked b., please provide an explanation here):
1) Hospital dropped local Emergency Room
2) stopped doing some high risk procedures here

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by JOSEPH S. CRATER, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires:

FORM NYS-1 9565-1-06-0

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared GEORGE EDWIN CHISHOLM, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery Jacksonville
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

(If you checked B, please provide an explanation here):
NO Trauma, & High Risk elective surgery, emergency # of complex patients of proctologic surgery

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by GEORGE EDWIN CHISHOLM, MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires:

Fax -> TO: -> Margaret M. Chang, Wed Jul 16 2003 05:34:12 PM EDT

07/30/03 10:52:20 RightPAX-> 9544631858 RightPAX Page 005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Margaret Wang, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

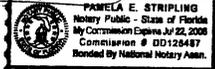
- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
Our small town hospital has already lost 1 of 2 nephrologists & 1 of 2 cardiologists. I have been hard to find patients for nuclear tests, just due to their against their cost in industry. Plus fix the known system.
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by PAMELA E. STRIPLING, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared ERIC C. HENVEN, M.D., who being first duly sworn, deposes and states:

- 1. I am [describe position of affiant] with [name of hospital], in [city], Florida, and I have been employed in that capacity since Private Urologist with Broward General Medical Center in Fort Lauderdale since 7-03.
2. [Name of hospital] has been impacted by the current professional liability insurance crisis and the unfavorable litigation climate in Florida in the following ways: Broward General Medical Center
[describe services dropped, ER coverage eliminated, knowledge of physicians who have retired, left the state, changed specialties, stopped high risk cases] Have dropped coverage of certain insurance plans paying for US when Medicare
3. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by ERIC S. CHENYEN, who is personally known to me / who did take an oath.

Signature of Notary Public

NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Clay

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
William V. Choisser MD JD, who being first
duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared
Alan W. Christensen M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is family practice / Internal medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPAEDIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):
I have resigned from the Hospital in Orange Park
I have lost one doctor out of a group of four
The other two doctors will stop working if we
cannot afford malpractice insurance. Comp B one
is not an option.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

- (If you checked b., please provide an explanation here):
1) STOPPED SR CALL AT 3 HOSPITALS - FLORIDA HOSPITAL,
SOUTH LAKE HOSPITAL, SOUTH SEMINOLE HOSPITAL.
2) I AM A HAND SURGEON - I DO NOT DO
BASIC SURGERY. RECENT SURGERY - I AM AWARE
THAT THESE CASES NOW HAVE TO GO TO TRIAL.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

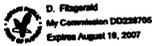
FURTHER AFFIANT SAYETH NAUGHT

William V. Choier MD JD

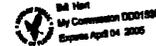
Alan W. Christensen M.D.

The foregoing instrument was acknowledged before me this 17 day of
July, 2003, by William V. Choisser MD, JD, who is
personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 24 day of
July, 2003, by Alan Christensen, M.D., who is
personally known to me / who did take an oath.



D. Fitzgerald
NOTARY PUBLIC
My Commission Expires:



Bill Hunt
NOTARY PUBLIC
My Commission Expires: 4/4/05

AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Jackson

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Richard Christopher Jr M.D., who being first
duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared
JAMES L. CIMERA
who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):
1) - stopped taking Nursing Home patients
2) Avoid all ER call possible due to
high liability risk.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

Richard Christopher Jr MD

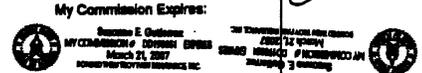
James L. Cimera, MD.
The foregoing instrument was acknowledged before me this 21 day of
July, 2003, by James L. Cimera, MD.
who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17th day of
July, 2003, by Richard M. Christopher Jr MD, who is
personally known to me / who did take an oath.

Angela C. Gutierrez
NOTARY PUBLIC



Barbara Lynn Gilley
NOTARY PUBLIC
My Commission Expires: 11/5/04



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Osceola

BEFORE ME, the undersigned authority, personally appeared Leonardo Cisneros D.O.

who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Osceola County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

In the last week we lost 2 days of general surgery call per week, hence we are scrambling to find replacements.

I have observed the practice of defensive medicine, which results in many more patient admissions to the hospital and further delay of care to the emergency department for other patients because hospitals become "full."

I have observed a large volume of patients sent to the E.D. by their Primary Medical Doctor to have work ups done that could otherwise be done as an outpatient, this causes a bottleneck in the system and further delays patient care.

We share call for specialty services, sometimes amongst several hospitals, this is an important point because as happened several days ago a specialist was needed stat at our Emergency Department, but was occupied at another institution so there was a delay in care.

AFFIDAVIT OF Leonardo Cisneros, D.O., M.D.

07-18-2003

The malpractice insurance crisis and the unfavorable litigious climate has brought a very negative face to the practice of emergency medicine in the State of Florida. This holds even more true to specific hospitals, where back up is much less and liability may be higher. I have observed emergency physicians refuse to work certain emergency departments for this reason.

I have observed internists refuse to admit certain patients with specific disease states to the hospital due to lack of a specialty on call that particular day. This obviously delays care.

Our psychiatric patients experience an enormous delay to see the psychiatrist, many times it takes days.

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics

AFFIDAVIT OF Leonardo Cisneros, D.O., M.D.

07-18-2003

- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology

trauma center care -- CERTIFIED (provide specifics if applicable -- attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

SEE ABOVE

AFFIDAVIT OF Leonardo Cisneros, D.O., M.D.

07-18-2003

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Leonardo Cisneros, D.O., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC

My Commission Expires: 5/3/2007



AFFIDAVIT OF Leonardo Cisneros, D.O., M.D.

07-18-2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
Thomas Cuitella M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida
- My area of medical practice is Ophthalmology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

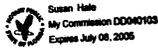
4. (If you checked b., please provide an explanation here):
stopped performing cataract, glaucoma surgery
stopped pediatric surgery
stopped cosmetic surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas A. Cuitella M.D.

The foregoing instrument was acknowledged before me this 18 day of
July, 2003, by Thomas Cuitella M.D., who is
 personally known to me / who did take an oath.



Susan Hale
 NOTARY PUBLIC
 My Commission Expires: 7/8/2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
James T. Clancy, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Facial Plastic Reconstruction
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped GA Care at Spine Hospital
Stopped seeing high risk patients
Reconstructive Cases

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of
July, 2003, by James T. Clancy, who is
 personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____,
who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics and Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped performing obstetrics
now do gynology only

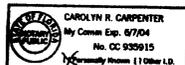
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of
July, 2003, by James E. Clark, M.D., who is
 personally known to me / who did take an oath.

Carolyn R. Carpenter
 NOTARY PUBLIC
 My Commission Expires: 6-7-04



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name]
Mark C. Clark, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Orange County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

cannot get hand surgeons, urologist, and neurosurgeons to care for patients in need

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

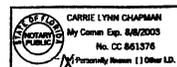
[Signature]
(Signature)

http://www.fcen.org/affidavit.htm

7/17/2003

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Mark R. Clark MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



http://www.fcen.org/affidavit.htm

7/17/2003

JUL 17 03 11:43a BUB Plastic Surgery 8508979067 P-2
FAX -> TO: -> -> Steven J. Clark, M MD Jul 16 2003 05:43:19 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Okaloosa

BEFORE ME, the undersigned authority, personally appeared Steven J. Clark, MD, DMD, FACS, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

PTS who are RECONSTRUCTIVE PATIENTS BUT ARE HIGH RISK (due to medical problems or wound healing problems) - often these pts are the ones who really need reconstructive treatment due to cancer trauma, etc.

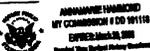
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Steven J. Clark, MD, DMD, FACS who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



JUL -28' 03 (MON) 10:48 N. F. W. C. /SURGERY TEL: 8508785695 P. 003
FAX -> TO: -> -> All FPA Members Med Jul 16 2003 05:43:19 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Arthur S. Clemente, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ob/gyn
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Refer out all high risk OB/gyn pts. No longer perform surgery on gyn oncology patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 14 day of July, 2003, by Arthur S. Clemente, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF SEMINOLE

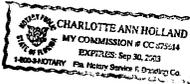
BEFORE ME, the undersigned authority, personally appeared
CLYDE H. CLIMER, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
GAVE UP OBSTETRICS
PRACTICING WITHOUT PROFESSIONAL LIABILITY
COVERAGE
I EMPLOY OTHER DOCTORS AND MIDWIVES. OUR PRACTICE
IS 1) NOT ACCEPTING MEDICAID OR PATIENTS ON AMO'S.
 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
 2) LIMITING OB/GYN PATIENTS WITH CERTAIN
RISK FACTORS
 FURTHER AFFIANT SAYETH NAUGHT
 3) LIMITING NEW PATIENTS WITH MEDICARE

Clyde H. Climer M.D.

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by CLYDE H. CLIMER, M.D., who is personally known to me / who did take an oath.



Charlotte Ann Holland
NOTARY PUBLIC
My Commission Expires: 8/30/03

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
ROBERT CLINE, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIAC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I NO LONGER PERFORM High
RISK CARDIOVASCULAR SURGICAL
PROCEDURES - IS PROCEDURES
WITH HIGH LIABILITY RISK

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert Cline

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by ROBERT E. CLINE, M.D., who is personally known to me / who did take an oath.



Hasan D. Stanley
NOTARY PUBLIC
My Commission Expires: 01/04/07

Jul 16 03 05:26p JU: ALDEN G COCKBURN MD 8138729108 P-1
FPA Fax -> -> -> Alden George Cockb Med Jul 1 15 2003 05:41:14 PM EDT

FPA Fax -> TO: -> -> All FPA Members Wed Jul 16 2003 05:42:26 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared
Alden G. Cockburn, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology / Urologic Oncology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
A. I'm currently interviewing for possible out of state position.
B. Curtailed O.R. schedule

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Alden Cockburn MD

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Judy R. Cockburn, who is personally known to me / who did take an oath.

Judy R. Cockburn
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Levy

BEFORE ME, the undersigned authority, personally appeared
Armand B. Cognette, Jr., M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Medicaid patients (These are the highest risk pt we saw)
Will stop seeing Emergency room & hospital consults if malpractice
situation not resolved.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Armand B. Cognette

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Armand B. Cognette, Jr., M.D., who is personally known to me / who did take an oath.



Donna C. Bilbat
NOTARY PUBLIC
My Commission Expires:
11/22/07

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Harry Cohen, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Stopped doing low biopsy, gonococcalis, endometriosis, benign prostatic hyperplasia, etc. I will return if cases continue. Agreed. Chosen by Mom, Maggy on 1 of Best 3 years in row.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT [Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Harry Cohen, who is personally known to me / who did take an oath.

Notary Public My Commission Expires: 7/12/2004

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Jeffrey Cohen MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Nephrology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I no longer do kidney biopsies or place IJ catheters. I limit scope of patient care as much as possible.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT [Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jeffrey Cohen, M.D., who is personally known to me / who did take an oath.

Notary Public My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Dr. Richard Cohen, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Diagnostic Radiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): The liability insurance has impacted our radiology group in several ways: 1) It has impacted our efforts to hire additional radiologists. Even local medical school graduates are asking questions out of state. 2) Our group found it necessary to sell some of our high liability insurance policies combined with this reimbursement.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT [Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Dr. Richard Cohen, who is personally known to me / who did take an oath.

Notary Public My Commission Expires: 7/12/2004

Notary Public Seal

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Steven Myles Cohen, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Duval County.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Stopped covering Emergency Room at Doxat Plast Hospital and St. Anthony's Hospital for Ophthalmology.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT [Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Steven Myles Cohen, who is personally known to me / who did take an oath.

Notary Public My Commission Expires:

Notary Public Seal

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

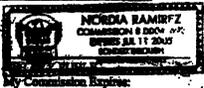
BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CRITICAL CARE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Controlled Emergency Room coverage. NO LONGER DO ANY SURGICAL PROCEDURES.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

LF Colman

The foregoing instrument was acknowledged before me this 12 day of July, 2003, by Steven J. Cole, MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared MARTIN A. COHN MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE, PULMONARY SUBSPECIALTY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I NO LONGER SEE PULMONARY PATIENTS OR DO RISKY DIAGNOSTIC PROCEDURES SUCH AS BRONCHOSCOPY, OR LUNG BIOPSY, I NOW WORK PART-TIME ONLY TO REDUCE INSURANCE COSTS.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Martin A. Cohn

The foregoing instrument was acknowledged before me this 10 day of July, 2003, by Martin A. Cohn, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires: May 14, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Steven J. Cole MD, who being first duly sworn, deposes and states:

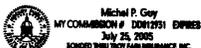
- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology / Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I stopped doing Emergency room call. I stopped doing repetitive cardiac procedures. I stopped doing for urgent patients.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Steven J. Cole MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Steven J. Cole, who is personally known to me / who did take an oath.

Michel P. Goy
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared HAROLD COLBASSANI, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEURO SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
have stopped performing aneurysm surgery, complex spine surgery, and treating spinal fractures
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Harold Colbassani

The foregoing instrument was acknowledged before me this 10th day of JULY, 2003, by Harold J. Colbassani, MD, who is personally known to me / who did take an oath.

Charles J. Colbassani
NOTARY PUBLIC
My Commission Expires:



Affidavit

State of Florida, County of Palm Beach

Before me, the undersigned authority, personally appeared JAMES C. COLE, MD who being duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology and Intraoperative Neurophysiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have restricted my practice as described below:

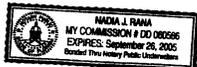
I will no longer provide elective care to patients without a complete set of laboratory values "within normal limits" in spite of the negligible risk that some of these aberrations yield. I will also require accompanying chest x-ray and electrocardiograms on all patients in spite of the lack of clinical indications suggesting the need for such studies so as to eliminate the possibility of having missed possible, non-consequential aberrations on these examinations that could later be misconstrued as negligence and medical malpractice.

- 4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 31st day of July 2003, By James C. Cole, MD, who is personally known to me / who did take the oath.

Notary Public My Commission Expires: September 26, 2005



Steven Coletti, MD

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared STEVEN M. COLETTI, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Interventional Cardiology, General Cardiology, Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- Moved to another state or have retired from or quit the practice of medicine.
Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

Have limited seen of patients, + doing cardiac catheterization on high risk patients + have advised patients to go to tertiary care facilities.

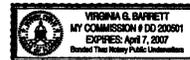
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July 2003, by STEVEN M. COLETTI, MD, who is personally known to me / who did take an oath.

Notary Signature

Virginia G. Barrett NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared JAMES K. CONLAN, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is THORACIC, VASCULAR, GENERAL SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- Moved to another state or have retired from or quit the practice of medicine.
Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

I HAVE STOPPED SEEING MEDIAID PATIENTS BECAUSE THEY ARE THE ONLY ONES WHO HAVE EVER CONSULTED A LAWYER. I HAVE STOPPED DOING ALL PANCREATIC SURGERY AND MAJOR VASCULAR SURGERY (AORTIC).

- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Signature

The foregoing instrument was acknowledged before me this 24th day of July 2003, by JAMES K. CONLAN, MD, who is personally known to me / who did take an oath.

Notary Public My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared WALTER A. CONLAN III, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Thoracic/vascular & aortic, wound care
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- Moved to another state or have retired from or quit the practice of medicine.
Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

I have stopped patient management & going to nursing home

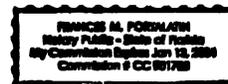
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Signature

The foregoing instrument was acknowledged before me this 1 day of August 2003, by WALTER A. CONLAN III, MD, who is personally known to me / who did take an oath.

Notary Public My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Donald M. Cooper, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Will not operate on high risk patients
Will not see medical office

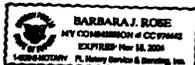
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Paul M. Wade

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Donald M. Cooper, who is personally known to me / who did take an oath.

Barbara J. Rose
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BEVARD

BEFORE ME, the undersigned authority, personally appeared Homi S. Cooper, M.D., FRCGS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OCCUPATIONAL & ENVIRONMENTAL MEDICINE
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
PATIENTS WHO ARE LITIGIOUS OR WHO HAVE BEEN "COACHED" BY INDIVIDUAL CORPORATE LAWYERS OR FIP LAWYERS
DO TRAINING TESTING FOR MEDICAL-LEGAL PANELS FOR FEES OF \$5000 PER HOUR. THESE ARE FRIVOLOUS AND SPUN BY LEGAL/JUDICIAL LOTTERY MENTALITY. (COST OF THESE TESTS APPROXIMATELY IS \$60000 PER CASE)
AS A WITNESS, I COULD TESTIFY TO THESE FACTS. THESE ARE PATIENTS WHO SEE A LAWYER, BEFORE THEY SEE ME AND NEED TO FURTHER AFFIANT SAYETH NAUGHT BE AVOIDED.

Homi S. Cooper, M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Homi S. Cooper, who is personally known to me / who did take an oath.

Jennifer L. Harsh
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MADISON

BEFORE ME, the undersigned authority, personally appeared Robert Cooper, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is PLASTIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
WILL NOT OPERATE ON HIGH RISK PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Paul M. Wade

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Robert Cooper, M.D., who is personally known to me / who did take an oath.

Pat
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared John D. Corbett, Jr., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Palm Beach Co
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Will high risk medical ER patients admit procedure for complicated surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by John D. Corbett, Jr., who is personally known to me / who did take an oath.

Sharon A. O'Shan
NOTARY PUBLIC - STATE OF FLORIDA
Commission # CC27946
Expires 02/22/04

6/11/2004
NOTARY PUBLIC
My Commission Expires:

MALPRACTICE INSURANCE STATEMENT
SAID TAX TO → * FLORIDA MED. ASSC.
FAX TO 850-222 8827

MALPRACTICE INSURANCE STATEMENT 8827

COMPLETION OF THE FINANCIAL RESPONSIBILITY PORTION OF THIS FORM IS MANDATORY.

FINANCIAL RESPONSIBILITY

I have hospital staff privileges; and, I have obtained and maintained professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s.624.09 F.S. from a surplus lines insurer as defined under s.626.914(2) F.S., from the Joint Underwriting Association established under s.627.351(4) F.S. (COPY OF INSURANCE MUST BE ATTACHED)

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F.S., for a letter of credit and s.625.52, for an escrow account. (COPY OF LETTER OF CREDIT MUST BE ATTACHED)

I elected not to carry medical malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s.458.320(5)(g) F.S. I understand that I must post notice in the form of a "sign" prominently displayed in the reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance or otherwise demonstrate financial responsibility. I understand that such a sign or notice must contain the wording specified in s.458.320(5)(g) F.S. (COPY OF POSTED SIGN OR WRITTEN STATEMENT MUST BE ATTACHED)

Signature: [Signature] Date: 23 July 03

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared Seth P. Coran MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
high risk surgery: almost stopped seeing patient last year due to our carrier leaving the state and inability to get coverage
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Seth P. Coran, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



1 0 2068 984 182 111800 NH0808 461:04 00 82 100

AFFIDAVIT

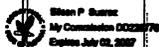
STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Ramiro Coro M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GENERAL PRACTICE in Hialeah.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
I'm not doing high-risk procedures and seeing certain patients because I have NO MAL PRACTICE INSURANCE. REASON: I can't afford it.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Ramiro Coro, M.D., who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires: 7/02/07

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared Gary J. Correnti M.D., who being first duly sworn, deposes and states:

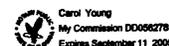
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurosurgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
Complicated Vascular surgery is referred to academic centers in Tampa (2hrs away) + Miami (2hrs away)
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by GARY CORRENTI, M.D., who is personally known to me / who did take an oath.

[Signature]

NOTARY PUBLIC My Commission Expires:



1 0 2068 984 182 111800 NH0808 461:04 00 82 100

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF POLK

BEFORE ME, the undersigned authority, personally appeared MATTHEW JOSEPH CORY M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRICS, GENERAL
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

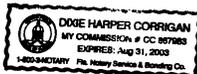
4. (If you checked b., please provide an explanation here):

- stopped attending C sections + high risk deliveries
 - stopped caring for any newborns with problems in the nursery (eg, infections, etc)
 - stopped caring for some types of injuries and medical problems in the office
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Matthew J. Cory M.D.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Matthew Joseph Cory MD, who is personally known to me / who did take an oath.



Dixie H. Corrigan
NOTARY PUBLIC
My Commission Expires:
August 31, 2003

- psychiatry
- pulmonary medicine
- radiology (MRI etc)
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

long waits
often poor outcomes and angry families

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lynn Cosentino
(Signature)

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Lynn Cosentino who is personally known to me / who did take an oath.

Lynn Cosentino
NOTARY PUBLIC
My Commission Expires:

ELIZABETH S. PATTERSON
Notary Public, State of Florida
My comm. exp. Apr. 1, 2005
Comm. No. DD 014153

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared (print name) Lynn M. Cosentino, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Duval County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared OCTAVIO COSME MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERVENTIONAL CARDIOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

HAD NOT STOPPED YET DOING CERTAIN PROCEDURES BUT STOPPING CONSIDERING STOPPING CERTAIN HIGH RISK PROCEDURES OR REFERR THEM TO UNIVERSITY CENTERS OR OUT OF THE STATE.

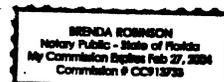
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lynn Cosentino

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Octavio Cosme MD, who is personally known to me / who did take an oath.

2/27/04
NOTARY PUBLIC
My Commission Expires:



Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Florida

BEFORE ME, the undersigned authority, personally appeared Ernest Constantino Jr. M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

Have retired because my insurance carrier left the state and by events relating to it I lost coverage. (Tail coverage) since they are not renewing policy. I could not renew to keep my tail coverage. I could not afford to buy the tail coverage.

FURTHER AFFIANT SAYETH NAUGHT

E. Constantino


The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Ernest Constantino Jr. M.D., who personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF St. Johns

BEFORE ME, the undersigned authority, personally appeared Engene N. Costantini, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiac, Vascular, Thoracic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I no longer accept high risk cardiac cases. Limb salvage vascular surgery. Thoracic abdominal aortic aneurysm and aortic arch aneurysms among others.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Engene N. Costantini, who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared George H. Coupe, D.O., who being first duly sworn, deposes and states:

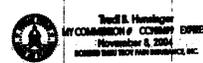
- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice & Aviation Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I have almost completely stopped seeing family practice patients (higher surgery & hospitalization due to the high level of physicians' litigation)

FURTHER AFFIANT SAYETH NAUGHT

G.H. Coupe D.O.

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by George H. Coupe, who is personally known to me / who did take an oath.



[Signature]
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared EDGAR A. COVARRUBIAS, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

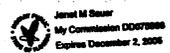
Decreasing my hospital practice, like invasive cardiology and controlling emergency case contacts. Atrial, Atrial, Atrial. Considering early retirement.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by EDGAR A. COVARRUBIAS, who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared
ANDRES COWLEY, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is gastroenterology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

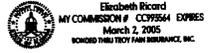
4. (If you checked b., please provide an explanation here):
I no longer accept hospital employment and no longer admit patients to the hospital to avoid being exposed to high risk patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Andres Cowley, MD, who is personally known to me / who did take an oath.

Elizabeth Picard
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Carlos A. Cowley MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I stopped seeing patient in the area of expung. at Delray Hospital.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Carlos A. Cowley, MD, who is personally known to me / who did take an oath.

Virginia Abram
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared
Todd S. Crawford, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I HAVE STOPPED TO REFER HIGH RISK PATIENTS, TRAUMA, PEDIATRIC AND ANY CASE WHICH MAY HAVE ANY CHANCE OF A COMPLICATION, BUT SEND OF OUR AREA TO A UNIVERSITY HOSPITAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Todd S. Crawford, MD, who is personally known to me / who did take an oath.

Barbara R. Cowley
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Bay

BEFORE ME, the undersigned authority, personally appeared
Helen Edward Craig, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Rheumatology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

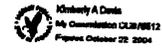
4. (If you checked b., please provide an explanation here):
Stopped doing epidural, facet injections and other high risk procedures.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Helen Edward Craig, who is personally known to me / who did take an oath.

Kristy A. Davis
 NOTARY PUBLIC
 My Commission Expires: 10/22/2004



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared DR PAUL M. CUM JR, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ANESTHESIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

① LOSS OF GENERAL SURGEONS HAS AFFECTED # OF SURGICAL CASES & LEVEL OF CARE AVAILABLE FOR SURGICAL PROCEDURES

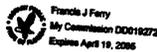
② UP TO CRISIS I HAVE APPLIED FOR LICENCES IN OTHER STATES & AM INTERVIEWING 2 OTHER PRACTICES.

FURTHER AFFIANT SAYETH NAUGHT

③ UNABLE TO OBTAIN GENERAL SURGEONS, I HAVE HAD TO DECREASE THE AMOUNT OF LIABILITY INSURANCE I CARRY & PLAN TO LEAVE THE MEDICAL FIELD I.E. RETIRE

The foregoing instrument was acknowledged before me this 25th day of JULY, 2003, by PAUL M. CUM JR, M.D. who is personally known to me / who did take an oath.

Francis J Ferry
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared MARC E. GIER MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is MULTIMODAL CRITICAL CARE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

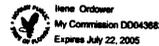
- WILL STOP SEEING HIGH RISK PATIENTS IF FORCED TO "GO DULL" WITHOUT INSURANCE SINCE IT IS UNLAWFUL TO STOP SEEING PATIENTS WITHOUT REASON.
ONE TO INCREASING LIABILITY

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Marc E Gier

The foregoing instrument was acknowledged before me this 25th day of JULY, 2003, by MARC E. GIER, who is personally known to me / who did take an oath.



Francis J Ferry
NOTARY PUBLIC
My Commission Expires 7/22/05

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared David Gier, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Stop taking certain reconstructive procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David Gier

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Cynthia Cleghorn who is personally known to me / who did take an oath.

Notary Public, Ware County, Georgia
My Commission Expires Jan. 7, 2007
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF POLK

BEFORE ME, the undersigned authority, personally appeared HERMINIO CUERVO-DELLADO, MD., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

REFUSE TO SEE HIGH RISK PATIENTS DO INVASIVE PROCEDURES STOPPED GOING TO ONE HOSPITAL, SEEING LESS PATIENTS. LOOKING AT OTHER OPTIONS

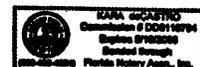
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Herminio Cuervo-De

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Herminio Cuervo, who is personally known to me / who did take an oath.

Francis J Ferry
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared David L. Cunningham, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Limited High risk procedures to low to moderate risk

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David L. Cunningham

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by David L. Cunningham, who is personally known to me / who did take an oath.

Janice Shirley Hanson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PRIDE

BEFORE ME, the undersigned authority, personally appeared Edward L. Cutler, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I HAVE REDUCED MY PRACTICE TO PART TIME

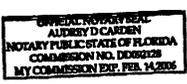
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto

FURTHER AFFIANT SAYETH NAUGHT

Edward Cutler

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Edward Cutler, M.D., who is personally known to me / who did take an oath

Audrey D. Carden
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

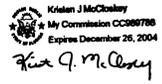
BEFORE ME, the undersigned authority, personally appeared R. Charles Curry, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS! The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



R. Charles Curry

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by R. Charles Curry, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared Curtis Dalki, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I will not see high risk or non-urgent patients. They either go to hospital or ER.

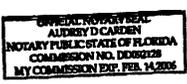
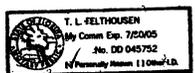
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Curtis Dalki

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Curtis Dalki, M.D., who is personally known to me / who did take an oath.

Audrey D. Carden
NOTARY PUBLIC
My Commission Expires: 7/30/05



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared CARMEN R DAMIANI, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

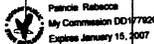
4. (If you checked b., please provide an explanation here):
I have stopped providing knee care for state funded hospitals. I have reduced significantly the number of surgical procedures. I have 3 associates with no emergency medical response and all come from medical practice on disability. I believe this case should be called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Carmen R. Damiani, D.F.A.C.P.O.B.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by CARMEN R. DAMIANI, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



Carmen R. Damiani

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Timothy Daniel, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Interventional Radiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
 Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications.

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature:

T. Daniel

The foregoing instrument was acknowledged before me this 08 day of July, 2003, by Timothy Daniel, MD, who is personally known to me / who did take an oath.

Patricia Rabacca
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Flora J. Davis, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Flora J. Davis

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Flora J. Davis, who is personally known to me / who did take an oath.

Nancy A. Ellison
NOTARY PUBLIC
My Commission Expires: 1/30/05



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared (print name) Doreen M. Dargon, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

h. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

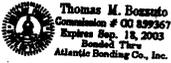
I am unable to obtain emergent care from subspecialists

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas M. Duggan, MD
(Signature)

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Thomas M. Duggan, MD, who is personally known to me / who did take an oath.



Thomas M. Duggan
NOTARY PUBLIC
My Commission Expires:

http://www.fcip.org/affidavit.htm

7/17/2003

07/16/2003 08:24 5616228186 UROLOGY_ASSOCIATES PAGE 01
JUL-16-2003 08:21 UROLOGY OF PALM BEACH 5617460911 P.02

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared James D. Daugherty, who being first duly sworn, depose and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is urology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):

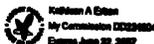
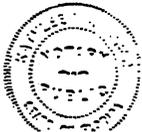
- Reimbursement - marked decrease
I may practice urology - but not urology
I will not have urology - next year
will not see high risk pts - do not see or treat
urgent patients
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James D. Daugherty

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by James D. Daugherty, who is personally known to me / who did take an oath.

Kathleen A. Egan
NOTARY PUBLIC
My Commission Expires: 6/22/07



TOTPL P.02

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Firdaus C. Dastoor, M.D., PA., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Int Medicine / Gastroenterology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

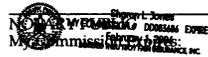
4. (If you checked b., please provide an explanation here):

Lowered the limits of my insurance liability & stopped seeing certain types of patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Firdaus C. Dastoor, MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MARTIN

BEFORE ME, the undersigned authority, personally appeared BILL DAUENPETER, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ophthalmology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

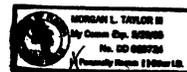
Stopped performing high risk procedures such as strabismus

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Bill Dauemper

The foregoing instrument was acknowledged before me this 30th day of July, 2003, by BILL DAUENPETER, M.D., who is personally known to me / who did take an oath.



Meghan L. Taylor
NOTARY PUBLIC
My Commission Expires: 5/29/05

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared [print name] Dawn Davidson-Jackovich, MD FACEP, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Indian River County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
cardiology
cardiovascular surgery
emergency medicine
gastroenterology
general surgery
geriatrics
gynecology
hand surgery
internal medicine
neurology
neurosurgery
obstetrics - No Obstetric care or backup in my hospital for 3 years. All women in active labor must be delivered in my ER by ER physicians without fetal monitoring or the ability to do emergent C-sections. A disaster waiting to happen.
ophthalmology
oral/maxillo-facial surgery
orthopedics
otolaryngology
pediatrics/pediatric surgery
plastic surgery

http://www.fcpep.org/affidavit.htm

7/18/03

- psychiatry
pulmonary medicine
radiology
trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
urology
vascular surgery
other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

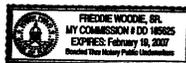
I work in a small Emergency Dept (~11,000 pts per year). Patient care is frequently made more difficult by lack of specialists in Ob-Gyn, Neurosurgery, Vascular surgery, trauma, and pediatrics. IF a patient requires immediate care by one of the above specialists,

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by Dawn Davidson-Jackovich, MD, who is personally known to me / who did take an oath. DRIVER LICENSE



Notary Public, My Commission Expires: FEB. 19, 2007

http://www.fcpep.org/affidavit.htm

7/18/03

FROM: FAX NO.: Jul. 30 2003 11:18AM P1

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared JOHN DAVIDSON M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPAEDIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

1 - reduced ER call coverage re trauma litigation
2 - reduced certain types of surgical cases for the same reasons, or referred to out-of-town providers

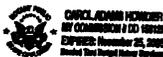
4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)

The foregoing instrument was acknowledged before me this day of July, 2003, by John Davidson M.D. who is personally known to me / who did take an oath.

Notary Public, My Commission Expires:



87/17/03 06:14:28 Florida Orthopedic->17273453884 TU:142 PAGE 002

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared PHILIP A. DAVIDSON MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDICS
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I NO LONGER SEE OR OPERATE ON TRAUMA PATIENTS. I HAVE DROPPED OFF 2 ER HOSPITAL CALLS and I CAN'T AFFORD TO SEE CHARITY CASES ANY MORE.

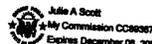
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Philip A. Davidson, MD, who is personally known to me / who did take an oath.

Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, deposes and states

- 1 I am a physician licensed in the State of Florida
- 2 My area of medical practice is Ophthalmology
- 3 Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply)
 - a Moved to another state or have retired from or quit the practice of medicine
 - b Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice
- 4 (If you checked b, please provide an explanation here)

Stopped doing high risk glaucoma procedures.
Stopped doing high risk cataract procedures.
Do not treat children w/ amblyopia

5 I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto

FURTHER AFFIANT SAYETH NAUGHT

Richard M. L. Davis
(Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Mr. Davis, who is personally known to me / who did take an oath



Elaine M. Crabtree
NOTARY PUBLIC
My Commission Expires

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared (print name) William A. Davison M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Hillsborough County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry

Affidavit of: (Print Name) _____
Page 2 of 2

- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

TRAUMA CENTER NOT TAKING PTs
Ability because they are
overwhelmed

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

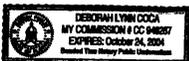
Physicians do not want to take
liability for emergency patients when
insured by DOT

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William Davison M.D.
(Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by William Davison, who is personally known to me / who did take an oath.



Deborah Lynn Coxa
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF WASSAU

BEFORE ME, the undersigned authority, personally appeared JAMES T. DAWSEY, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OTS - GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

(A) Moved to another state or have retired from or quit the practice of medicine.

(B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
I RETIRED 10 YEARS EARLY AND CONVERTED TO
ALIMITED LICENSE SO I MAY VOLUNTEER
FOR HEALTH DBA. EVEN UNDER SOBERNIGO IMMUNITY
I WILL NOT DO PROCEDURES OR HIGH RISK.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

J. T. Dawsey
(Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by JAMES Thomas Dawsey, who is personally known to me / who did take an oath.

Rosemarie T. Ewert
NOTARY PUBLIC
My Commission 04-28-05



"OFFICIAL SEAL"
Rosemarie T. Ewert
My Commission Expires 4/28/2005
Commission #CC 98822

Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Neil Decker, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Urology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No major surgery - all referred out
No vasectomies
No follow-up for patients who impress me as having difficult personalities

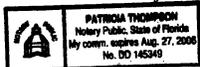
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Neil Decker, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Neil Decker, who is personally known to me / who did take an oath.

Notary Public signature and commission expiration: 27 Aug 2006



AX TODAY TO 1-850-222-8827
END ORIGINAL TO FMA, 113 E. COLLEGE AVE, TALLAHASSEE, FL 32309

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Thomas DeGroot, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Don't see pregnant women.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public signature

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Thomas DeGroot, who is personally known to me / who did take an oath.

Notary Public signature and commission expiration



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Douglas D. Deedo, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Otolaryngology Head and Neck Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

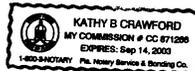
4. (If you checked b., please provide an explanation here):
I cannot afford to do prosthodontics because of possible injury to the dental nerve.
I stop seeing certain patients because of prolonged hospital stays and lack of insurance, so I can't afford to see them.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public signature

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Douglas D. Deedo, who is personally known to me / who did take an oath.



Notary Public signature and commission expiration

My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared Teresita C. DeLara, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Endocrinology / Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have limited my practice to routine patient and considering closing my practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Teresita C. DeLara, M.D. 2400 Harbor Blvd. #3 Port Charlotte, FL 33952 (941) 629-1288

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Teresita C. DeLara, M.D., who is personally known to me / who did take an oath.

Notary Public signature and commission expiration



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

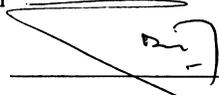
BEFORE ME, the undersigned authority, personally appeared Adrian Del Boea M.D., PA, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have in practice for 3 years and the environment here forced me to reduce my procedures to low risk. Today there is no medical liability that wants to see pregnant patients - how can we take a patient that may have a complication and not have a consultant?

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Adrian Del Boea, M.D. PA, who is personally known to me / who did take an oath.

Martha Benitez
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

ASSOC. OF OB/GYN, P.A.
M.F. DELCHARCO, JR., M.D.
803 S.W. 1st AVENUE
OCALA, FL 34474
(352) 690-8300

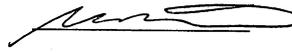
BEFORE ME, the undersigned authority, personally appeared Manuel E. DelCharco, Jr. MD, FACOG, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB / GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
we no longer do high risk obstetric and gyn surgery - we transfer them to Shands Hospital - Gainesville

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Manuel E. DelCharco, who is personally known to me / who did take an oath.

Sabrina A Keene
 My Commission D0904216
 Expires January 23, 2004

Darinda N. Keene
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Jose M. Delgado, Jr., MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer take emergency room call. Limited hospital privileges to one hospital. My malpractice insurance carrier issued a non-renewal as of October 2003 I will have no coverage. I am currently finding ways to limit my risk which will eventually affect patient access overall.

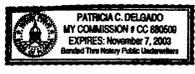
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Jose M. Delgado, Jr., MD, who is personally known to me / who did take an oath.

Patricia C. Delgado
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared Tomas E. Delgado, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurosurgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED COVERING THE ONLY HOSPITAL IN EAST PASCO Co. (EPHC) (12-11-02)
 STOPPED DOING ANEURYSM SURGERY AND VEEK COMPLIANT NON-NEURALGIC CASES 1-1-03

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 4th day of August, 2003, by Tomas E. Delgado MD, who is personally known to me / who did take an oath.



Martha Benitez
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared
Michael Lee Delek, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Anesthesiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

TERMINATED CHRONIC PAIN PRACTICE TERMINATED OBSTETRICS PRACTICE GREATLY LIMITED REGIONAL ANESTHESIA PRACTICE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael Delek

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Michael Lee Delek, who is personally known to me / who did take an oath.



Christina L. Smith
Notary Public
My Commission Expires: 08/22/04

Christina Y. Smith
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared
Paul Delecum MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Anesthesia.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

LEFT hospital practice in Ocala to move to Lee County. Ambulatory surgery

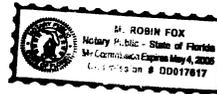
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Paul Delecum

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Paul Delecum, MD, who is personally known to me / who did take an oath.

Robin Fox
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority personally appeared
James DeLeo, M.D., who being first duly
sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRICS.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked "b" above, please provide an explanation here):

I have increased the number of patients, that I refer, to be cared for by the hospitalists.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James DeLeo, M.D.

The foregoing instrument was acknowledged before me this _____ day of _____, 2003, by _____, who is personally known to me / who did take an oath.

NOTARY PUBLIC

My Commission Expires:

6/26/06



Roseann Connor
MY COMMISSION # DD174623 EXPIRES
June 26, 2006
BONDED THROUGH THE FARM INSURANCE, INC.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared
Samuel DeLeo MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

STOP High risk OB
avoid lawsuits on medical malpractice patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by Samuel DeLeo MD, who is personally known to me / who did take an oath.

Magaret H. Drake
NOTARY PUBLIC
My Commission Expires:



Magaret H. Drake
MY COMMISSION # CC074048 EXPIRES
September 23, 2003
BONDED THROUGH THE FARM INSURANCE, INC.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PLASTIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Decreased ER call, perform fewer operations in areas of my field that are prone to litigation.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by LOUIS STAVEN DELUCA, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Richard A. DeLucia, Jr. MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer see ER call patients from Hospital (unassigned)
More will not see Acutely sick patient that has not established relationship

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature] MD

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Richard A. DeLucia, Jr., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Ralph A. DeMatties, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ST. PETERSBURG, FL.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Will NOT do high risk procedures in ORs only Sunday at high risk patients
My malpractice (liability ins.) will be increased (Med Protective) - I can not afford this

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Ralph A. DeMatties, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Martin

BEFORE ME, the undersigned authority, personally appeared Daniel S. Demison, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Oncology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer seeing patients - that I don't understand fully
stay on at the university level

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Daniel S. Demison, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared
Frank A. Wengert, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Complicated traumatic injuries
complex reconstructive cases
most pediatric cases

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Frank A. Wengert, M.D.

The foregoing instrument was acknowledged before me this 15th day of July, 2003, by Frank A. Wengert, M.D., who is personally known to me / who did take an oath.

Judith A. Grant
NOTARY PUBLIC
My Commission Expires: September 1, 2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
James K. DeOrto, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have ordered tests that were accomplished in part by
my staff, that requires my time from my office. Without
the help of my staff, I believe I could practice
more efficiently.

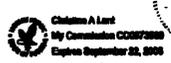
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James K. DeOrto, M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by James K. DeOrto, M.D., who is personally known to me / who did take an oath.

Christine A. Grant
NOTARY PUBLIC
My Commission Expires: 9-22-03



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PH Fax -> TO: -> -> James William DeRu Bay Jul 16 2003 05:43:29 PPT EST

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared
Charles D. Chacko, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped seeing seriously ill
patients who are at high
risk for suicide.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles D. Chacko, MD

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by C.D. Chacko, MD, who is personally known to me / who did take an oath.

Lori L. Grant
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Bay

BEFORE ME, the undersigned authority, personally appeared
James W. DeRuiter, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped seeing uncooperative patients, refer out all
amniocentesis, have internists follow diabetics in pregnancy
also, refer for genetics counselling and certain cancer cases,
have had to self-insure due to high liability insurance costs,
& discharge litigious-minded patients from the practice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James W. DeRuiter, MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by James W. DeRuiter, M.D., who is personally known to me / who did take an oath.

Rebecca D. Evans
NOTARY PUBLIC
My Commission Expires:



RECEIVED
JUL 1-7 2003
BY:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Citrus

BEFORE ME, the undersigned authority, personally appeared Parash K. Desai MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

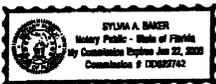
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Parash K. Desai MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 01-22-05

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared SHAILESH K. DESAI, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Due to frivolous lawsuits and increasing liability + malpractice insurance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 2nd day of July, 2003, by Shailesh K. Desai, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared [print name] Kevin J DeSantis, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Charlotte County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - ? burns
 - ? cardiology
 - ? cardiovascular surgery
 - ? emergency medicine
 - ? gastroenterology
 - ? general surgery
 - ? geriatrics
 - ? gynecology
 - ? hand surgery
 - ? internal medicine
 - ? neurology
 - ? neurosurgery
 - ? obstetrics
 - ? ophthalmology
 - ? oral/maxillo-facial surgery
 - ? orthopedics
 - ? otolaryngology
 - ? pediatrics/pediatric surgery
 - ? plastic surgery

AFFIDAVIT

- ? psychiatry
- ? pulmonary medicine
- ? radiology
- ? trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- ? thoracic surgery
- ? urology
- ? vascular surgery
- ? other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

In the past 2-3 yrs I have witnessed specialists who have left the area because of high Malpractice Premiums or they have dropped ER coverage because of high liability + virtually NO reimbursement

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature) Kevin J DeSantis MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Kevin J. DeSantis MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
 - 4. (If you checked b., please provide an explanation here):
NOT WORK THE RISK - and definitely NOT accept the challenge - since the HOSTILE current circumstances
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Vilas Deshpande, M.D., who is personally known to me / who did take an oath.

Deborah J Fisher
NOTARY PUBLIC
My Commission Expires:



87/29/2003 09:32 9547149489
87/28/2003 14:27 3443984

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P. 1 OF 1

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

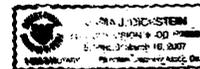
BEFORE ME, the undersigned authority, personally appeared RANLEY M DESIM HO, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is CARDIOVASCULAR DISEASES.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):
RESIGNED FROM VACUUMITY EMERGENCY Room
SURVIVE AT CENTRAL HOSPITAL
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Ranley Desim, M.D., who is personally known to me / who did take an oath.

Maria J Dickstein
NOTARY PUBLIC
My Commission Expires:



C Underwood 727-368-4030 P. 1
FAX Fax -> TO: -> -> All FAX Numbers Mail Jul 16 2003 05:38:49 PM EST

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Alison Clarke Desouza, who being first duly sworn, deposes and states:

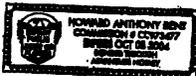
- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):
I no longer accept any high risk OB patients, and those of I have released call but seeing it's very difficult to find a physician to take care of them. I also refer all difficult OB procedures. Therefore, my practice only handles normal OB and uncomplicated gyn procedures.
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25 day of JULY, 2003, by ALISON CLARKE DESOUZA, who is personally known to me / who did take an oath.

Howard Anthony King
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared SHEILA DEVANEJAT, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):
Summed HIGH RISK PATIENTS MAY HAVE TO STOP MIDWIFE SERVICES SECONDARY LIABILITY, DELIVERING AT ONLY ONE HOSPITAL (TWO PRIOR), ADVISOR SEEING MEDICAD PATIENTS
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Sheila Devanejat, who is personally known to me / who did take an oath.

Candice Underwood
NOTARY PUBLIC
My Commission Expires: 4.18.03



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Dennis D Dewey MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer accept new Medicaid or patients with no health insurance.

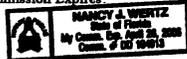
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dennis D Dewey

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Dennis Dewey, M.D., who is personally known to me / who did take an oath.

Nancy A. Wertz
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Jeffrey A Diamond, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GASTROENTEROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jeffrey A Diamond

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Jeffrey A Diamond MD, who is personally known to me / who did take an oath.

Lisa A. Felice
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared John R. Diaz MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED E.R. COVERAGE FOR HOSPITAL STAFFED DELIVERY OF BABIES STOPPED DEWENT VASECTOMIES

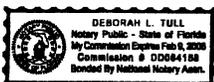
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John R. Diaz

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by John R. Diaz MD, who is personally known to me / who did take an oath.

Deborah L. Tull
NOTARY PUBLIC
My Commission Expires: 2/9/06



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared ROBERT L. DIAZ, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPAEDIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. LOOKED INTO MOVING TO ANOTHER STATE
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
LIMITING REVISION SURGERY OF TOTAL HIP & KNEE REPL, AVOIDING HIGH RISK PATIENTS (OBESITY, ETC), AVOIDING PATIENTS WITH CERTAIN PERSONALITY TRAIT

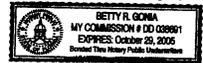
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert L. Diaz

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Robert L. Diaz M.D., who is personally known to me / who did take an oath.

Betty R. Gonia
NOTARY PUBLIC
My Commission Expires: Oct 29, 2005



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF MIAMI DADE

BEFORE ME, the undersigned authority, personally appeared GARY D. NAUGHT, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
2. My area of medical practice is CARDIOLOGY AND INTERNAL MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply)

- a. Moved to another state or have retired from or quit the practice of Medicine
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

(If you checked item b, please provide an explanation here):
CANCELLED EA ON CALL
CURTAILED CONSULTS ON PREGNANT PATIENTS
RESTRICTED PRACTICE TO PATIENTS OVER 55

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Gary D. Naught]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Gary D. Naught, who is personally known to me/who did take an oath.

[Signature of Notary Public]
NOTARY PUBLIC
My Commission Expires:



2 - d 9088-098 50E DN Cruz MD #21:10 01 12p

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared GARY D. NAUGHT, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Physical medicine & Rehabilitation
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
I have restated some types of pain management. I have had to drop my malpractice insurance as if the rates went from \$5000 to \$75,000 per year with no history of claims!!

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Notary Public]

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by Gary D. Naught, who is personally known to me/who did take an oath.

[Signature of Notary Public]
NOTARY PUBLIC
My Commission Expires:



Fax -> TO: -> S. K. Rao M.D. Wed Jul 16 2003 05:39:52 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared Anne E. Dickison, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is anesthesiology and pediatric intensive care.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
I have been forced to work locum tenens because I cannot afford to insure myself or go into solo practice for myself.
I continue to reside in FL but for the most part commute to other states in order to earn a living and continue to practice my specialties.

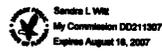
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Anne E. Dickison, MD]

The foregoing instrument was acknowledged before me this 20th day of August, 2003, by Anne E. Dickison, MD, who is personally known to me/who did take an oath.

[Signature of Notary Public]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared JOSEPH T. TAVAKA, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
I have cut down my patients especially elderly etc patients in hospital. I am thinking of going to Dec 2003

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Notary Public]

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Joseph Tavaka MD, who is personally known to me/who did take an oath.

[Signature of Notary Public]
NOTARY PUBLIC
My Commission Expires:



Fax -> TO: -> S. K. Rao M.D. Wed Jul 16 2003 05:32:43 PM EDT

AFFIDAVIT

STATE OF FLORIDA COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [Signature], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is [Blank]
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Physician - T. R. RISK

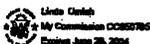
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

W. P. DI GIACOMO, MD Chief Health Officer

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by W. P. Di Giacomo, MD, who is personally known to me / who did take an oath.



[Signature] NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Salvatore D. Alleva, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked B, please provide an explanation here):
I am such more conservative in doing interventional procedures now than I was 2 years ago due to the unfavorable litigation climate in Florida. I did 170 cases in 2001 & only 100 in 2002. I will do less this year.

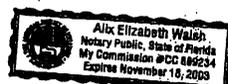
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Salvatore D. Alleva, MD, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA COUNTY OF Polk Beach

BEFORE ME, the undersigned authority, personally appeared Allen J. Dismorestein, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
High Risk Obstetrics
May stop liability of costs increase.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by Allen Dismorestein, who is personally known to me / who did take an oath.



[Signature] NOTARY PUBLIC My Commission Expires: Nov 4, 2004

AFFIDAVIT

STATE OF FLORIDA COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Antonio Disclerani, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurosurgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Restricted my case to non high risk, non complex spine surgery. Have stopped brain surgery except emergencies. Pts must travel between 1-2 hrs from above services. Have stopped / curtailed new technologies 20 to liability issues.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Antonio Disclerani, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, Pinellas
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared [print name]
John W. Dodson MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Pinellas County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery - No new surgeons in past five years. one surgeon - restricted practice & left staff
- geriatrics
- gynecology
- hand surgery none available - all transferred
- internal medicine
- neurology
- neurosurgery only coverage one week out of three; one surgeon moved to their ship in past 4 years
- obstetrics OB unit closed Dec. 2002
- ophthalmology no new ophthalmologists in 6 years - only three left on staff
- oral/maxillo-facial surgery NO oral surgery coverage in past three years - all patients transfer
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery only coverage two weeks out of month
- psychiatry only one left on staff, will not take ER call
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology NO new urologists in area in four years - two retired one moved
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by John Dodson MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 5/21/06



July 19, 2003

Addendum to Affidavit
John W Dodson MD

The one overwhelming difficulty in Emergency Medicine from my current perspective is the difficulty of obtaining specialist coverage. With the growth of Emergency Department visits over the past five years, the difficulties with insurance coverage, and the growing number of elderly patients with complex problems, I have witnessed a declining number of specialists willing to take ER call and a definite decline in new specialists willing to move into Pinellas county.

One of the major complaints of the specialists has been the liability exposure incurred by caring for emergency department patients. This is seen as a double burden, not only is the specialist unable to see his own scheduled patients, but he is needed to provide emergency care, often as not uncompensated, and incurs a liability risk. Not only does he lose income, but he has to purchase malpractice insurance to cover his care for the emergency patient. This lack of back-up specialist care is beginning to severely threaten the safety net of emergency health care. It has the effect of forcing emergency medicine physicians to practice at or beyond the limits of their competence just to provide temporary care, or force patients to be transferred and/or have their care excessively delayed. This unfortunately results in a general deterioration of emergency care at a time when we need it more than ever.

Illustrative cases:

A husband of a patient fainted during a blood draw fracturing his mandible in four places. It took more than seven hours to find an oral surgeon willing to take the patient, and then he had to be transferred to another facility. Not only was this patient's care delayed, but the other patients in the ER had care delayed while personnel are occupied making multiple phone calls, waiting for return calls, and caring for a patient in the ED that should have gone to the operating room hours earlier.

An elderly female fell at home and fractured her neck. No neurosurgeon could be found in Pinellas County that was available or willing to accept the patient. It was necessary to send the patient to Orlando for neurosurgical care. This required hours of phone calls and contacts, and a long transfer to a distant city. Neurosurgical coverage is a serious problem in Pinellas County. Three neurosurgeons have left mid-Pinellas county in the past eight years, mainly influenced by malpractice insurance difficulties. One left for an academic position, one moved to Mississippi, and the other retired. They all claimed the pressures of liability insurance costs and the risks of seeing ER patients influenced their decisions.

In my view the provision of sovereign immunity to emergency care providers, including the on call specialists would go a long way in keeping specialists available to our population, and encouraging new specialists to move into Florida.

John W Dodson MD
Medical Director, Emergency Department
Largo Medical Center Hospital, Largo, FL 33770

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
STEVEN DOHENY, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PSYCHIATRY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

will no longer see chronic pain patients
Planning to stop ER and Hospital work
considering moving to another state
or country in the next 2 years

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by STEVEN DOHENY, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



Carolyn R. Johnson
MY COMMISSION # 0004642 EXPIRES
November 13, 2005
BONDED THROUGH FARM INSURANCE, INC

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared 7/21/03 Dr. Jose Domingo, who being first duly sworn, deposes and states:

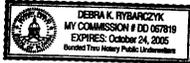
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Obstetrics & Gynecology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I have limited the number of OB patients to low risk or no risk. I will not perform surgery for high risk patients. I am seriously considering early retirement within 1-2 yrs. 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Carlos Domingo, who is personally known to me / who did take an oath.

Debra K. Rygarczyk, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared Humberto A. Dominguez, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No more surgery than patient.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Humberto A. Dominguez, MD.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Humberto A. Dominguez, MD, who is personally known to me / who did take an oath.

Karen L. Chudraf, NOTARY PUBLIC, My Commission Expires:



Jul 18 03 09:53a ORTHOPEDIC CTR 5619670625 P. 1
05:31:28 Florida Orthopedic -> 15614394175 TD:289 PAGE 082

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Louis S. Magalhaes, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): As before Dr. Surgery. No longer Bill for Surgery Dis to P Rem. Will not have surgery on spine. Spine not covered by Blue Cross + NWA.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Louis S. Magalhaes. The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Louis S. Magalhaes, who is personally known to me / who did take an oath.

Denise Jeter, NOTARY PUBLIC, My Commission Expires: 7/18/06

JAN-05-2001 10:34 CNTR FOR ADVANCED CARDIO. 305 932 6341 P. 07

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Gary R. Sorich, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is CLINICAL LABORATORY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

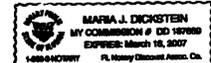
4. (If you checked b., please provide an explanation here): EP Patient (unassigned) Patient without insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Gary R. Sorich, M.D. The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Gary Sorich, M.D., who is personally known to me / who did take an oath.

Maria J. Dickstein, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
 COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared Brian C. Rowell, MD who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have increased some procedures have been limited due to increased risk of litigation and have to be litigated

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Brian C. Rowell, MD who is personally known to me / who did take an oath.



Ann M. Miller
 NOTARY PUBLIC
 My Commission Expires: March 27, 2006

AFFIDAVIT

STATE OF FLORIDA
 COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Christian G. Drehsen MD who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Retained liability risk outweighs financial benefits for these procedures. Patient retention, after removal.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this ___ day of ___, 2003, by ___, who is personally known to me / who did take an oath.

NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
 COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared William F. Drehsen, MD who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

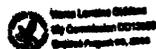
4. If you checked B, please provide an explanation here:

This year I have applied to all insurance companies in Polk and could provide this more issues in insurance. I could only get coverage by joining a large group practice which could protect me. I have never been sued.

FURTHER AFFIANT SAYETH NAUGHT

William F. Drehsen, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by William F. Drehsen, MD who is personally known to me / who did take an oath.



Karen Louise Hillman
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared DAVID G. DROULFE, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INFECTIOUS DISEASES.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

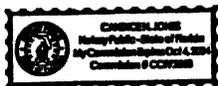
PREGNANT WOMEN

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

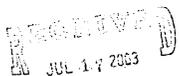
[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by [Signature], who is personally known to me / who did take an oath.



Oct. 4, 2004
NOTARY PUBLIC
My Commission Expires:

[Signature]



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Clifford B. Droulfe, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ear Nose & Throat Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

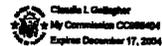
Advanced head and neck Cancer Surgery.
These patients have to go to Shands, Tampa, or Miami for their services

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Clifford B. Droulfe, MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

[Signature]

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared MICHAEL S. DRUCKER, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

No longer admitting to hospitals. returned to general practice (not seeing more tests)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by [Signature], who is personally known to me / who did take an oath.

[Signature]

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MACLON

BEFORE ME, the undersigned authority, personally appeared JAMES B. DUKE, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPAEDIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

All aspects mentioned in b. I have been forced to alter the traditional DR-PT relationship to one of trust to one of skepticism in certain high risk situations.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23RD day of July, 2003, by [Signature], who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

[Signature]

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pulmonary Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Retired from Private Practice and will lease at West Hospital 701 last year. Involvement in unique cases consulted as expert witness for 09
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

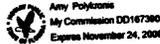
J. Roy Duke MD

J. Roy Duke MD
4601 NO. CONGRESS
WEST PALM BEACH
FL 33407

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by J. Roy Duke MD, who is personally known to me / who did take an oath.

Amy Polyzos

NOTARY PUBLIC
My Commission Expires: 11/24/06



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pasco

BEFORE ME, the undersigned authority, personally appeared Robert L. Duncan Jr. M.D., Ph.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Step 1: Minor Surgical Procedures - (eg. I+D of Abscesses) etc with Flexible Sigmoidoscopies - (Refer to Gastroenterology) etc with New-Concept Ulcers - (Sigmoid, Desc. Anus, Rectum) / Psychological I and New Referrals - (eg. Minor Problems to Specialists) (Refer New Ref. (inability) Discouraged or Asked to Leave Practice
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert L. Duncan Jr.

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Robert L. Duncan, M.D., who is personally known to me / who did take an oath.

Priscilla J. Brown

NOTARY PUBLIC
My Commission Expires: 01-08-2006



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Robert E. Duncan, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC & RECONSTRUCTIVE SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:

HEAD & NECK CANCER RECONSTRUCTION
BREAST RECONSTRUCTION AFTER CANCER SURGERY
RECONSTRUCTION OF SEVERE DEFORMITIES AFTER INJURIES.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert E. Duncan, M.D.

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Robert E. Duncan, MD, who is personally known to me / who did take an oath.



Linda S. Skappi
NOTARY PUBLIC
My Commission Expires: 8-14-07

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Paul A. Dundore, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
As a pathologist I am directly dependent on all surgeons of all specialties. When they don't work, I don't work.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Paul A. Dundore

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Paul A. Dundore MD, who is personally known to me / who did take an oath.

SHARON C. HARRIS
NOTARY PUBLIC, STATE OF FLORIDA
My Commission expires June 14, 2004
Commission No. CC945121

Sharon C. Harris
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Donald Dunlap, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I've decided to quit part time because of cost of professional liability insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Cherish L. Clancy, MD

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Donald Dunlap, who is personally known to me / who did take an oath.

Mary Ruth Shelton, NOTARY PUBLIC, My Commission Expires: 4/1/07



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Laurence Dunn, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Radiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked B, please provide an explanation here):
My group has reduced the number of mammograms performed & stopped performing mammograms. We have also reduced the number of high risk interventional procedures (arteriograms, embryotomies, etc.)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

J. Laurence Dunn, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Laurence Dunn, MD, who is personally known to me / who did take an oath.

J. Laurence Dunn, NOTARY PUBLIC, My Commission Expires: J. LAURENCE DUNN, Notary Public, Chatham County, GA, My Commission Expires June 16, 2006

FPA Fax -> ... All FPA Numbers ...

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Neal P. Dunne, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is UROLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped High-risk Surgery.
Restricted # of Medicaid patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Karen Morrison

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Neal P. Dunne, MD, who is personally known to me / who did take an oath.

Karen Morrison, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared JOHN V. DUNNE, MD, FACS - FCME27713, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General, Thoracic, Vascular, Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

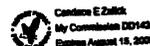
- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
BECAUSE OF HIGH MALPRACTICE INSURANCE PREMIUMS, I HAD TO LIMIT MY PRACTICE TO VENT TREATMENTS. I COULD NOT AFFORD THE INSURANCE. THEREFORE, ALL OF THE RISKY CHEST & VASCULAR DISEASE PATIENTS IN THIS COUNTY ARE NOT RECEIVING LIFE SAVING TREATMENTS.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of John V. Dunne, MD, FACS

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by JOHN DUNNE, who is personally known to me / who did take an oath.



Candace Zelik, NOTARY PUBLIC, My Commission Expires: AUGUST 18, 2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared
Edward R. Dwyer, Jr. MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Practicing Defensive Medicine & reduced Rx on test time
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Edward R. Dwyer, Jr.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Edward R. Dwyer, Jr., who is personally known to me / who did take an oath.



Brenda A. Hayes
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared
Ronald A. Eaton, M.D., who
being first duly sworn, deposes and states:

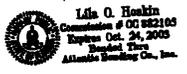
- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald A. Eaton

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Ronald A. Eaton, who is personally known to me / who did take an oath.



Lisa O. Hoskin
NOTARY PUBLIC
My Commission Expires:
24 OCT 2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

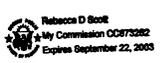
BEFORE ME, the undersigned authority, personally appeared
CYNTHIA L. EATON, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I discontinued obstetrics in May 03 and purchased a tail due to uscalabny malpractice ms. decreased neighborhood and high risk for litigation
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Cynthia L. Eaton

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Cynthia L. Eaton, who is personally known to me / who did take an oath.



Rebecca D. Booth
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Sarasota

BEFORE ME, the undersigned authority, personally appeared
William J. Eaton, MD, who being first
duly sworn, deposes and states:

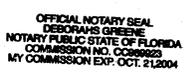
- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I've stopped (locally signed) exams. I am finding it harder to refer to specialists as they are cutting their practice. I am looking to stop hospital care & considering moving to another state. I imagine the older doctors in their young sixties are just months away from announcing retirement
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

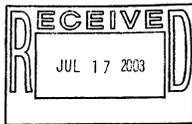
FURTHER AFFIANT SAYETH NAUGHT

Wm J. Eaton MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by William J. Eaton, who is personally known to me / who did take an oath.

William J. Eaton
NOTARY PUBLIC
My Commission Expires:





AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PASCAGO

BEFORE ME, the undersigned authority, personally appeared Mark A. Eberbach, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Plastic + Reconstructive Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Hand Trauma care
Immediate breast reconstruction for cancer
wound and dehiscent (Bad site) care
Facial Trauma care

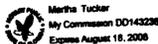
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of JULY, 2003, by MARK A. EBERBACH, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Martin

BEFORE ME, the undersigned authority, personally appeared John W. Eckersley, M. D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Dermatology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped doing certain high risk cancer cases, tattoo removal, other cosmetic procedures and now refer these to plastic surgeons or laser centers at greatly increased cost to the patients.
Critically ill patients with severe drug reactions or bullous skin diseases are referred to tertiary treatment centers.

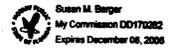
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John W. Eckersley, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 12/8/06



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF St. Johns

BEFORE ME, the undersigned authority, personally appeared Jay W. Edelberg, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Emergency Medicine.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

must refer almost all neurosurgical cases, all pediatric general surgical cases and 50% of the time all ENT & urological cases because I lack back-up on call specialists

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Jay W. Edelberg, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Hillsborough

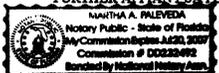
BEFORE ME, the undersigned authority, personally appeared NORMAN B. EDGERTON, JR., M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is GASTROENTEROLOGY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped doing Liver Biopsies, Paracentesis, and refer other patients (high risk) to Universities - They do have cap on liability. Stopped seeing pregnant women at Women's Hosp - liability too high.

FURTHER AFFIANT SAYETH NAUGHT



[Signature]

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by N. B. Edgerton, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 7/20/07

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared [print name]
SIMON EDGINTON, MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in CHARLOTTE County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

psychiatry

pulmonary medicine

radiology

trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

thoracic surgery

urology

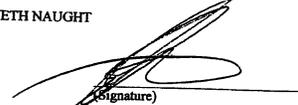
vascular surgery

other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

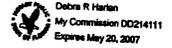
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


(Signature)

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Simon Edginton, MD, who is personally known to me / who did take an oath.

Debra R. Harlan
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared
RICHARD B. EDISON, M.D., who being first
duly sworn, deposes and states:

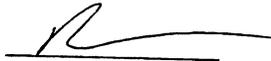
- I am a physician licensed in the State of Florida.
- My area of medical practice is Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I plan to retire much earlier than originally planned. The extreme risk that I am exposed to makes the practice of medicine unacceptable.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Richard B. Edison, MD, who is personally known to me / who did take an oath.

Dorothy Mauer


NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BAY

BEFORE ME, the undersigned authority, personally appeared [print name]
Frederick B. Epstein MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Bay County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics

My Commission Expires: 8/3/05

- otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery
 - psychiatry
-
- pulmonary medicine
 - radiology
 - trauma center care – CERTIFIED (provide specifics if applicable – attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

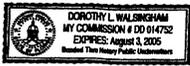
see attached

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Julio B. [Signature]
(Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Judith D. Epstein MD who is personally known to me / who did not take an oath.



Dorothy L. Walsingham
NOTARY PUBLIC

<http://www.fcgp.org/affidavit.htm>

7/17/2003

<http://www.fcgp.org/affidavit.htm>

7/17/2003

Explanation of Statement 4b

The group of eleven emergency physicians at this hospital was insured by the Premier Alliance Insurance Company from 1993 until our coverage lapsed because of the financial failure and bankruptcy of that insurance company several years later. This bankruptcy occurred at a time during which collectively we had one suit in active litigation; and two others in a pre-suit phase. In consequence of the bankruptcy, our small group of physicians was left "bare" in the defense of all three of these cases, requiring us to pay our defense costs out of pocket, as well as an eventual settlement in one case to avoid the costs of trial. The adverse effect on our business operations was severe. The emergency physician who was the primary defendant in one of the above mentioned cases in pre-suit simply resigned and left the state. The physician who was the primary defendant in the case being actively litigated filed suit against our practice corporation, alleging negligence on our part in the selection of the failed insurance carrier (this carrier wrote medical malpractice policies in 49 of the 50 states). This physician also left the state. The civil litigation between our professional corporation and him was resolved only last year. Subsequently our group was insured by the Medical Protective Insurance Company. Three years later they refused to renew our group policy, reporting only that the climate in Florida was too adverse, making it impossible for the company to actuarially predict losses by which to establish an appropriate policy premium for an emergency physician group practice. We are now "bare."

There are only three plastic surgeons in this community. One has resigned his privileges at our medical center, citing the adverse malpractice climate, and inability to justify his exposure given the poor receivables resulting from this public hospital payor mix. There are three oral/maxillo-facial surgeons practicing in this community; all three refuse to practice at this hospital for exactly the same reason. Absent any maxillo-facial surgeons on our staff, we rely upon the otolaryngologists in the community to provide those services, as feasible. In consequence, two amongst the six otolaryngologists in the community have resigned privileges at this hospital, citing the same circumstances.

There are six surgeons credentialed to perform hand surgery in this community; only two are willing to practice at this hospital, for exactly the same reasons.

Approximately four years ago, the entire group of eight orthopedists serving this community collectively resigned privileges at this hospital. They too cited an inability to bear the extraordinary risk of litigation arising from provision of emergency care, in conjunction with the inability to generate sufficient revenue from emergency call coverage due to the adverse payor mix. Subsequently the trustees of the medical center directed this hospital Administration to provide salary guarantees for a period of up to two years

as necessary, to recruit additional orthopedists to the community. That two year period has now expired, and these physicians are now similarly gravitating away from this medical center. At present only one amongst the more than one dozen orthopedists now practicing in this community is routinely willing to provide any follow up care to an indigent or Medicaid patient stabilized in this emergency department.

In all of these foregoing circumstances, the willingness to provide emergency call coverage is viewed as a business decision. Most if not all of these physicians would be willing to assume a proportionate share of the public service mission despite attendant lack of compensation, were it not for the risk and associated costs of litigation. It must be further understood that as a public medical center, this hospital already enjoys sovereign immunity. Given that circumstance, when litigation results, these physicians become the exclusive and collective "deep pocket."

The Florida Access to Care Act requires that all patients presenting to any emergency department within the state receive that primary and subspecialty care required to stabilize an emergency medical condition. Nevertheless, the statutes do not guarantee any compensation for the physicians rendering these services; and further, the statutes do not immunize these physicians for what then amounts to a Good Samaritan provision of service to the disproportionately large group of emergency department patients unable to pay for such services. Physicians will continue incrementally to withdraw from provision of emergency call coverage unless immunized.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared JEFFERSON R. EDWARDS, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

ELECTIVE CASES WITH SEVERE COMORBIDITIES I WILL BE REFERRING TO A UNIVERSITY; FREQUENTLY I HAVE AWAY HOSPITAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jefferson Edwards

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jefferson Edwards, who is personally known to me / who did take an oath.

SHERRY WESSELHOFF
NOTARY PUBLIC, STATE OF FLORIDA
My commission expires May 15, 2007
Commission No. DD212933

Sherry Wesselhoff
NOTARY PUBLIC
My Commission Expires: 5/15/07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared MICHAEL DONALD EDWARDS, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is RADIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

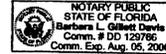
- MAMMOGRAPHY - DECREASED NUMBERS DUE TO LIABILITY AND LOW REIMBURSEMENT
- INTERVENTIONAL RADIOLOGY - DECREASED NUMBERS DUE TO LIABILITY AND LOW REIMBURSEMENT
ALSO HAVE NOT REPLACED SEVERAL MAMMO UNITS

FURTHER AFFIANT SAYETH NAUGHT

Michael D Edwards

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Michael D Edwards, M.D., who is personally known to me / who did take an oath.

Barbara S. V. Scott Davis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HELVAND

BEFORE ME, the undersigned authority, personally appeared ADEL M. ELGIN, MD, FCC, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is HELVAND PASCs Cardiac.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

↑ Premium on Malpractice Insurance even with No claims at all!!!

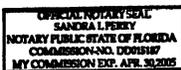
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Adel M. Eldin, MD, FCC

The foregoing instrument was acknowledged before me this 18th day of JULY, 2003, by ADEL M. ELGIN, MD, FCC, who is personally known to me / who did take an oath.

Sandra P. Paul
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared ROBERT G. ELLISON, JR., MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Vascular Surgery, Jacksonville FL.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- Stopped general surgery
- want do risky vascular procedures
- limiting the number of patients I see

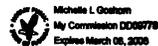
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert G. Ellison, Jr., MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert G. Ellison, Jr., MD, who is personally known to me / who did take an oath.

Michelle L. Graham
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

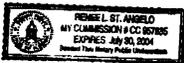
BEFORE ME, the undersigned authority, personally appeared Charles Emmet M.D., who being first duly sworn, depose and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Head & Neck Surgery - ENT
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
A significant # of cases are referred to other case classes 2 to by liability exposure -
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Charles Emmet, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Glenn H. Englander MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida
- My area of medical practice is Geriatric Medicine + Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I see less emergency patients (aka I never met before) than I use to. I do not take internal medicine call in the emergency room or I used to.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dr. Glenn H. Englander M.D., who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

[Signature]

FTH Fax -> TO: -> -> Herman M. Epstein, Med Jul 16 2003 05:49:23 PM EDT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Herman M. Epstein, MD, who being first duly sworn, deposes and states:

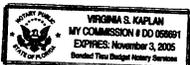
- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS and GYNECOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
- Severely limited obstetrical practice - send away all women w/ high risk patients
- Stopped doing cancer surgery
- severely limited surgical procedures done
- discontinued any novel or new traditional i.e. new procedures
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Herman M. Epstein MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



FTH Fax -> TO: -> -> Merrill H. Epstein Med Jul 16 2003 05:36:35 PM EDT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared MERRILL H. EPSTEIN MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Avoiding pts under 65 because of increased risks
"Fear" every new encounter as a potential lawsuit - not sure that I can help. I turned to a lawsuit because of a bad outcome" unrelated to malpractice. Learning that I have a 100% payout because of family liability insurance. Major doubt of my premium I pay after the case left me
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto. Can you imagine an ailing man the age daily and I will want to get up and go to work (work)

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Merrill H. Epstein, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared NORMAN GREENGLASS, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is CARDIOLOGY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have declined to see certain high-risk patients in consultation, such as certain patients with cardiac complications and some patients with post-operative complications.

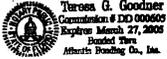
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by [Signature], who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared TRINA E. ESPINOLA, MD, FACS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Otolaryngology Head/Neck Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped seeing high risk patients from insurance case referred by SA when absolutely necessary.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by TRINA ESPINOLA, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 1/19/04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared CARLOS L. ESQUIVIA-MUNOZ, who being first duly sworn, deposes and states: CARLOS L. ESQUIVIA-MUNOZ M.D.

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Orthopedic clay County ORTHOAEDIC-SURGERY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
due to increased premium and high cost of litigation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
CARLOS L. ESQUIVIA-MUNOZ
ORTHOAEDIC-SURGERY

The foregoing instrument was acknowledged before me this 23rd day of JULY, 2003, by CARLOS L. ESQUIVIA-MUNOZ, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared MELISA K. ESTE MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Physical medicine + Rehabilitation.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
Melisa Este MD

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Melisa K. Este M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: Oct 29, 2005



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Rory Evans MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

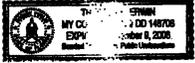
4. (If you checked b., please provide an explanation here):
have ready cases to re-examine in Florida. all in good chance of performing these procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Rory Evans MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by DR. RORY EVANS, who is personally known to me / who did take an oath.



Theresa K. Eswin
NOTARY PUBLIC
My Commission Expires: 9/8/2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Osceola

BEFORE ME, the undersigned authority, personally appeared Omar Fadhi MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Otolaryngology - Head & Neck Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped performing high risk procedures which forces patients to travel at least 1 1/2 - 2 hrs to the nearest teaching hospital.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

O. Fadhi

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Omar Fadhi, MD, who is personally known to me / who did take an oath.



Frances K. Scanlon
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Francis J. Foley, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS! The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kristen J. McCloskey
My Commission 00089788
Expires December 28, 2004

Kristen J. McCloskey

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Francis Foley, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name] Jay L. Falk MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Orange County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery

Jay L. Falk MD
7/17/2003

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Physicians are increasingly reluctant to take call because of liability issues

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

<http://www.fcen.org/affidavit.htm>

7/17/2003

The foregoing instrument was acknowledged before me this 18th day of JULY, 2003, by SAYETH NAUGHT, who is personally known to me / who did take an oath.

[Signature]
ROSYLIE ROSS
NOTARY PUBLIC
My Commission Expires: [Signature]


<http://www.fcen.org/affidavit.htm>

7/17/2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF TALAHASSEE

BEFORE ME, the undersigned authority, personally appeared

DEMETRI P. FALTICENI, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

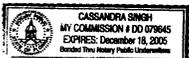
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Demetri P. Falticeni MD

The foregoing instrument was acknowledged before me this 25th day of JULY, 2003, by DEMETRI P. FALTICENI, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared

_____ who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

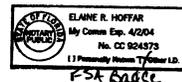
High Risk Patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Perry Tark, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 4/02/04

AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
Wagdi Faris, M.D., who being first
duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopaedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiac Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I stopped taking Emergency Room calls and I refuse to see any type of complications from other facilities. Any questionable cases, I immediately refer to other specialists.

Removed from ER coverage at a hospital - Dupont Medical Center and Palm Beach Gardens Medical Center - also restricted trauma and care of high risk patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

Wagdi Faris, MD

Richard S. Faris, MD

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Wagdi Faris, M.D., who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Richard S. Faris, MD, who is personally known to me / who did take an oath.

Lisa K. Frederick
NOTARY PUBLIC
My Commission Expires:

Wick L. Shumway
NOTARY PUBLIC
My Commission Expires:



MEMORIAL HOSPITAL JACKSONVILLE

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

STATE OF FLORIDA,
COUNTY OF Blount

BEFORE ME, the undersigned authority, personally appeared
Joseph FARES, M.D., who
being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared
Kenneth H. Farrell MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Otolaryngology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

- I am a physician licensed in the State of Florida.
- My area of medical practice is Otolaryngology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

Stopped seeing ENT patients, head & neck surgery, I refuse to do delicate reconstructive surgery, I would only operate on children except for the ear, nose & throat.

Medically retired Ear, Nose & Throat Surgery, Emergency Room

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

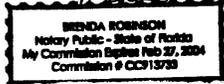
Joseph Fares

Kenneth Farrell MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Joseph Fares MD, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Kenneth H. Farrell MD, who is personally known to me / who did take an oath.

022704
NOTARY PUBLIC
My Commission Expires:



Barbara W. Godge
NOTARY PUBLIC
My Commission Expires:

N.B. A female pt I was following for facial basal cancer, came in one day her PCP referred a Minoxipam. b the first appointment she could not get in so I went to the office and

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared
Robert A. Fasoli, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is pulmonary disease & critical care.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer care for ICU patients, and do not take ER call.
I have withdrawn from FL Medicaid after over 20 years of participation.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald A. Fasoli

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by ROBERT A. FASOLI, who is personally known to me / who did take an oath.

Sandra K. Morahan
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Ronald Barry Fauser, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. (If you checked b., please provide an explanation here):
avoid Pediatrics & High Risk Surgery when possible

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Ronald B. Fauser MD

The foregoing instrument was acknowledged before me this 22nd day of July 2003

Cathy Bell
CITY BELL
MY COMMISSION # DD 14254
EXPIRES: May 3, 2005
Bonded thru Henry Public Underwriters

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared
Wesley H. Faunce, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is neurosurgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
cardiovascular surgery, cranial endarterectomies, certain brain tumors, spinal cord tumors

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Wesley H. Faunce

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Wesley H. Faunce, who is personally known to me / who did take an oath.



John M. Duffin
NOTARY PUBLIC
My Commission Expires: 12/19/03

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Michael P. Feanny M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Will no longer treat high risk patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael P. Feanny

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Michael P. Feanny, who is personally known to me / who did take an oath.



Rita Gayle Lee
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared Dr. Patricia Morris Earline, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Previously OB/GYN - now GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped practicing obstetrics due to the high cost of malpractice. I could not see enough patients to justify paying 100k for insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 1st day of July, 2003, by Patricia Morris Earline, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Robert P. Feder MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I no longer do an active Hospital Practice I worked for 12 years in ER, no longer I do not perform invasive procedures.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Robert P. Feder MD, who is personally known to me / who did take an oath.

[Signature]
Christie Renee Cantara
NOTARY PUBLIC
My Commission Expires:



07/18/2003 FRI 14:32 FAX 001/001
Richard Young Feb 16 Jul 16 2003 05:34:52 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Timothy E. Fee, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

In order, my office volume has declined substantially with patients a class causing me to stop the opportunity for financial support. While patients have always on average, defendants do not use that term.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Timothy E. Fee, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 12/15/04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SEMIWALE

BEFORE ME, the undersigned authority, personally appeared Richard Y. Felbman, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PULMONARY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I am seeing less critical care patients + doing less high risk procedures

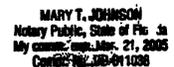
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Y. Nayel Phara, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 3/31/05



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared Michael Feister, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPAEDIC & SPINE SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Emergency Room, Coccygectomy, Revision Total Joint Replacement

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT [Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Michael Feister, M.D., who is personally known to me, who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

Before me, the undersigned authority, personally appeared David M. Feldbaum M.D., who being first duly sworn, deposes, and states:

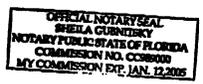
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Vascular Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

Moved to another state or have retired from or quit the practice of medicine. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice - please provide explanation. I am the only Board Certified Vascular Surgeon @ my hospital. I am an expert in Vascular Surgery. I can no longer take the high risk of performing this high risk surgery. Patients come to me for a second opinion from all over South Florida. I no longer take cases unless of low risk.

FURTHER AFFIANT SAYETH NAUGHT [Signature] (David Feldbaum)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by DAVID FELDBAUM, who is personally known to me/who did take an oath.

[Signature] Notary Public My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Alachua-Dade

BEFORE ME, the undersigned authority, personally appeared ANNELO FELDMAN, DPM, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PODIATRIC MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT [Signature]

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Anne L Feldman, DPM, who is personally known to me, who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires: ALICIA M LUND My Commission Expires: 10/27/05; Jan 26, 2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Theodore S. Felger, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General and Vascular Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here: I have stopped performing carotid endarterectomies and venous sclerotherapy. I also refuse to perform requested exploratory laparotomy with adhesiolysis on patients with chronic abdominal pain whose workups reveal no pathology.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature] The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Theodore Felger, who is personally known to me/who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared
HAROLD A. FENSTER, MD, who being first
duly sworn, deposes and states:

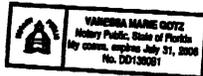
- I am a physician licensed in the State of Florida.
- My area of medical practice is GENERAL SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - ① taking a leave of absence for 3 months
 - ② limited my practice to low risk patients
 - ③ stopping malpractice
 - ④ stopping staff pay when they pay ahead
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Harold A. Fenster MD

The foregoing instrument was acknowledged before me this 17 day of
July, 2003, by Harold A. Fenster, who is
personally known to me / who did take an oath.

Janice M. Davis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Citrus

BEFORE ME, the undersigned authority, personally appeared
Lawrence Ferber, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General / Vascular Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

IF a patient is high risk, the current malpractice environment basically forces me to refer pt to another PT setting. I stand away, except of course in emergency.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Janice M. Davis

The foregoing instrument was acknowledged before me this 17 day of
July, 2003, by Lawrence Ferber, who is
personally known to me / who did take an oath.

Janice M. Davis
NOTARY PUBLIC
My Commission Expires:



Jul 22 03 11:46a

P. 2

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared
David E. Fernandez, MD, FACP, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - I WAS INVOLVED IN MEDICAL DIRECTORSHIP AND TREATMENT OF PATIENTS IN NURSING HOMES & REHAB FACILITIES & STOPPED. ALSO STOPPED DOING SOME PROCEDURES IN INTENSIVE CARE.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David E. Fernandez

The foregoing instrument was acknowledged before me this 21st day of
July, 2003, by David E. Fernandez, who is
personally known to me / who did take an oath.

Teri Martinez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared ERIC PERAZANDEZ, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

RESIGNED (WORKING) LIMITED (WORKING) PARTIAL (WORKING) WORKING OF (WORKING)

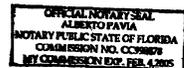
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Eric Perandez

The foregoing instrument was acknowledged before me this 22nd day of JULY, 2003, by Eric Perandez, who is personally known to me / who did take an oath.

Alberto Pavia
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Polk

BEFORE ME, the undersigned authority personally appeared

HECTOR E FERNANDEZ M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- Moved to another state or have retired from or quit the practice of medicine.
- Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:
Buy non-complaint patches are no longer seen, patches are given 30 days to change MD's.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Hector E. Fernandez, MD who is personally known to me/who did take an oath.

Lauren H. Mednick
NOTARY PUBLIC
My Commission Expires: 9-24-06



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Citrus

BEFORE ME, the undersigned authority, personally appeared Marc E. Fernandez, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GENERAL SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- STOPPED ACCEPTING NEW BREAST PATIENTS
- ELIMINATED PERFORMANCE OF HIGHER RISK SURGERIES
- EG ANTIREFLUX SURGERY, ENDOVASCULAR ANEURYSM REPAIRS, ETC
- REFERRING AWAY PATIENTS WITH MULTIPLE COMORBIDITIES.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Marc E. Fernandez, who is personally known to me / who did take an oath.

Janese A. Davis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

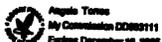
4. (If you checked b., please provide an explanation here):
- NO PEDIATRICS
- NO NEW TRAUMA REEDED.
- Limited Head complaints.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Russell S. Fernandez, who is personally known to me / who did take an oath.

Russell S. Fernandez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Alam Beach

BEFORE ME, the undersigned authority, personally appeared Lori Ann Ferrara, MD, who being first duly sworn, deposes and states:

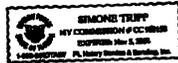
- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics + General.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
only ortho office ancillary
stopped ortho and surgery w/oa.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Lori Ann Ferrara, who is personally known to me / who did take an oath.



Simone Truff
NOTARY PUBLIC
My Commission Expires: NOV. 5, 2004

AFFIDAVIT

STATE OF FLORIDA COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared JOHN A. FETCHERO, JR. who being first duly sworn, deposes and states:

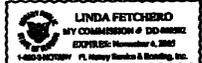
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is otolaryngology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
had 8 heck cases re high risk patients
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by JOHN A. FETCHERO, who is personally known to me / who did take an oath.

Linda Fetchero NOTARY PUBLIC My Commission Expires: 11-4-2005



AFFIDAVIT

STATE OF FLORIDA COUNTY OF F. NELLY

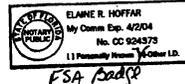
BEFORE ME, the undersigned authority, personally appeared Andrew A. Fetcher who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Andrew Fetcher, who is personally known to me / who did take an oath.



[Signature] NOTARY PUBLIC My Commission Expires: 4/2/04

AFFIDAVIT

STATE OF FLORIDA COUNTY OF PASCO

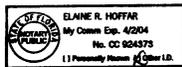
BEFORE ME, the undersigned authority, personally appeared SALLY L. FETCHER who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Sally Fetcher, who is personally known to me / who did take an oath.



[Signature] NOTARY PUBLIC My Commission Expires: 4/2/04

AFFIDAVIT

STATE OF FLORIDA COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared DR. KAREN E. FLECK who being first duly sworn, deposes and states:

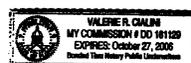
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Dermatology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
Do not treat most skin issues, children
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Dr. Karen E. Fleck, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires: 10/21/04



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lee

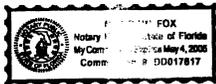
BEFORE ME, the undersigned authority, personally appeared John S. Fifer, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped all ER visits
No Complex Trauma Surgery
No Pediatric Orthopedics
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by John S. Fifer MD, who is personally known to me / who did take an oath.

M. Rai-Jac
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Luis G. Figueroa, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
FULLY OUTPATIENT PRACTICE
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

L. Figueroa

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Luis G. Figueroa, who is personally known to me / who did take an oath.

Christiane Mikhail
NOTARY PUBLIC
My Commission Expires: 3/20/07



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared MICHAEL D. FILLI MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Miami.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another State or have retired from or quit the practice of Medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked item b, please provide an explanation here):
- We no longer see patients with the pregnancy and non-diabetic medical problems
- We severely limit who we see with thyroid cancer
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Michael D. Filli, who is personally known to me / who did take an oath.

Berta Fernandez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

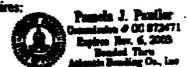
BEFORE ME, the undersigned authority, personally appeared KARINA BILLIE'S FINDLAY MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is RETINAL OPHTHALMOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped providing hospital consults & emergency room coverage for ER calls needing retinal specialists
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by KARINA V. BILLIE'S FINDLAY, who is personally known to me / who did take an oath.

Paula J. Preller
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DEWAR

BEFORE ME, the undersigned authority, personally appeared JAY B. FINE MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is: RASTIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
HAVE STOPPED DOING ANY EMERGENCY OR TRAUMA WORK WILL WAIT TO PRACTICE TO PRACTICE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by personally known to me / who did take an oath.

Lisa G. Lelici
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared Gordon Finlayson, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is: Nephrology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Renal Biopsy
Active glomerulonephritis
No longer following kidney transplants
No longer providing primary care to dialysis patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Gordon C. Finlayson, who is personally known to me / who did take an oath.

Christine Abbey Walk
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared William D. Finlayson, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is:
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer practice critical care medicine OR do invasive procedures such as central line placements or lumbar punctures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by William D. Finlayson, who is personally known to me / who did take an oath.

Sharon Denise Lee
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared CHARLES A. FINN MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is:
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer do perform complicated deformity cases of the spine (PROSTHESIS)

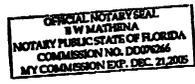
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by CHARLES A. FINN MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ORTHO PAEDIACS
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
CANNOT MEET EXPENSES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
J. J. [Signature] PK

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Barbara D Stone, who is personally known to me / who did take an oath.

Barbara D Stone
NOTARY PUBLIC
My Commission Expires:



PH Fax -> TO: -> -> All PH Members Wed Jul 16 2003 05:40:16 PM EDT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Charles M. Fischman, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is PULMONARY / ALLERGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

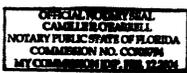
4. (If you checked b., please provide an explanation here):
Have stopped doing critical care high risk bronchoscopy, invasive pulmonary procedures, and all hospital pulmonary consultations

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Charles M. Fischman, MD

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Charles M. Fischman, MD, who is personally known to me / who did take an oath.

Carroll P. Frank
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared STEPHEN E. FISCHER, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is PEDIATRICS / INTERNAL MED.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
We no longer accept all patients who request to become established. We now accept, based on high risk patients, leaving them to get care at ER's or Clinics.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Stephen E. Fischer, MD

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Stephen E. Fischer, MD, who is personally known to me / who did take an oath.

Susan W. Kennedy
NOTARY PUBLIC
My Commission Expires:

PH Fax -> TO: -> -> Larry Fishman, MD Wed Jul 16 2003 05:40:16 PM EDT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hillsborough 7.18.03

BEFORE ME, the undersigned authority, personally appeared Larry Fishman, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ORTHOPEDY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
NO ANEURALYSMS, NO TRAUMA, NO MEDICAL, NOTHING OTHER IS NOT BREATHER PARTS.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Larry Fishman, MD, who is personally known to me / who did take an oath.

Rena P. Lee
NOTARY PUBLIC
My Commission Expires:



Yafed
7/18/03

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
MARC FISHMAN, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Hematology/oncology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):
Stopped practice. I was working 7-8 days per week. Could not afford to compete with high insurance rate
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Marc Fishman

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Marc Fishman, M.D., who is personally known to me / who did take an oath.

Cynthia S. Peterson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUAL

BEFORE ME, the undersigned authority, personally appeared
CYNTHIA H FLANDERS M.D., who being
first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

- (If you checked B, please provide an explanation here):
I cannot afford to perform surgical procedures or deliver babies at the volume I would like -
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Cynthia H. Flanders M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Cynthia H. Flanders, M.D., who is personally known to me / who did take an oath.

Patricia K. Taylor
NOTARY PUBLIC
My Commission Expires: 6/9/2004



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared
BRUCE FLEEGLE, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pulmonary/Critical Care.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):
STOPPED CRITICAL CARE
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Bruce Fleegle

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by Bruce M. Fleegle, M.D., who is personally known to me / who did take an oath.

Sharon P. Solomon
NOTARY PUBLIC
My Commission Expires: 6/16/05



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared
Kevin Fleishman, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):
Limiting High Risk Obstetric
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kevin Fleishman

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Kevin Fleishman, MD, who is personally known to me / who did take an oath.

Susan A. Sobon
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami Dade

BEFORE ME, the undersigned authority, personally appeared Jorge Fleites, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I avoid high risk exposure such as Emergency Room call, I do not consult OB-GYN patients, or severely ill patients who have not part of our practice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Jorge Fleites, who is personally known to me / who did take an oath.

Patricia C. Delgado
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Russell Fleites, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

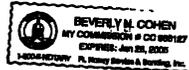
I have stopped performing high risk surgery such as Total Joint Replacement, Hip & Knee Replacement. I hope to give away as much of the rest of my practice as I am required to take. I am selective as to what type of injuries I will get involved in the care of.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Russell W. Fleites, MD, who is personally known to me / who did take an oath.

Becky D. Coe
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Jerry G. Ford, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I stopped performing LASIK - A big factor in my decision was fear of being sued.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July 18, 2003, by Jerry G. Ford, who is personally known to me / who did take an oath.

Shelley A. Butch
NOTARY PUBLIC
My Commission Expires:

FCS
TAW
KPK
JGF

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared JAMES FORENBY, MD, who being first duly sworn, deposes and states:

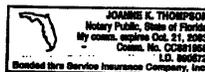
- I am a physician licensed in the State of Florida.
- My area of medical practice is ANESTHESIOLOGY & PAIN MANAGEMENT.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): (except two)

(1) Discharged All chronic pain patients who require chronic narcotics for their pain.
(2) No longer do high risk pain management procedures such as Radiofrequency nerve ablation, RAZ catheter neurolysis, etc.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
(3) Reduced the amount of regional Anesthesia in favor of General Anesthetics due to possible liability.

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by James Forenby, who is personally known to me / who did take an oath.



Joanne K. Thompson
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, DUMM
COUNTY OF DUMM

BEFORE ME, the undersigned authority, personally appeared [print name]
John G. Forszak, MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in DUMM County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics

http://www.fccep.org/affidavit.htm

7/18/2003

07/21/2003 09:23 FAX 239 263 8992 @002/002
FAX -> ID: -> -> NAPLES BREAST SI CTR
Jan Forszpaniak, M Ed Jul 16 2003 05:50:13 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared
JAN FORSZPANIAC MD, who being first
duly sworn, deposes and states:

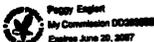
- I am a physician licensed in the State of Florida.
- My area of medical practice is Breast Surgery (Cancer).
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - I had to eliminate high risk procedures (port placement)
 - I reduced hours & staffing of my center
 - I need to reduce the Malpractice Insurance coverage
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jan Forszpaniak, MD

The foregoing instrument was acknowledged before me this 21 day of
July, 2003, by _____, who is
personally known to me / who did take an oath.

Peggy Bryant
NOTARY PUBLIC
My Commission Expires:



- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

thoracic surgery

urology
 vascular surgery

other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

None

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)
John G. Forszak, MD
The foregoing instrument was acknowledged before me this 15 day of July, 2003, by _____, who is personally known to me / who did take an oath.



Patricia R. Holmes
NOTARY PUBLIC
My Commission Expires:

http://www.fccep.org/affidavit.htm

7/18/2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared
ROSI FORTUNATO, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRICS.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

decreased my hours
stopped attending deliveries and
stopped seeing sick new borns
I am never less available to
my patients than I used to be 5 years ago

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Rosifortunato MD
The foregoing instrument was acknowledged before me this 20 day of
July, 2003, by _____, who is
personally known to me / who did take an oath.



Juan Encarnado
NOTARY PUBLIC
My Commission Expires: 3/8/2004

AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared

George Fournier, MD

who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice. (If you checked b., please provide an explanation here):
Do NOT DO High Risk SURGERY
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

George Fournier, MD.

The foregoing instrument was acknowledged before me this 21 day of

July, 2003, by George A. Fournier MD

who is personally known to me / who did take an oath.

Andie N. Katz
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA

COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared

IRA FOX, MD

, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Anesthetic Pain Management.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
Very selective on types of interventional treatments. Referring some cases out of state to other providers.
- If you checked "b" above, please provide an explanation here:
Very selective on types of interventional treatments. Referring some cases out of state to other providers.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

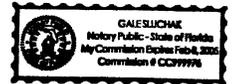
FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24th

Day of July, 2003, by IRA FOX, MD

Who is personally known to me/who did take an oath.

Shirley Aluchak
 NOTARY PUBLIC
 My Commission Expires:
2/8/05



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared

John T. Enke MD

, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OTOLARYNGOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

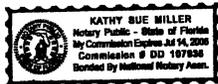
[Signature]

The foregoing instrument was acknowledged before me this

21 day of July, 2003, by

Kathy S. Miller
who is personally known to me / who did take an oath.

Kathy S. Miller
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Duval

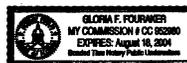
BEFORE ME, the undersigned authority, personally appeared

MARC FREEMAN

, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is DIAGNOSTIC RADIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:
LIMITED DOING MAMMOGRAMS
I AM INVESTIGATING LICENSURE IN OTHER STATES.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 18th day of

July, 2003, by Marc Freeman, who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared
Michael J. Freeman, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is dermatology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
The laser insurance skyrocketed. Therefore I have stopped seeing laser patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael J. Freeman

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Michael J. Freeman, M.D., who is personally known to me / who did take an oath.

Linda C. Link
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Col

BEFORE ME, the undersigned authority, personally appeared
Olga Freeman, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I will consider leaving the state of FL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

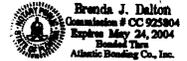
FURTHER AFFIANT SAYETH NAUGHT

OLGA FREEMAN M.D.
13685 DOCTORS WAY #190
FT. MYERS, FL 33912

Olga Freeman

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Olga Freeman M.D., who is personally known to me / who did take an oath.

Brenda J. Dalton
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared M. FELIX FRESHWATER, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is limited to RECONSTRUCTIVE PLASTIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- No longer treat facial fractures
- No longer perform post mastectomy breast reconstruction
- No longer perform ANY cosmetic surgery including teaching to residents

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

M Felix Freshwater

The foregoing instrument was acknowledged before me this 17TH day of JULY, 2003, by M FELIX FRESHWATER, who is personally known to me / who did take an oath.

Melody Stokes
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PAUM BEACH

BEFORE ME, the undersigned authority, personally appeared
MELISSA B. FRIEDMAN, M.D., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is obstetrics + gynecology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Practicing without medical malpractice insurance
RETURNING HIGH RISK PATIENTS
NOT DOING DIFFICULT SURGERIES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Melissa B. Friedman

The foregoing instrument was acknowledged before me this 15th day of July, 2003, by MELISSA B. FRIEDMAN, M.D., who is personally known to me / who did take an oath.

Judith A. Sepka
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Osceola

BEFORE ME, the undersigned authority, personally appeared [print name] Vidor E Friedman MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is emergency medicine.
- 3. I practice emergency medicine and/or trauma care in a hospital in Osceola County.
- 4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery

AFFIDAVIT OF Vidor E Friedman M D 07-18-2003

- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology

- oral/maxillo-facial surgery
- orthopedics
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

AFFIDAVIT OF M D 07-18-2003

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

The common denominator is a lack of enough physicians in the specialty to provide adequate coverage to the Emergency Department. This leads to frequent transfers of patients to other hospitals to obtain care. Whenever we , in the Department of Emergency Medicine, ask why this is? we are told "We just cannot hire enough of those specialists due to the medical legal climate in Central Florida".

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Vidor E Friedman MD
(Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Vidor E Friedman, MD, who is personally known to me / who did take an oath.

Janet A. Ma
NOTARY PUBLIC

My Commission Expires: May 3, 2007



AFFIDAVIT OF M D

07-18-2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF bade

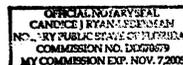
BEFORE ME, the undersigned authority, personally appeared RICHARD S. FRIEFELD, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b, please provide an explanation here):
We are no longer seeing high risk patients. We are also no longer accepting patients who refuse to accept blood or blood products in an emergency.
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ry Friefeld

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Richard S. Friefeld, MD, who is personally known to me / who did take an oath.



Candace J. Ryan
NOTARY PUBLIC
My Commission Expires:

****I want my congressman to know that if we practiced in a state that required malpractice insurance there would be no Obstetrical services available as we are all bare. something needs to be done STAT.

AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF GRAND

BEFORE ME, the undersigned authority, personally appeared [print name] WAYNE FRIESTAD, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is emergency medicine.
- 3. I practice emergency medicine and/or trauma care in a hospital in Grand County.
- 4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology

AFFIDAVIT OF _____, M.D. 07-18-2003

- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics

- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)
- thoracic surgery

AFFIDAVIT OF _____, M.D. 07-18-2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

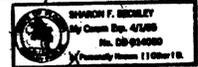
BEFORE ME, the undersigned authority, personally appeared MARTIN J. FRISOSKY, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is otolaryngology - head/neck surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here): After 2 yrs of practice, no longer perform surgery and limited hours.
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Martin J. Frisovsky

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Martin J. Frisovsky, D.O., who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires: 4/1/05

- urology
- vascular surgery

other orthopedic surgery / general

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Decrease number of physician in the specialty of OB, Neurology, Dr. Lopez, Surgery & P.O. who are well to take E.D. call.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

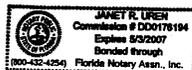
Wayne Friestad
(Signature)

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Wayne Friestad, MD, who is personally known to me / who did take an oath.

Janet R. Usher

NOTARY PUBLIC

My Commission Expires: 5/3/2007



AFFIDAVIT OF _____, M.D. 07-18-2003

David Funt, M.D.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared David S. Funt, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology in Boca Raton/Delray
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

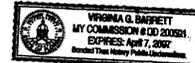
- 4. (If you checked b., please provide an explanation here): Resigned from Boca Community hospital because of Emory Ann Cardiology Call Try to Avoid High Risk Procedures (write - ie' Obituary personnel. My eventually stop all consult in wave boom of risk
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by DAVID FUNT, MD who is personally known to me / who did take an oath.

Handwritten signature of David Funt, M.D.

Virginia H. Barrett NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared JOHANN J. Fuenteban who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Otolaryngology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

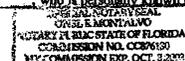
- 4. (If you checked b., please provide an explanation here): Stopped Doing High Risk Procedures (Head Neck Cancer Surgery - Parotid Surgery - STYPTORCTOMY - LARYNGECTOMY)

- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature and initials of Johann J. Fuenteban, M.D.

The foregoing instrument was acknowledged before me this day of 2003, by who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires:

Ron Garbar, M.D.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared RONALD M. GARBAR, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology in Boca Raton/Delray
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here): Have resigned from Boca Community Hospital because of Emergency Room Cardiology Call. Will also try to avoid high risk or surgical consultation.

- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by RONALD M. GARBAR, MD who is personally known to me / who did take an oath.

Handwritten signature of Ronald M. Garbar, M.D.

Virginia H. Barrett NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Kenneth J. Fuquay, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pulmonary Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

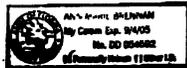
- 4. (If you checked b., please provide an explanation here): I have been forced to cancel my malpractice insurance because I can't afford it. I know of two other specialists in town that are leaving the state due to the unaffordable malpractice coverage.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Kenneth J. Fuquay, M.D.

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by KENNETH J. FUQUAY, M.D. who is personally known to me / who did take an oath.

Ann Marie Bunnar NOTARY PUBLIC My Commission Expires: 9/1/05



AFFIDAVIT

STATE OF FLORIDA, BREVARD
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared GOVARD CRABER, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PHYSIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1 DO MORE PROCEDURES TO CYA
ASK PT'S TO SIGN EVERY TIME THEY PERFORM A PROCEDURE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Govard Craber, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

07/21/2003 07:00 FAX 321 267 2713 TITUSVILLE FAMILY PRA 001
07/17/03 16:05 FAX 321 268 8384 MEDICAL STAFF SERVICES + CALPO 002/002

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared MARK R. SAVOPO, MD, who being first duly sworn, depose and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked B., please provide an explanation here):
1) Changel from private and pacific to working on the hospital
2) Refuse more patient volume
3) Refuse more lab & X-rays
4) Have I stopped trying to practice cost saving medicine and shifted to defend medical practice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Mark R. Savo, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Philip P. Gallard MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

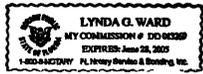
4. (If you checked B., please provide an explanation here):
1) Stopped seeing Hospitalized patients
2) Stopped seeing Nursing Home patients
3) Stopped seeing high-risk patients
4) Refer more patients to specialists and order many more tests.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by Lynda Ward, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:
6/28/2003



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MONTECALO

BEFORE ME, the undersigned authority, personally appeared Dr. George Gallardo, M.D., FACS, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. - effective 1 July, 2002
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by George Gallardo, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Carlos H. Gamba, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

None

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Carlos H. Gamba, MD, Personally known, who is personally known to me / who did take an oath.

Carly Steiner
NOTARY PUBLIC
My Commission Expires:



JUL 22 2003 13:20 FR ST MARK VILLAGE 727 769 4165 110 18362228827 P.01/01

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Jorge Gamba, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications.

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: Jorge Gamba

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jorge Gamba, MD, who is personally known to me / who did take an oath.

Shirley H. Williams
NOTARY PUBLIC
My Commission Expires:



JUL-22-03 TUE 15:21 GAMBZ.MD.EY*07 3058200937 P.02

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared VICTOR GAMBONE, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GERIATRIC MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
CUT BACK PATIENT CARE TO PART TIME AND TOOK ADMINISTRATIVE POSITION TO OBTAIN REDUCTION IN PROFESSIONAL LIABILITY INSURANCE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Victor Gambone MD

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Victor Gambone MD, who is personally known to me / who did take an oath.



Alundra R. Hutton
NOTARY PUBLIC
My Commission Expires: 1/27/07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Jesse C. Gamba, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I risked patients are not able to be admitted / treated (OB/GYN Psychiatry)

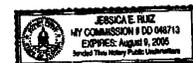
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jesse C. Gamba

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Jesse Gamba, who is personally known to me / who did take an oath.

Jessica E. Ruiz
NOTARY PUBLIC
My Commission Expires:



MEMORIAL HOSPITAL JACKSONVILLE

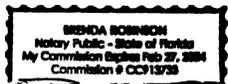
STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Carlos Gamma, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT (Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Carlos Gamma, MD, who is personally known to me / who did take an oath. 2/27/04 NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARATHON AND Port St. Lucie Hospital

BEFORE ME, the undersigned authority, personally appeared Sunil Gandhi, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General AND Thoracic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here): Patients w/ Most of my Thoracic patients are cancer patients with underlying lung problems. The risk of operation depends on underlying severity of lung problems. Patients have FEV1 2.10 I no longer operate on. Patients with Co-morbid Cardiac problems I do not operate on.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT I have greatly decrease the number of cases I perform at Port St. Lucie Hospital (Signatures)

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Sunil Gandhi MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires: (Signature)



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared James H. Ganey, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General, Thoracic + Vascular Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here): Resigned from community hospital + ER call due to liability risks. Discontinued some high risk procedures. Had to limit malpractice coverage to 250K from 1-3 mill.

- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by James H. Ganey, who is personally known to me / who did take an oath.

Notary Public My Commission Expires: Elaine E. Schneider



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Thomas H. Ganey M.D., who being first duly sworn, deposes and states:

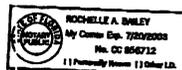
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiac Pulmonary - Geriatrics.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here): We have stopped seeing ER patients who are not patients of this practice and with my wife. We also have stopped high risk procedures. I would provide services to another facility (ie. Manatee, NY) if I had my malpractice insurance or if it was more than 100K in Florida.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Thomas H. Ganey, MD, who is personally known to me / who did take an oath.



Notary Public My Commission Expires: (Signature)

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared
JAKOV GAVTA, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by JAKOV GAVTA, M.D., who is personally known to me / who did take an oath.



Kamela Robbins
NOTARY PUBLIC
My Commission Expires: June 1, 2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared
JUAN C. GARCIA, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology, Imaging/Interventional, Noninvasive.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

1. UNASSURED EE PATIENTS
2. High Risk PCI patients (certain), have been limited to a restricted population subset.

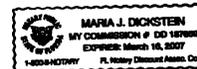
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Juan C. Garcia, M.D., who is personally known to me / who did take an oath.

Maria Dickstein
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared
JAVIER GARCIA-BENGOECHA, who being
first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

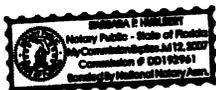
4. If you checked B, please provide an explanation here:
Stopped doing Pediatric Neurology

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this
21 day of July, 2003, by
who is personally known to me / who did take an oath.



Barbara P. Huelbert, CMPE
NOTARY PUBLIC
My Commission Expires: 7-12-07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Jose Garcia, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Rheumatology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Prescribing less time per patient so I can see more patients per day to cover expenses. Quality time used patient is being offered. * I also stopped seeing Medicaid patients. Not cost-effective.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Jose Garcia, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Miguel E. Garcia MD, who being first duly sworn, deposes and states:

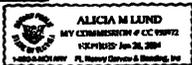
- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Psychiatry
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Miguel E. Garcia MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami Dade

BEFORE ME, the undersigned authority, personally appeared Miguel Gonzalez MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is family medicine
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

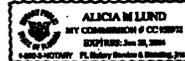
referring high risk cases to other physicians, not families are limited to only needed urgent (and procedures)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Miguel Gonzalez MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Wayne J. Garcia MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal Medicine
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

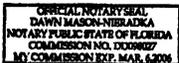
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped doing Central Venous Access Procedures, active Papanicolaou

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Dr. Wayne Garcia, who is personally known to me / who did take an oath.

Dawn Mason-Nivedia
NOTARY PUBLIC
My Commission Expires: 3-6-2006

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARTIN

BEFORE ME, the undersigned authority, personally appeared Scott A. Gasioruk, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is RADIATION ONCOLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

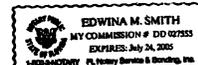
I cannot afford the risks involved and therefore refer my patients to other centers in University

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Scott A. Gasioruk MD, who is personally known to me / who did take an oath.

Edwina M. Smith
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared Vincent W. Gatto, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Dr. Gatto

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Vincent W. Gatto, MD, who is personally known to me / who did take an oath.

Signature of Notary Public Judith M. Baker



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Bart E. Gatz MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is West Palm Beach
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No high risk or Medicaid Care No more Charlotte Care

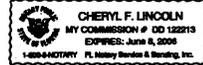
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Bart E. Gatz

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Bart E. Gatz, MD, who is personally known to me / who did take an oath.

Signature of Notary Public Cheryl F. Lincoln



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared Jose Sanchez, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Stop seeing children (I am the only neurologist with pediatric neurology in the county) Stop taking medicare - I could not afford the fee with a 300% increase in malpractice fees in 4 years

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public J.A. Sanchez

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Jose A. Sanchez, MD, who is personally known to me / who did take an oath.

Signature of Notary Public Diana Prebianca



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared Christopher Joseph Galk, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I am no longer accepting patients with certain medical conditions and prefer to specialize more frequently. Direct my partners who handle the office and handle office malpractice as a direct result of this

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public Christopher Joseph Galk

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Christopher J. Galk, MD, who is personally known to me / who did take an oath.

Signature of Notary Public Tammy Lynn Coffman



FROM: FROM: Who for N.L.J. AFFAIRS DIVISION PHONE NO. (904) 243-1100 FAX NO. (904) 243-1100 Jul. 24 2003 03:15PM PZ

AFFIDAVIT

STATE OF FLORIDA COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared SCOTT GELLEN, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OPHTHALMOLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): WILL NO LONGER TREAT COMPLICATED CASES WITH POOR PROGNOSIS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Scott Gellen

The foregoing instrument was acknowledged before me this day of 2003, by Scott Gellen, who is personally known to me / who did take an oath.

Notary Public Signature: Alice Dunn My Commission Expires: August 28, 2004

AFFIDAVIT

STATE OF FLORIDA COUNTY OF SCOWARD

BEFORE ME, the undersigned authority, personally appeared ROBERT A. GEORGE, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine & Cardiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Robert A. George

The foregoing instrument was acknowledged before me this day of July, 2003, by Robert A. George, M.D., who is personally known to me / who did take an oath.

Notary Public Signature: Cynthia S. Peterson My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Douglas Gesner, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Interventional Radiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications.

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: Douglas Gesner

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Douglas Gesner, MD, who is personally known to me / who did take an oath.

Notary Public Signature: My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA COUNTY OF HAWARD

BEFORE ME, the undersigned authority personally appeared ARNOLD GARTS, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERVENTIONAL CARDIOLOGY

3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

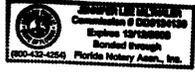
4. If you checked "b" above, please provide an explanation here: CERTAIN INVASIVE PROCEDURES WHICH COULD BE DONE EITHER BY PERCUTANEOUS TECHNIQUE OR OPEN HEART SURGERY - ARE PREFERABLE DEFERRED TO THE SURGEON DUE TO THE RISK OF EXCESSIVE LIABILITY

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Arnold Garts, MD, who is personally known to me / who did take an oath.

Notary Public Signature: My Commission Expires:



FAXED

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared Joseph A. Marino, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

NO LONGER CARRYING THE CHROMOSOME BRIDGE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon is a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Dr. Joseph Marino, who is personally known to me / who did take an oath.

Notary Public, My Commission Expires: 10/5/03

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Thomas C. Gibbs, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

OB-GYN PRACTICE
STOPPED SEEING CERTAIN PATIENTS & PROCEDURES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Dr. Thomas C. Gibbs, who is personally known to me / who did take an oath.

Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, deposes and states:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared F. GARY GIESKE, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROSURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

pediatric & very high risk elective cases

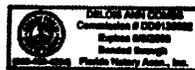
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by F. Gary Gieske, who is personally known to me / who did take an oath.

Notary Public, My Commission Expires: 8/1/03



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MIAMI DADE

BEFORE ME, the undersigned authority, personally appeared JOSE G. GILBERT MD. who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS + GYNECOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

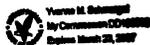
4. (If you checked b., please provide an explanation here):

I have stopped seeing high risk procedures and immediately refer high risk procedures and surgery to other hospitals and OB.
I may even be forced to stop practicing OB/Gyn (or any medical practice).

FURTHER AFFIANT SAYETH NAUGHT

Jose G. Gilbert

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jose G. Gilbert MD. who is personally known to me / who did take an oath.



Susan Underwood
 NOTARY PUBLIC
 My Commission Expires: 03/28/07

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared GORDON J. GILBERT, M.D. who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

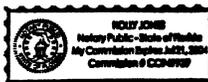
I NO LONGER DO MYELOGRAMS, AND SEE FEWER PATIENTS.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Gordon Gilbert, MD who is personally known to me / who did take an oath.



Holly Jones
 NOTARY PUBLIC
 My Commission Expires: 7.21.4

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared Jennifer R. Gilbey MD who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped Medicaid practice
We are severely affected by this our CNM's
have lost a coverage. We are losing over
\$200,000 per year income and may not be
able to cover overhead.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jennifer R. Gilbey MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jennifer R. Gilbey MD. who is personally known to me / who did take an oath.



Suzanne Underwood
 NOTARY PUBLIC
 My Commission Expires: 4-18-03

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared Jimmy Gillette, M.D. who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

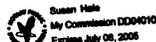
Stopped one nursing home
Not accepting new Nursing Home Patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Jimmy Gillette, M.D. who is personally known to me / who did take an oath.



Susan Hale
 NOTARY PUBLIC
 My Commission Expires: 7/8/2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name]
Philip Giordano MD, who being first duly sworn,
deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Orange County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery

http://www.fcen.org/affidavit.htm

Philip Giordano MD

7/17/2003

AFFIDAVIT

Fax: 820-222-8827

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
AKRAM GREGG MD, who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is EMERGENCY MEDICINE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lic # 68007

A. King

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by AKRAM GREGG MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)
High levels of malpractice cases and costs have made it much more difficult to provide the mostly uncompensated care to level 1 Trauma patients
- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Patients with critical needs for specialty care can not be taken care of properly because there are no specialists willing to be on call

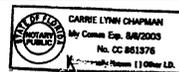
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Philip Giordano MD
(Signature)

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Philip Giordano, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires: 8/8/03



Philip Giordano MD

1. I am a physician licensed in the State of Florida.

2. My area of medical practice is Internal Medicine.

3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- 1 - Charge higher fees to protect myself against judgments - to ^{at least} ~~at least~~ pay judgments.
 - 2 - Spend less time in patient care and far more time documenting everything I do to protect against
 - 3 - suggest pts get 2nd + 3rd opinions to protect myself against lawsuits even though I'm certain my opinion is correct. This increases the cost of medicine for everyone
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David Glatzman, M.D.
DAVID GLATZMAN, M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by DAVID GLATZMAN, M.D., who is personally known to me / who did take an oath.

Jamelle Garcia
JAMELLE GARCIA
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # 0008967
EXPIRES 7/20/05
BONDED THRU 1-88-NOTARY1

NOTARY PUBLIC

My Commission Expires: 7/8/05.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared RICHARD GLATZKER MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ORTHOPEDIC SURGERY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED DOING ALL SURGERY

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Richard Glatzer MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Philip Mark Glencross, MD MPH, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Occupational Medicine, Physical Medicine & Rehabilitation.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Will not perform spinal intervention as trained and will not treat children with neuromuscular conditions as trained despite the fact I have dual board certifications and have no malpractice claims ever.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Dr. Philip Glencross, MD MPH, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
LAWRENCE GRAGE, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHO MEDIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine. Have a home & license in N Carolina - am ready to move
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Quit BACK and HAND call
Quit total hip and all revision surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Lawrence Grage, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared
SATISH GOEL, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

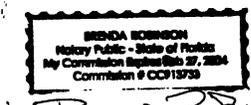
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by SATISH GOEL, who is personally known to me / who did take an oath.

2/07/04
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF P.B.

BEFORE ME, the undersigned authority, personally appeared
Dr. Robert Gold, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is UROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No more 7 risk patients!

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Robert Gold, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: Nov 8, 2004



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF brevard

BEFORE ME, the undersigned authority, personally appeared
Scott L. Gold, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped seeing high risk patients (Medicaid)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Scott L. Gold, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

Byron W. Goldberg, D.O.
General Psychiatry
5293 61st Avenue South
St. Petersburg, FL 33715
Phone: (813) 867-1335

BEFORE ME, the undersigned authority, personally appeared BYRON W. GOLDBERG, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GERIATRIC PSYCHIATRY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state, have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Byron W. Goldberg, D.O.

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Byron W. Goldberg, who is personally known to me / who did take an oath.

FRANK J. COSTELLO
Notary Public, State of Florida
My comm. exp. July 6, 2007
Comm. No. DD 200184

Frank J. Costello
NOTARY PUBLIC
My Commission Expires.

July 25, 2003

Governor Jeb Bush
The Capital
400 South Monroe Street
Tallahassee, Florida 32399

Thank you for your diligence regarding the physician's liability insurance crisis; and indeed it is a crisis.

Let me tell you and your fellow legislators about my personal predicament. I retired from the practice of Geriatric Psychiatry about four years ago but soon decided that I really enjoyed the profession and I get bored easily. I returned as a consultant to PCP's with elderly patients in hospitals and nursing homes. I planned to work part time. The practice grew rapidly 'till I was covering seventeen nursing homes, the sole psychiatrist at most of the homes. I tried to maintain a part time practice but it was difficult to say "no."

On July 4, 2003 I sadly and sorrowfully retired for good. My medical liability insurance has doubled every year. Income, mainly from Medicare and Medicaid, was pitifully low. Total return after insurance, other expenses, billing fees, income taxes, etc, was seventeen cents on the dollar. It's just not worth my time, efforts, study, CME's, responsibility for patient care, all the phone calls, the consultation reports, meetings with doctors, nursing staffs and families, night and weekend emergency calls, to continue doing what I really loved to do.

I am also Assistant Professor of Psychiatry at USF involved in the training of family practice residents at Bayfront Medical Center in St. Petersburg, Florida. I am saddened by what these young "gung-ho" doctors will face in the outside world. It's too late for me.

Help them and their future patients!

Sincerely,

Byron W. Goldberg, D.O.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Lawrence R. Goldberg, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
I have stopped taking
Emergency Room Coverage

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lawrence R. Goldberg, M.D.

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Lawrence R. Goldberg, who is personally known to me / who did take an oath.

RUTH ANN KERRY
Notary Public, State of Florida
My comm. expires May 18, 2006
No. DD021951

Ruth Ann Kerry
NOTARY PUBLIC
My Commission Expires:

THE TRIAL BAR SAYS THERE IS NO CRISIS.

THE SENATE SAYS THERE IS NO CRISIS.

WHAT DO YOU SAY?

The Senate Judiciary Committee held a hearing on July 14, 2003, during which several Senators attempted to discredit the fact that Florida's liability insurance crisis is affecting access to care. At the bidding of the trial bar, these individuals attempted to use statistics to demonstrate that Florida is not suffering a loss of physicians, and that there is in fact no crisis.

YOU MUST RESPOND IMMEDIATELY!

If, as a result of the liability insurance crisis, you have stopped practicing, retired, or restricted your practice in any way, we need to know. Please fill out and sign the enclosed affidavit which you must have notarized, and return to the FMA immediately. Please fax a copy as soon as possible to 850/222-8827 and mail the original to the FMA at 113 E. College Ave., Tallahassee, FL 32309.

IF WE DO NOT GET THIS INFORMATION IMMEDIATELY, WE WILL NOT WIN.

If you know of a physician who has left the state or has restricted his practice, please forward a copy of the affidavit to him/her immediately and urge them to send it in immediately.

DON'T MISS THIS CHANCE TO SEND YOUR MESSAGE TO THE FLORIDA SENATE.

AFFIDAVIT

STATE OF FLORIDA Orange
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Adam Golden, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Geriatric Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

Do not provide care to primary care to nursing home patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Alan Golden, M.D., who is personally known to me / who did take an oath.

[Signature]
Kathleen Ann Bookman
NOTARY PUBLIC
My Commission Expires: April 15, 2006
My Commission DD108333

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared ALAN L. GOLDENBERG, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GENERAL SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by ALAN L. GOLDENBERG, MD, who is personally known to me / who did take an oath.

Jeremy W. Weeldreyer
Commission #DD201674
Expires: Apr 09, 2007
Resided Then
Atlantic Bonding Co., Inc.

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Stacia H. Goldley, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Relinquished privileges at one hospital so as to lower my liability & insurance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Stacia H. Goldley, MD, who is personally known to me / who did take an oath.

DIANA MACY NOWAK
Notary Public - State of Florida
My Commission Expires Jan 23, 2004
Commission # CC913097

[Signature]
NOTARY PUBLIC
My Commission Expires:

MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Nelson Goldman, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Otolaryngology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. Quit PRIVATE PRACTICE
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. Did before Quitting PRIVATE PRACTICE
- (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Nelson Goldman, MD, who is personally known to me / who did take an oath.

2/2-7/04
NOTARY PUBLIC
My Commission Expires:

BRENDA ROBINSON
Notary Public - State of Florida
My Commission Expires Feb 27, 2004
Commission # CC913728

[Signature]

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Jeffrey D. Godstein MD, who being
first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is PATHOLOGY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
REMOVED EXAMINATIONS OF BREAST, CANCER, AND OTHER SURGICAL SPECIMENS DUE TO UNAVAILABILITY OF SURGICAL SPECIALISTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Handwritten Signature]

The foregoing instrument was acknowledged before me this
18 day of July, 2003, by
Jeffrey D. Godstein MD,
who is personally known to me / who did take an oath.

SHARON C. HARRIS
NOTARY PUBLIC, STATE OF FLORIDA
My Commission Expires June 24, 2004
Commission No. CC948722

[Handwritten Signature]
SHARON C. HARRIS
NOTARY PUBLIC
My Commission Expires: 6/14/2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Halce Galus MD, who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ophthalmology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1) Resigned from Children's Medical Services
2) Stopped seeing emergency room patients from Palm Shuttlesworth & St. Mary's Hospital
3) Stopped doing cataract surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Handwritten Signature]

The foregoing instrument was acknowledged before me this 21 day of
July, 2003, by Cynthia Aludonto, who is
personally known to me / who did take an oath.

[Handwritten Signature]
CYNTHIA ALUDONTO
NOTARY PUBLIC
My Commission Expires 11/13/05



JUL 16 2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared
Stephen R. Goll, who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery / Spine Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
a) Over past 18 months, have ceased providing emergency room coverage at three local hospitals
b) I no longer accept transfers of spinal cord injured patients from outlying hospitals or physicians practicing outside of my local area

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Handwritten Signature]

The foregoing instrument was acknowledged before me this 21 day of
July, 2003, by Stephen R. Goll, M.D., who is
personally known to me / who did take an oath.

[Handwritten Signature]
STEPHANIE CHANEY
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Osceola

BEFORE ME, the undersigned authority, personally appeared
Lorraine Golosow, who being first duly sworn,
deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Plastic Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer will perform operations on patients that I feel are high risk in applications. I know of several patients that have had difficulty obtaining care because no surgeon would perform the operations for them. One patient had to go to Tampa - 2 hrs away to obtain care.

FURTHER AFFIANT SAYETH NAUGHT

[Handwritten Signature]

The foregoing instrument was acknowledged before me this 18th day of July,
2003, by Lorraine Golosow, who is personally known to me / who did
take an oath.

[Handwritten Signature]
SUSAN M. HANZEVACK
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Arthur Gombberg, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
No more children, no patients under 18 yr old. No more minor surgery in office. Reduced office hrs. Reduced Hospital on Staff. Stopped attending patients in Hospital.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Arthur Gombberg, MD

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Arthur Gombberg MD, who is personally known to me / who did take an oath.



Mary L. Longshore, Notary Public, My Commission Expires: 2-18-06

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared DOMINGO GOMEZ MD, who being first duly sworn, deposes and states:

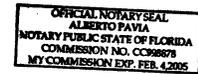
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY MEDICINE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
Changed to part time practice.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Domingo Gomez MD

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by DOMINGO GOMEZ MD, who is personally known to me / who did take an oath.

Signature of Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared Ed Gomez MD, who being first duly sworn, deposes and states:

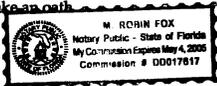
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedics.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
Stopped treatment of complicated trauma cases & pediatric. No obstetrical cases treated - require transfer to Tampa or Miami, may this result in compromise of long term outcome.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Ed Gomez MD

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Ed Gomez MD, who is personally known to me / who did take an oath.

M. Bruce Fox, Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY MEDICINE / OBGYN.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by James Royals MD, who is personally known to me / who did take an oath.

Debra Olah, Notary Public, My Commission Expires: 10-27-2004



FTH Fax -> TO: -> -> Jaime C. Gonzalez, Wed Jul 16 2003 05:32:58 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared
Jorge Gomez-Amador, M.D., PA.

who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is SEMINOLE COUNTY LAUDWOOD
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOP PAUSHAKER INJECTIONS PULMO-NARY AND CENTRAL VENOUS CATHETER INJECTIONS, RES TRACT EMERGENCY ROOM COVERAGE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jorge Gomez-Amador, M.D., PA.
Jorge Gomez-Amador, M.D., PA.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jorge Gomez Amador, who is personally known to me / who did take an oath.

Jean Kramer
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI DADE

BEFORE ME, the undersigned authority, personally appeared
Misael Gonzalez, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is family medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

referrals not work bks to other physicians, not provider or limited to only medical emergency (not procedures)

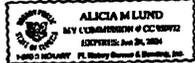
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Misael Gonzalez

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Misael Gonzalez, MD, who is personally known to me / who did take an oath.

Alicia M Lund
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared
Jose R. Gonzalez, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED OBSTETRICAL CARE 12/31/2001

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jose R Gonzalez

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Jose R Gonzalez, M.D., who is personally known to me / who did take an oath.

Theresa L Brockel
NOTARY PUBLIC
My Commission Expires:
November 17, 2005



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared
RENE D. GONZALEZ, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PULMONARY MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another State or have retired from or quit the practice of Medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

a. Moved to another State or have retired from or quit the practice of Medicine

4. (If you checked item b, please provide an explanation here):

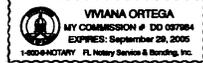
OUR PRACTICE STOPPED SEEING:
1. OB CASES (PREGNANT WOMEN WITH PULMONARY CONDITIONS)
2. CLEARANCES FOR GASTRIC BYPASS PROCEDURES.
3. SOME ER PATIENTS.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Rene D Gonzalez

The foregoing instrument was acknowledged before me this 28th day of JULY, 2003, by RENE D. GONZALEZ, who is personally known to me/who did take an oath.

Viviana Ortega
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF St Lucie

BEFORE ME, the undersigned authority, personally appeared Rogelio Gonzalez Pena, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Family Practice
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

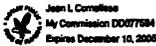
X RETIRED ON DEC 28, 2002
4. (If you checked b., please provide an explanation here):
I RETIRED ON DEC 28, 2002 BECAUSE OF THE HIGH MALPRACTICE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
July 23, 2003

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Rogelio Gonzalez Pena, who is personally known to me / who did take an oath.
Produced ID: Fla. Driver's License



[Signature]
NOTARY PUBLIC
My Commission Expires: 12/10/2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Sarasota

BEFORE ME, the undersigned authority, personally appeared David J. Gooding, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Family Practice
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped certain minor office surgeries due to increased malpractice premiums.

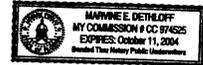
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Marvine E. Dethlo, who is personally known to me / who did take an oath. David Gooding, D.O.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared MARK W. GORDON, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I CAUTIONED MY PATIENTS AND LOW RISK SURGICAL CASES.

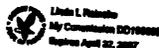
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Mark W Gordon, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Piellas

BEFORE ME, the undersigned authority, personally appeared MARK A. GORDON, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is UROLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I will not do high risk surgery through my Tampa region. I will not see any patients who had had complications from operations who had had other physicians.

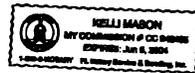
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Mark A. Gordon, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: June 5, 2004



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared LAWRENCE GORFINE, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ANESTHESIOLOGY/PAIN MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

1) Will Not Perform certain Neurolytic Blocks
2) Will Not INSERT MORPHINE PUMPS
3) Will Not INSERT SPINAL CORD STIMULATORS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Lawrence Gorfine, MD, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:

Michael L. Jamason Commission #DD147047 Expires: Sep 03, 2006 Bonded Thru Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared Heidi Gorsuch, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gen'l Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped ER call; actively investigating move to another state and closing my practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 30th day of July, 2003, by Heidi D. Gorsuch, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:

JESSICA M. BEEHNER MY COMMISSION # DD 114647 EXPIRES: May 5, 2006 Bonded Thru Henry Public Underwriters

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared PAUL B. GRANIER, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped seeing young children
Stop certain types of minor surgeries
No IV antibiotics in office
No NURSING HOME PATIENTS ANYMORE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Paul B. Granier, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires: 9-22-03

Kathryn P Smith My Commission CD87126 Expires September 22, 2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared CHARLES C. GRANIER, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Occupational Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

[Blank lines for explanation]

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Charles C. Granier, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:

JEANNINE HUNTER NOTARY PUBLIC STATE OF FLORIDA Commission # CD 100438 EXPIRES: SEPTEMBER 15, 2003 BOND: \$10,000

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

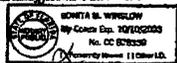
BEFORE ME, the undersigned authority, personally appeared
Linda Greenberg who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics and Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
1) Vaginal births after cesarean section
2) Caring for many different high risk pt.
ie: insulin dependent diabetics
late case pregnancies
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Linda Greenberg

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Linda Greenberg who is personally known to me / who did take an oath.



Sonita B. Winlow
NOTARY PUBLIC
My Commission Expires: 10-10-03

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
_____ who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Physical Medicine & Rehabilitation
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have stopped seeing medically complex rehabilitation patients for fear of litigation.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dwaine Greenberg who is personally known to me / who did take an oath.

Dwaine Greenberg
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
Dale A. Greenberg M.D. who
being first duly sworn, deposes and states:

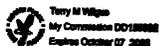
- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dale A. Greenberg

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Dale A. Greenberg M.D. who is personally known to me / who did take an oath.



Terry M. Wilson
NOTARY PUBLIC
My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared
Steven Greenberg M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- If you checked "b" above, please provide an explanation here:
I now refer to accept emergency patients with problems in high risk public injuries, refer more patients to tertiary care centers. Especially pediatric patient, 18y.o. I only accept the simplest cases.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st Day of July, 2003, by Steven Greenberg, MD who is personally known to me / who did take an oath.

Dale J. Zetlin
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Michael A. Greenhaw, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Medical Oncology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Plan to stop seeing pregnant patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public section with signature of Janine Lockard, My Commission Expires: 11/17/03, and official notary seal for Janine Lockard, Notary Public State of Florida, Commission No. CC 881825, My Commission Exp. Nov. 10, 2003.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared David W. Griffin, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedics.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No longer take care of Total Hip Revisions. I am Revision experience & TH Revisions but the risk is now too high to perform

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public section with signature of Connie Crist, My Commission Expires: 10/20/04, and official notary seal for Connie Crist, My Commission # CC9754, Expires October 20, 2004, Notary Public State of Florida.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared E. Rawson Griffin MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE / GERIATRICS.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Stopped delivering babies no longer perform vasectomies no longer assist in surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public section with signature of Janis D. Jenkins, My Commission Expires: 2/26/2003, and official notary seal for Janis D. Jenkins, Commission # CC 872837, Expires Dec. 26, 2003, Bonded Three Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARTIN

BEFORE ME, the undersigned authority, personally appeared Gary Griffin MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Radiation Oncology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): High risk patients are referred to University Centers etc for treatment

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public section with signature of Edwina M. Smith, My Commission Expires: July 24, 2000, and official notary seal for Edwina M. Smith, My Commission # DD 02755, Expires July 24, 2000, 1400-BADWAY, Pharmacy Services & Supplies, Inc.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF H. Johns

BEFORE ME, the undersigned authority, personally appeared
James Gagne M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

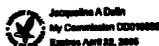
4. (If you checked b., please provide an explanation here):
I will stop spine surgery within 7 months
I have stopped high-risk surgical procedures
already

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Jacqueline A. Dulin, who is personally known to me / who did take an oath.

Jacqueline A. Dulin
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
David A. Gross M.D., PA, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

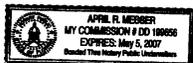
4. (If you checked b., please provide an explanation here):
I have significantly restricted hospital
practice & have been specific in patient
acceptance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by David Gross M.D., who is personally known to me / who did take an oath.

David R. Moore
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF WHEELER

BEFORE ME, the undersigned authority, personally appeared
Andrew S. Gross D.O., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer perform office surgery limiting visits
Honed to less risky facilities. No longer
accepting medical HMO patients due to PDLF too
high with inability to afford due to reimbursement rate.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Andrew S. Gross, D.O., who is personally known to me / who did take an oath.

Andrew S. Gross
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
Lee S. Gross, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

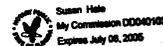
4. (If you checked b., please provide an explanation here):
Discontinuation of nursing home services.
Attempting to discontinue emergency room coverage
Restricted pediatric services to age greater than 5.0 No vaccinations.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Lee S. Gross, who is personally known to me / who did take an oath.

Susan Hale
NOTARY PUBLIC
My Commission Expires: 7/17/2005



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Boris M. Swartz, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Spinal Neurology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(4) (If you checked b., please provide an explanation here):
I stopped ^ Bilary Endoscopy to help - feel my patient.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

B. M. Swartz

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Boris M. Swartz, MD, who is personally known to me / who did take an oath.

David D. Mast

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

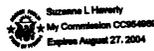
BEFORE ME, the undersigned authority, personally appeared Jeffrey S. Grove, D.O., FRCOFP, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice and Geriatric's
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

(4) (If you checked b., please provide an explanation here):
(1) Resigned all medical directorships at area nursing homes (SNFs).
(2) No longer take new patients at same

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Suzanne L. Haverly

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Jeffrey S. Grove, who is personally known to me / who did take an oath.

Suzanne L. Haverly
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared Robert D. Gruber, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERVENTIONAL PAIN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(4) (If you checked b., please provide an explanation here):
Restricted use of spinal injections

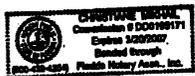
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

R. D. Gruber

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Robert D. Gruber, who is personally known to me / who did take an oath.

Christiane M. Lehal
NOTARY PUBLIC
My Commission Expires: 3/30/07



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CLARKE

BEFORE ME, the undersigned authority, personally appeared John F. Guazzo, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

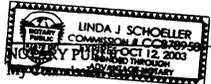
(4) (If you checked b., please provide an explanation here):
No longer perform surgery for pancreatic, prostate and distal Esophageal Cancer with all surgery on the wall high

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John F. Guazzo

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by John F. Guazzo, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Patricia Guerrero, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS! The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kristen J. McCloskey
Notary Public
My Commission Expires December 28, 2004

Kristen J. McCloskey

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Patricia Guerrero, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Avelina A. Guinibet, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

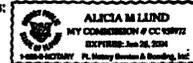
4. (If you checked b, please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by Avelina A. Guinibet, MD, who is personally known to me / who did take an oath.

Alicia M. Laird
NOTARY PUBLIC
My Commission Expires:



PH Fax -> TO: -> -> Stanley P. Guilan, Wed Jul 16 2003 05:28:29 PM EDT

From: To: Stephen Gyland Date: 7/16/03 Time: 11:04:09 AM Page 2 of 2

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared Stanley P. Guilan, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is plastic surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b, please provide an explanation here):
high risk emergency cases

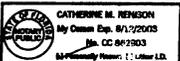
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stanley P. Guilan

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Stanley P. Guilan, MD, who is personally known to me / who did take an oath.

Catherine M. Renson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Stephen P. Gyland, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is pediatrics.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
Retired From private practice of medicine AND Now works a full time medical director of Welton Alva (Henn Health CARE) AND provide a Risk Program "Health & Happiness"

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Heather L. Carlisle

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. Stephen Gyland, who is personally known to me / who did take an oath.

HEATHER L. CARLISLE
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # CC000863
EXPIRES 01/30/04
BONDED THRU AEA 1,000,000

Heather L. Carlisle
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared
Julio Gundran M.D., who being first
duly sworn, deposes and states:

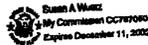
- I am a physician licensed in the State of Florida.
- My area of medical practice is Orology/Kidney Transplantation
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have closed the kidney transplant program in Orlando. This is the only program in Orlando. I have stopped seeing Medicaid because they are litigious and now no urologists in Orlando see them. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Julio Gundran, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

I have stopped calling in prescriptions at night and weekends, sending all patients to ER instead! We had a frivolous lawsuits in our group alone in 3 years!!!

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hills

BEFORE ME, the undersigned authority, personally appeared
J. Richard Gundersen, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Tampa
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

If there is no improvement in malpractice coverage I will be forced to retire from private practice and I do not want to do this

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by J. Richard Gundersen, MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared
_____, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

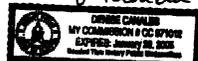
Stopped doing laparoscopic vaginal hysterectomies cancelled hospital in Health Dept. Limited OB's I did not see with RISK OB's

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by _____, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires: 1-28-05
Hillsborough County
State of Florida



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared
E.G. Gentry, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I no longer primary in care for CMC (Children's Medical Services) patients and no high risk pediatric or neonatal patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by E.G. Gentry, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Pablo A. Guzman MD

who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. (If you checked b., please provide an explanation here):
stopped doing cardiac cath + angioplasty

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of

July, 2003, by Pablo Guzman

who is personally known to me / who did take an oath.

Debra T. McDonald
NOTARY PUBLIC
My Commission Expires: 6/10/05



Forced 12/10/03 01:04 PM

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Stephen P. Gylant MD

Stephen P. Gylant MD, who being

first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is pediatrics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
Retired From private practice of medicine AND now work as a physician assistant at the University of West Florida (from South COPE) AND provide a Rapid Response Health Services

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Mary Elizabeth Patten

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. Stephen Gylant who is personally known to me / who did take an oath.

HEATHER L. CARLISLE
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # CC00000000
EXPIRES 5/31/04
BONDED THROUGH 1-888-NOTARY.

Heather L. Carlisle
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hills

BEFORE ME, the undersigned authority, personally appeared Mutaz H. Habib

who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

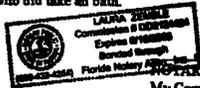
4. (If you checked b., please provide an explanation here):
no more risky patients
confidential patient
on high liability patients

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mutaz H. Habib

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Mutaz H. Habib, who is personally known to me / who did take an oath.



Laura Ziemke
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PSH

BEFORE ME, the undersigned authority, personally appeared Maged S. Habib, MD

who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
omit certain high risk eye surgeries

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Maged S. Habib

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Maged S. Habib, MD, who is personally known to me / who did take an oath.



Virginia Abram
NOTARY PUBLIC
My Commission Expires: Nov. 8, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

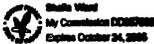
BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic Surgery / Trauma Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Cosmetic Surgery - High Risk Patient
Cross coverage over Doctors
Dropped Hospitals & ER Coverage

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



George J. Haedicke 7/17/03

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by George Haedicke, M.D., who is personally known to me / who did take an oath.

Shirley Ward
NOTARY PUBLIC
My Commission Expires:
10-24-05

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Donald J. Hasan, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery / Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Am forced to retire early - cannot afford the insurance premium

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Donald J. Hasan

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Donald J. Hasan, MD, who is personally known to me / who did take an oath.

Helen P. Operto
NOTARY PUBLIC
My Commission Expires:

Helen P. Operto
Commission # CC 932725
Expires Jan. 12, 2005
Herald View
Atlantic Beach, Fla., Inc.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Leslie A. Hagan, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped practicing all medicine on private patients - stopped all charity work

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Leslie A. Hagan

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Leslie A. Hagan, MD, who is personally known to me / who did take an oath.

Helen P. Operto
NOTARY PUBLIC
My Commission Expires:

Helen P. Operto
Commission # CC 932725
Expires Jan. 12, 2005
Herald View
Atlantic Beach, Fla., Inc.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared Gregory V. Hahn, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatric Orthopedics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

I have stopped seeing certain types of patients, stopped doing some high-risk procedures, and have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Even though professionally I would like to see all children without regard to their insurance or diagnosis I have chosen to restrict my practice by restricting some diagnoses, such as neck pain, hand problems and herniated discs (among others). The state of the insurance crisis has limited my practice and will further limit my ability to treat all children.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Gregory V. Hahn



The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Gregory V. Hahn, who is personally known to me / who did take an oath.

Debra L. Mitchell
NOTARY PUBLIC # CC 933447
My Commission Expires: May 9, 2004

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Michael J. Haimo, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ob-Gyn - General Surg + GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

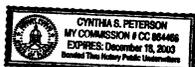
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael J. Haimo, M.D.

The foregoing instrument was acknowledged before me this 1st day of July, 2003, by Michael J. Haimo, M.D., who is personally known to me / who did take an oath.

Cynthia S. Peterson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
M.A. HAJIANPOUR M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is orthopaedic surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Removal of high risk patients who need extensive surgery that the result may not be predicted for risks are inherently high

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

M.A. Hajianpour, M.D.

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by M.A. Hajianpour, M.D., who is personally known to me / who did take an oath.

Rita Gayle Lee
NOTARY PUBLIC
My Commission Expires:



Jul-22-2003 9:47AM Palm Beach Obstetrics and GYN DR. NAUGHT US GYN No. 9108 P. 26 01
Jul-17-2003 04:10pm From: MEDICAL STAFF SERVICES 001 001 2640 T-390 P. 001/202 P-420

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Dr. Gloria P. Haskaravani, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics / Gynecology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Columbia Hospital & 4th Street has CLOSED
DOING DOING OBSTETRICS 20
INCREASED COST OF MEDICAL MALPRACTICE
INSURANCE!

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Gloria P. Haskaravani

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Gloria P. Haskaravani, who is personally known to me / who did take an oath.

Jacqueline Foman

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
Dr. Hadi Halki, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiovascular surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped operating on Triax patients thus decreasing my overall practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dr. Hadi Halki

The foregoing instrument was acknowledged before me this 29 day of JULY, 2003, by DR. NAUGHT, who is personally known to me / who did take an oath.

Mary Jo Smith
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF OKALOOSA

BEFORE ME, the undersigned authority, personally appeared LEACIS NAUGHT, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ophthalmology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

(I ceased intraocular surgery to lower my rate (per. my) and my risks! (I) withdrew from on-call schedule)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Leacis Naught, MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by LEACIS NAUGHT, who is personally known to me / who did take an oath.

Carolyn R. Johnson, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Irving Hall, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Have curtailed surgical procedure w/ write a lot of time in my day, stopped seeing high risk patients that could be avoided with a better litigation climate

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Irving Hall, MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Irving Hall, MD, who is personally known to me / who did take an oath.

Kathleen A. Ambat, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Richard C.W. Hall, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is psychiatry
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No longer seeing severely psychotic patients, patients w/ borderline personality, patients requiring inpatient care. No longer doing hospital consultations.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard C.W. Hall, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Richard C.W. Hall, MD, who is personally known to me / who did take an oath.



Mary L. Marie, NOTARY PUBLIC, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared David E. Hallstrand, Jr., M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Thoracic Surgeries, Morbid Obesity Patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David E. Hallstrand, Jr., MD

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by David E. Hallstrand, Jr., MD, who is personally known to me / who did take an oath.



Elaine L. Blackwell, NOTARY PUBLIC, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

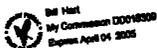
BEFORE ME, the undersigned authority, personally appeared Lawrence Halpern, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Urologic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Lawrence Halpern

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Lawrence Halpern, M.D., who is personally known to me / who did take an oath.



Bill Hart, NOTARY PUBLIC, My Commission Expires: 4/4/05

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared Gerald W. Halpern, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Urology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Gerald W. Halpern, M.D.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Gerald W. Halpern, M.D., who is personally known to me / who did take an oath.

Notary Public Seal for Sheri K. Hedberg, My Commission Expires:



Form numbers and other administrative markings at the bottom of the page.

Fax and time information: Fax -> TO: -> -> Firas A. Hamdan, M Wed Jul 16 2003 05:42:59 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared GHASSAN HAMADY M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is UROLOGICAL SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Ghassan Hamady, M.D.

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by GHASSAN T. HAMADY, M.D., who is personally known to me / who did take an oath.

Rosa Moran, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF TAYLOR

BEFORE ME, the undersigned authority, personally appeared FIRAS A. HAMDAN, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is UROLOGY - Head + Neck Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Firas A. Hamdan, M.D.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Firas A. Hamdan, M.D., who is personally known to me / who did take an oath.

Barbara T Howard, My Commission Expires September 22, 2003

Barbara T. Howard, NOTARY PUBLIC, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared John K. Hamill, Jr M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is DERMATOLOGY - SKIN CANCER
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

REFER TO OTHER SPECIALIST AGAIN CANCER -
WILL NOT DO CERAN SURGICAL PROCEDURES (MOLEC)
WILL NOT SEE/ REFER OUT SLICE BAKES, YOUNG WOMEN AND PRENATAL WOMEN
WILL REFER OUT TO UNIV. PT'S REARAK IMMUNOSUPPRESSIVE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

WILL NOT TREAT CURRENT PATIENTS WITH NEW MEDICATIONS OR
RETRIKOLOGY.

John Robert Hamill M.D.

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by John K. Hamill, Jr M.D., who is personally known to me / who did take an oath.



Christine M. Cassidy
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared ROBERT HAMILTON, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No spinal surgery since 1st malpractice crisis
stopped hand surgery
No neck surgery ever!

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
and patient become a brought a home, ready to move!
Robert Hamilton

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert G. Hamilton, M.D., who is personally known to me / who did take an oath.



Jolynn D. Lee
NOTARY PUBLIC
My Commission Expires:

15/20 general surgeons have left practice
in Pinellas County in 10 years. None have come
Make Th. UFI. UP!!

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared YUSUF HAWATH M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Clinical Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

HIGH RISK PT
PREGNANT PT
Not doing invasive procedure.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Yusuf Hawath

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by YUSUF HAWATH, M.D., who is personally known to me / who did take an oath.



John M. Poortman
NOTARY PUBLIC
My Commission Expires:

Note: 2 invasive cardiologist friends are giving up doing angiogram + PTCA
Dr R. Kersh
Dr Ted Feldman

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Sarasota

BEFORE ME, the undersigned authority, personally appeared John Hand M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmic Surgeon
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I stopped seeing work comp. patients
2-3 years ago because generally speaking
they have an eye to avoid and are
very litigious. I also try to avoid high risk
procedures in the non-work comp. population

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
John Hand

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John Hand, M.D., who is personally known to me / who did take an oath.



Carmella A. Trombino
NOTARY PUBLIC
My Commission Expires:
CARMELOTTA A. TROMBINO

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared ASHRAF HANNA, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesia / Pain management
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stop performing certain interventional pain procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Ashraf Hanna, who is personally known to me / who did take an oath.

Christiane Mikhail
NOTARY PUBLIC
My Commission Expires: 3/20/07



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared Robert A. Hansell, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1 - Stopped high risk complex spine / orthopedic surgery
2 - Limited # of patients
3 - Eliminated some orthopedic services
4 - Decreasing emergency team call coverage

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature: Robert A. Hansell MD]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Robert A. Hansell, MD, who is personally known to me / who did take an oath.



[Signature: Robert A. Hansell MD]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared LENITA HANSON MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE / ENDOCRINOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- stopped nursing home patient care
- limited internal medicine practice to internal med expiring patients only
- stopped performing Pap smears and minor surgical office procedures e.g. skin tag removal

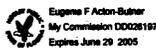
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Lenita Hanson, M.D., who is personally known to me / who did take an oath.

Eugenia D. Victor-Baltes
NOTARY PUBLIC
My Commission Expires: June 29, 2005



FAXED 7-22-03

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared [print name] Jack Lazare Harari, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Palm Beach County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

- a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
burns
cardiology
cardiovascular surgery
emergency medicine
gastroenterology
general surgery
geriatrics
gynecology
hand surgery
internal medicine
neurology
neurosurgery
obstetrics
ophthalmology
oral/maxillo-facial surgery
orthopedics
otolaryngology

- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

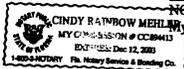
see attached supplement

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jack Lazare Harari
(Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by JACK LAZARE HARARI who is personally known to me / who did take an oath.



NOTARY PUBLIC
Commission Expires:

07/18/2003 9:26 AM

Supplement to Affidavit of Jack Lazare Harari, M.D.

1. Neurosurgery: Our neurosurgeons all resigned from the hospital staff. Currently, we have no neurosurgical capabilities. Patients in need of neurosurgical services are transferred. This creates delays in care which range from approximately 1 hour to several hours. These delays can be detrimental to patient outcomes and may place patients at greater risk of a poor outcome.

2. Neurology: We lost most of our neurologists and are currently not able to secure the services on the remaining neurologists on a rapid basis. Currently the only treatment available for a patient suffering with an acute ischemic stroke is administration of thrombolytic medication within the initial 3 hours of symptom onset. Per established guidelines, a stroke team which includes a neurologist, should make the determination as to administration of this medication. With the inability to obtain rapid neurological consultation we have been hobbled in our ability to administer this treatment.

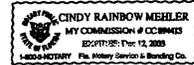
3. Hand surgery: Over the past two years, we have lost many of our hand surgeons and some of those remaining have voiced their intention to drop their hand privileges. It is not unusual at this time to have patients wait up to 5 hours till we are able to have a hand surgeon arrive to care for their injuries. This delay increases the chance for a bad outcome (infection, tissue loss, etc).

4. Emergency Medicine: The above enumerated factors cause the Emergency Department Physician to expend time finding a specialist to care for the patient and/or arranging for the transfer of the patient. While the physician is preoccupied with these tasks, he/she is delayed in attending other patients waiting to be cared for in the Emergency Department.

Jack Lazare Harari
(Jack Lazare Harari, M.D.)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by JACK LAZARE HARARI who is personally known to me / who did take an oath.

Cindy Mehlman
NOTARY PUBLIC



07/17/2003 08:55 3527877401 LAKE EAR NOSEBROOK PAGE 01
FPH Fax -> TO: -> All FPH Numbers Wed Jul 16 2003 05:33:42 PM EDT

AFFIDAVIT

STATE OF FLORIDA, Lake
COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared James M. Herby, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ear, Nose & Throat
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

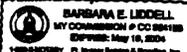
4. (If you checked b., please provide an explanation here):
I have stopped doing hospital and outpatient surgery. I limit my practice to office procedures.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James M. Herby, M.D.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by James M. Herby, M.D. who is personally known to me / who did take an oath.

Barbara E. Ledell
NOTARY PUBLIC
My Commission Expires:


AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared DR. JOHN HACKER, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

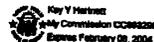
- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I NO LONGER PERFORM COMPLEX REVISION JOINT SURGERY OR COMPLEX SPINAL PROCEDURES & REVISIONS. RESTRICTED MY PRACTICE TO LESS RISKY OUTPATIENT PROCEDURES AND LIMITING E.R. CALL TO LOWER MY EXPOSURE AS MY LIABILITY INSURANCE PREMIUM HAS INCREASED 300% IN TWO YEARS.

FURTHER AFFIANT SAYETH NAUGHT

John Hacker

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by JOHN HACKER who is personally known to me / who did take an oath.

Kay Y. Herwig
NOTARY PUBLIC
My Commission Expires:


AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Marc E. Harr, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Otolaryngologic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No longer doing trauma patients, high risk surgery, etc.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Marc E. Harr, M.D.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Marc E. Harr, MD, who is personally known to me / who did take an oath.

Signature of Notary Public Scott L. Har



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared GENE A. HARRIS, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

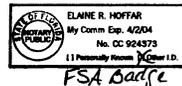
4. (If you checked b., please provide an explanation here): High Risk

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public Elaine R. Hoffar

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by GENE HARRIS, who is personally known to me / who did take an oath.



Signature of Notary Public Elaine R. Hoffar

JUL 18 03 08:57 AM NOTARIAL PUBLIC STATE OF FLORIDA

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared George D. Harris, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): STOPPED PERFORMING HIGH RISK PROCEDURES

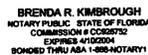
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public Brenda R. Kimbrough

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by GEORGE D. HARRIS, M.D., who is personally known to me / who did take an oath.

Signature of Notary Public Brenda R. Kimbrough



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Philip L. Harris, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Being selective in refusing high risk cases to testify can't remember that I had previously managed her

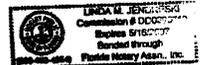
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public Linda M. Jerdouh

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by PHILIP HARRIS, M.D., who is personally known to me / who did take an oath.

Signature of Notary Public Linda M. Jerdouh



Please arrange with your medical staff office to disseminate this information to all physicians at your hospital.

THE TRIAL BAR SAYS THERE IS NO CRISIS.

THE SENATE SAYS THERE IS NO CRISIS.

WHAT DO YOU SAY??

The Senate Judiciary Committee held a hearing on July 14, 2003, during which several Senators attempted to discredit the fact that Florida's liability insurance crisis is affecting access to care.

YOU MUST RESPOND IMMEDIATELY!

If, as a result of the liability insurance crisis, you have stopped practicing, retired, or restricted your practice in any way, we need to know. Please fill out and sign the enclosed affidavit which you must have notarized, and return to the FMA immediately.

IF WE DO NOT GET THIS INFORMATION IMMEDIATELY, WE WILL NOT WIN.

If you know of a physician who has left the state or has restricted his practice, please forward a copy of the affidavit to him/her immediately and urge them to send it in immediately.

DON'T MISS THIS CHANCE TO SEND YOUR MESSAGE TO THE FLORIDA SENATE.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Groveland

BEFORE ME, the undersigned authority, personally appeared Terrace Williams MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/Gyn
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped high risk surgeries - refer to subspecialist

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

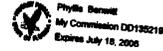
FURTHER AFFIANT SAYETH NAUGHT

Terrace Williams MD

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by TERRACE WILLIAMS MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC

My Commission Expires: 1/19/2006



Fth Fax -> TO: -> -> Jeffrey Michael Ha Wed Jul 16 2003 05:35:39 PM EDT

07/17/03 16:20 FAX 321 288 6384 MEDICAL STAFF SERVICES - HATE V @002/002

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared JEFFREY MICHAEL HARTOS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PLASTIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

NO LONGER PERFORM EMERGENCY TRAUMA PLASTIC SURGERY
NO LONGER PERFORM BREAST REDUCTION
NO LONGER PERFORM PEDIATRIC PLASTIC
AND CRANIOFACIAL SURGERY
NO LONGER PERFORM ANY RECONSTRUCTIVE SURGERY

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jeffrey Hartos

The foregoing instrument was acknowledged before me this 16th day of July, 2003, by Jeffrey Michael Hartos, who is personally known to me / who did take an oath.

Linda C. Stanley
NOTARY PUBLIC

My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared VIDYA N. HATE, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OBS-GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

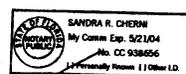
WE MY PARTNER & I HAD TO JOIN THE HOSPITAL FOR MEDICAL LIABILITY COVERAGE IT HAS RESTRICTED OUR PRACTICE.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Vidya

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Vidya N. Hate, who is personally known to me / who did take an oath.



5/21/04
NOTARY PUBLIC
My Commission Expires:
Sandra R. Cherrin

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is RADIOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): HAVE CONSIDERED LIMITING INVASIVE PROCEDURES BECAUSE OF MALPRACTICE ISSUE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of H. Paul...

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by N. Paul Nasson, who is personally known to me / who did take an oath.

Notary Public Seal for Sheila L. Samarco, My Commission Expires: April 20, 2008



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared Frederick A. Hecker MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): STOPPED MANY SURGICAL PROCEDURES WITHDREW FROM HOSPITAL STAFFS AND EMERGENCY ROOM CALL SERVICES.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Paul

The foregoing instrument was acknowledged before me this 11th day of July, 2003, by Frederick A. Hecker MD, who is personally known to me / who did take an oath.

Notary Public Seal for Debra L. Mielke, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared Michael T. Hays MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): DO NOT TREAT PATIENTS WITH PROBLEMS I AM TILA. NEED TO TRIM FOR FEAR OF LIABILITY. PATIENTS ARE INCONVENIENCED AND REFERRED TO UNIVERSITIES HEREIN AVAIL FROM HOME.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Michael T. Hays

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Michael T. Hays MD, who is personally known to me / who did take an oath.

Notary Public Seal for Richard...

Addendum: In our county (Collier) 2 general surgeons retired early, one general surgeon moved out of state, 3 orthopedic surgeons quit practice, one left the area because of the medical liability crisis. This occurred in the past 1 year.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF VOLUNIA

BEFORE ME, the undersigned authority, personally appeared KENNETH B. HANNAH JR. M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): 1) Cut BACK TRAUMA call 2) VERY SELECTIVE IN NEW PATIENTS 3) WILL NOT PERFORM ANY DIFFICULT PROCEDURE BECAUSE OF POSSIBLE COMPLICATION WHICH WILL RESULT IN LAWSUITS

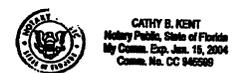
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Kenneth B. Hannah Jr. M.D.

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Kenneth B. Hannah Jr. M.D., who is personally known to me / who did take an oath.

Notary Public Seal for Cathy B. Kent



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Ronald Gary Hayter MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopaedic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No longer treat trauma patients or workers compensation patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald Gary Hayter MD

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Ronald Gary Hayter, who is personally known to me / who did take an oath.

Spencer Demarest
NOTARY PUBLIC
My Commission Expires: 3-29-04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Michael C. Heagney, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida RADIOLOGY
- 2. My area of medical practice is RADIOLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

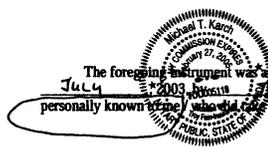
4. (If you checked b., please provide an explanation here):

I HAVE GIVEN MY NOTICE TO RETIRE AND WILL RETIRE IN NEXT 3-4 MONTHS.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael T. Kane



The foregoing instrument was acknowledged before me this 25th day of JULY, 2003, by MICHAEL C. HEAGNEY M.D., who is personally known to me / who did take an oath.

Michael T. Kane
NOTARY PUBLIC
My Commission Expires: 2-27-2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Melanie Hecker M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Dermatology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Limited the amount of facial wax/waxing removal - do not want the risk of scarring.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Cynthia S. Peterson

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Melanie Hecker, M.D., who is personally known to me / who did take an oath.

Cynthia S. Peterson
NOTARY PUBLIC
My Commission Expires:



JUL-21-03 08:21 AM GENESIS WOMENS CENTER 3527268193 P.02
JUL-17-03 10:00 FROM-Florida Medical Association 880-222-0827 T-822 F.082/082 F-410

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CITRUS

BEFORE ME, the undersigned authority, personally appeared Allan Hedger, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I will stop Obstetrics as of Dec 31 / 2003

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Allan Hedger

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Allan Hedger, who is personally known to me / who did take an oath.



Salma S. Stannett
NOTARY PUBLIC
My Commission Expires:

5/7/06

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared
Jerry L. Hedrick, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Dermatology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped seeing children + pregnant females. Stopped doing laser resurfacing

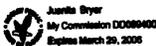
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jerry L. Hedrick, M.D.

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by JL Hedrick, M.D., who is personally known to me / who did take an oath.

Quantia Beyer
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared
Elizabeth Heif, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

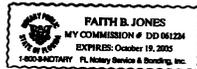
4. (If you checked b., please provide an explanation here):

- Stopped taking emergency room calls.
- Stopped taking new patient consults in the hospital.
- Stopped seeing nursing home patients.
- Chose not to refer to an excellent surgeon who retired early and an excellent cardiologist who left the state.
- There are no specialists that come to the hospital called upon as a witness, could testify thereto.
- Stopped doing minor surgery, stress tests, sigmoidoscopies, other minor procedures.
- Overwork - no problems with expensive tests.

Elizabeth Heif

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Elizabeth Heif, M.D., who is personally known to me / who did take an oath.



Faith B. Jones
NOTARY PUBLIC
My Commission Expires: Oct 19, 2005

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
Stephen Leif Helgemo, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stephen Leif Helgemo MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Stephen Leif Helgemo, who is personally known to me / who did take an oath.



Randolph George Anderson
NOTARY PUBLIC
My Commission Expires: 11/28/2004

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared
David Helgemo MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
no longer take ER calls, I don't stress myself, trauma or pediatric trauma

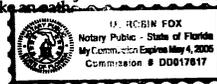
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David Helgemo MD

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by David Helgemo MD, who is personally known to me / who did take an oath.

Robin Fox
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared JOSHUA HELMAN, MD, who being first duly sworn, deposes and states:

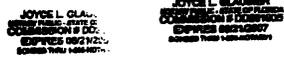
- I am a physician licensed in the State of Florida.
- My area of medical practice is EMERGENCY MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I ONLY DO VOLUNTEER WORK WITHOUT
THE SUPERVISOR IMMUNITY
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Joshua Helman

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Joshua Helman, who is personally known to me / who did take an oath.

Joseph L. Glanzer
NOTARY PUBLIC
My Commission Expires: 6/21/07



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared

Maher Helman, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
 c. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked "b" above, please provide an explanation here):
Stopped seeing children with trauma & hip & femur & elbow & having infection of hip & with developmental problem of hip, leg & foot as well as congenital problems
We made surgery
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Maher H. Helman

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Maher Helman, MD, who is personally known to me / who did take an oath.

Carol L. Modaffari
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Anthony R. Hemmer M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I no longer deliver babies since moving to Florida
I do not do high risk procedures in the office or in the hospital that I did prior to moving to Florida.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Anthony Hemmer MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Anthony Hemmer, who is personally known to me / who did take an oath.



Mercedes M. Tovani
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Corey Henderson, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Infectious Diseases
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
No longer do Lumbar procedures, Trepan/Chiropractic procedures, or arthroscopy
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Corey Henderson

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Corey Henderson, MD, who is personally known to me / who did take an oath.



Tommy M. Lewis
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Citrus

BEFORE ME, the undersigned authority, personally appeared Thomas Hernandez, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No esophageal surgery or high risk vascular surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Tom Hurdick

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Thomas Hernandez, who is personally known to me / who did take an oath.

Wesley A. Davis
NOTARY PUBLIC
My Commission Expires:



MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Philip Henkin, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurosurgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

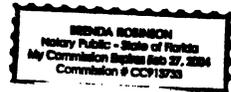
4. (If you checked b., please provide an explanation here):
I have stopped performing any high risk procedure (eg elective aneurysm clipping, etc) or neurologic (stroke) - I transfer them back to neurologists whose physicians have coverage in Florida like stroke/aneurysm.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Philip Henkin, M.D., who is personally known to me / who did take an oath.

2/27/04
NOTARY PUBLIC
My Commission Expires:



Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Ricardo A. Henriques, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Primary Care / Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

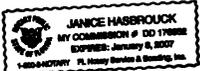
4. (If you checked b., please provide an explanation here):
I will probably be leaving the state as of 2004

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ricardo A. Henriques

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by R. A. Henriques MD, who is personally known to me / who did take an oath.



Janice Hasbrouck
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared John Hermansdorfer, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped taking trauma call at our hospital due to increased risk of malpractice lawsuits.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John Hermansdorfer

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by John Hermansdorfer, who is personally known to me / who did take an oath.

Jennifer L. Harris
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

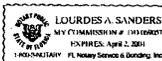
- (If you checked b., please provide an explanation here):
Don't work less than 15 hours per week on private practice no extra pay. I've worked 19 hrs = \$13,000.00

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 10th day of July, 2003, by Dr. Nelson D. Hernandez, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Vascular and General Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

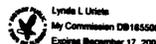
- (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Jeffrey Hertz MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared LEE HENRY HERTZ MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 10th day of July, 2003, by Lee Henry Hertz MD, who is personally known to me / who did take an oath.

[Signature]



NOTARY PUBLIC
My Commission Expires: 7/7/04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Glades

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatrics.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- (If you checked b., please provide an explanation here):

Stopped seeing for certain injuries in office
Stopped seeing for certain illnesses in office
Referring both of the above to the emergency room

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by Eugene Edward Hiben, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: August 31, 2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared Joseph C. Hillman, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
We have become far more exclusive re: accepting new patients and are formally screening out any with previous physician divorce, smokers, work-comp history and others who smell like trouble.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Joseph C. Hillman, MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Joseph C. Hillman, MD, who is personally known to me / who did take an oath.

Suzanne W. Kennedy
 NOTARY PUBLIC
 My Commission Expires: October 3, 2005
 Suzanne W. Kennedy
 MY COMMISSION # DD15628 EXPIRES
 October 3, 2005
 BONDED THROUGH FARM INSURANCE, INC.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Michael Hill, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurological Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Cerebral aneurysm surgery, skull based surgery, pituitary surgery, trauma Neurosurgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael Hill

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Michael Hill, who is personally known to me / who did take an oath.

Carol M. Henderson Cook
 NOTARY PUBLIC
 My Commission Expires: 10/30/2006

Carol M. Henderson Cook
 NOTARY PUBLIC
 My Commission Expires: 10/30/2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DAVAL

BEFORE ME, the undersigned authority, personally appeared Thomas C. Hillton, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Surgeon.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
1) ONE OF MY PATIENTS TOOK EARLY RETIREMENT
2) DO NOT ACCEPT PATIENTS < 18 YRS OLD

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas C. Hillton

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Thomas C. Hillton, who is personally known to me / who did take an oath.

Elaine Lynn Lee
 NOTARY PUBLIC
 My Commission Expires: 10/30/2006
 ELAINE LYNN LEE
 Notary Public - State of Florida
 My Commission Expires October 30, 2006
 Commission # DD172822
 Bonded by National Notary Assn.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee and Sarasota

BEFORE ME, the undersigned authority, personally appeared Robert P. Hillton MD FACS, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Surgeon.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have significantly limited my emergency room care as this is an area of significant legal/malpractice exposure.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert P. Hillton

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert P. Hillton MD, who is personally known to me / who did take an oath.

Elaine Lynn Lee
 NOTARY PUBLIC
 My Commission Expires: 10/30/2006

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority personally appeared

Elliott W. Hinker, MD, who being first duly sworn, deposes and states:

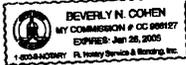
- I am a physician licensed in the State of Florida.
- My area of medical practice is orthopaedic surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- If you checked "b" above, please provide an explanation here:
I no longer perform high risk procedures, and have restricted my joint arthroplasty procedures, and only see low risk patients. For cases, I also try to give away emergency room call as much as allowed by the hospital. I have privileges at.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Erica D. Baker

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Elliott W. Hinker, MD, who is personally known to me / who did take an oath.

Robert S. Elliott Davis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Robert Hirsch, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Medical Oncology Hematology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Will stop seeing obstetrics patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 10th day of July, 2003, by Robert Hirsch, MD, who is personally known to me / who did take an oath.
7/17/03
Jill
NOTARY PUBLIC
My Commission Expires:
OFFICIAL NOTARY SEAL
JULIANNE LOCKAR
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC 981325
MY COMMISSION EXP. NOV. 10, 2003

Jul-23-03 11:48 From: BLANE MEDICAL CTR ANGIOGRAPHY DEPT 0417888929 T-878 P.01/01 F-414

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Stephanie K. Harker, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional & Diagnostic Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
We have reduced mammography services by not replacing several that are no longer certified.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stephanie K. Harker

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Stephanie K. Harker, MD, who is personally known to me / who did take an oath.

Robert S. Elliott Davis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared (print name) Lynn Allen Huber, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Lee County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns (must transfer to Tampa)
 - cardiology
 - cardiovascular surgery
 - emergency medicine (difficulties in hiring new physicians)
 - gastroenterology (limited) 2^o to high resp. rates)
 - general surgery
 - geriatrics
 - gynecology (None)
 - hand surgery
 - internal medicine (decreasing)
 - neurology
 - neurosurgery
 - obstetrics (None)
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatric/pediatric surgery (None)
 - plastic surgery
 - psychiatry (None)

Affidavit of: (Print Name) LARRY ALLEN HUBBS, MD
Page 2 of 2

- pulmonary medicine
- radiology

trauma center case - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

Level II Trauma Center (Lee Memorial Hosp.)
located in our county enjoys sweeping
immunity for its employed physicians

- thoracic surgery
- urology

vascular surgery (limited to simple abd. aortic aneurysms, etc.)
 other Dermatology

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Many specialties that would this
hospital have left to be a staff
only with the hospital in our county that enjoys
sweeping immunity to avoid excessive exposure to
liability

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 17th day of JULY, 2003, by LARRY HUBBS, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



Ed 44800 0303 04:44:08PM P3 PHONE NO. : 407 281 4887 FROM : FCBP

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared LAURENCE HOCHMAN, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Radiation Oncology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No Patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by LAURENCE HOCHMAN, D.O., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



PM Fax -> TU: -> -> Mark Charles Hofma Wed Jul 16 2003 05:46:02 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared BRUCE R. HOFFEN, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No longer see patients with intractable
epilepsy, chronic pain using opiate
analgesics or most neurological
trauma.

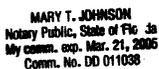
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of JULY, 2003, by MARY T. JOHNSON, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 3/21/05



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared MARK C. HOFMANN, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PHYSICAL MEDICINE & REHAB.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I am no longer seeing hospital patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Mark C. Hofmann, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Frederick C Holland MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PATHOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Deminshed volume of referred laboratory specimens secondary to curtailment of many surgical practices at Baptist Medical Center, Jacksonville

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Frederick C. Holland M.D. ME 45029

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Frederick C Holland MD, who is personally known to me / who did take an oath.

SHARON C. HARRIS NOTARY PUBLIC, STATE OF FLORIDA My Commission Expires June 14, 2004 Commission No. CC945121

Sharon C. Harris NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Mark Hallman M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopaedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stoped doing revision hip surgery limited number of back patients stopped doing deep and ankle surgery Referring out pediatric cases (ages 1-6 yrs)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Sharon C. Harris

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Mark W. Hallman M.D. who is personally known to me / who did take an oath.

Sharon C. Harris NOTARY PUBLIC My Commission Expires: August 1, 2004

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Kay F. Holmes, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped doing surgery on delusional babies.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kay F. Holmes, M.D.

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Kay F. Holmes, who is personally known to me / who did take an oath.

Patricia K. Taylor NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Eugene H. Holly, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurological Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Retired March 31, 2003

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Eugene H. Holly M.D. The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Eugene Holly, who is personally known to me / who did take an oath.

Simone A. Wellington NOTARY PUBLIC My Commission Expires: May 08, 2006



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Kay E. Holmes MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Office Gynecology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Stopped doing Surgery on Delivering babies

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kay Holmes MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Kay E. Holmes MD who is personally known to me / who did take an oath.

Patricia K. Taylor
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared R. O. Hollon, Jr. MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Radiology 30+ years.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. *

4. (If you checked b., please provide an explanation here):

(1) No more mammography (2) No more malpractice insurance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

R.O. Hollon Jr MD

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by R.O. Hollon, Jr. MD who is personally known to me / who did take an oath.



Barry M. Lewis
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Kevin Holthaus MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Internal Medicine.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have stopped seeing Hospitalized patients, and stopped doing in-office procedures. I have dropped Unassigned Emergency Room call in 3 hospitals. My malpractice insurance has increased by over 80% despite no recent malpractice suits or impending suits.

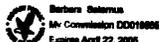
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kevin Holthaus MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Kevin Holthaus MD who is personally known to me / who did take an oath.

Barbara Salzman
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared

Barney C. Horvath MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. X

4. If you checked "b" above, please provide an explanation here:

NO ER COVERAGE
NO MAL PRACTICE IN SURVIVAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Barney C. Horvath MD

The foregoing instrument was acknowledged before me this 25th Day of July, 2003, by Barney C. Horvath MD Who is personally known to me/who did take an oath.

Cynthia M. Smith
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared James Honig M.D. who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is (OB) GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

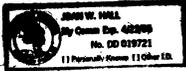
4. (If you checked b., please provide an explanation here):
She pped OB.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by James Honig, M.D. who is personally known to me / who did take an oath.

Jan D. Hall
NOTARY PUBLIC
My Commission Expires: 4/22/05



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared James C. Thayer, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OTU-OP-DEC.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
no more surgery considering not seeing patients as

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 17th day of July, 2003, by James C. Thayer, M.D. who is personally known to me / who did take an oath.

James C. Thayer
NOTARY PUBLIC
My Commission Expires: 4/22/05

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF St. Johns

BEFORE ME, the undersigned authority, personally appeared William H. Hood M.D. who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer insert Triale human spinal low backlers
Spinal Brnz Carthlers

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 4 day of August, 2003, by William H. Hood who is personally known to me / who did take an oath.

William H. Hood
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Maricopa

BEFORE ME, the undersigned authority, personally appeared James H. Hopkins, who being first duly sworn, deposes and states:

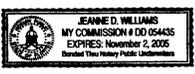
- I am a physician licensed in the State of Florida.
- My area of medical practice is Dermatology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No more chemical peels as my
Malpractice insurance wald \$4000/yr

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by James H. Hopkins who is personally known to me / who did take an oath.



James H. Hopkins
NOTARY PUBLIC
My Commission Expires: Nov 2, 2005

AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

STATE OF FLORIDA,
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared
Steven R. Horvath, M.D., who being first duly sworn,
deposes and states:

BEFORE ME, the undersigned authority, personally appeared
Jeffrey Horvath, MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is in Palm Beach, Florida / Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
a - I am no longer accepting obstetrical medicine patients - I am only accepting Cardiology patients (D) I require my male patients to be screened for their prostate check ups, and women to see gynecologists for their breast and pelvic exams (C) Naturally this has caused an inconvenience for my patients as they now have to see multiple physicians.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

- I am a physician licensed in the State of Florida
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply)
 - a. Moved to another State or have retired from or quit the practice of Medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice
- (If you checked item b, please provide an explanation here):
I am more selective in keeping patients in the practice. If I sense any degree of dissatisfaction the patient will be discharged from the practice.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Steven R. Horvath, MD., who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by JEFFREY HORVATH who is personally known to me / who did take an oath.

Jaime A Stricklin
NOTARY PUBLIC
My Commission Expires:

Patricia E. Rocha
NOTARY PUBLIC
My Commission Expires: 4/29/07



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared [print name]
MARK A. HORTON, MD., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in DUVAL County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burn
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region., (attach additional pages if necessary)

we have had to transfer (critical) patients by helicopter to Gainesville for Pediatric neurosurgical care because we have no Pediatric neurosurgeon in our territory because of malpractice insurance issues. This results in serious medical risk to the patient and additional cost expense.
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Mark Horton, who is personally known to me / who did take an oath.



Katherine G. Colley
NOTARY PUBLIC
My Commission Expires: 01-08-07

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared
Dr. Carolyn Houss, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
We are considering leaving the state this year after 14 yrs of practice in PFLC. It is become impossible to have affordable professional coverage.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Carolyn Houss, who is personally known to me / who did take an oath.



Susan K Oberlin
NOTARY PUBLIC
My Commission Expires: 4-14-2007

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared
ROBERT SMITH HOWARD II M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is RADIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

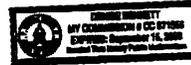
4. (If you checked b., please provide an explanation here):
I am no longer providing mammography services due to the medical legal risk and cost of malpractice insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert Smith Howard II M.D.
Robert Smith Howard II M.D.

The foregoing instrument was acknowledged before me this 25 day of JULY, 2003, by R. SMITH HOWARD, M.D., who is personally known to me / who did take an oath.



Denise B. Smith
NOTARY PUBLIC
My Commission Expires: 11/25/2003
County of Pinellas
State of Florida

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
[Signature], who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Have stopped seeing uninsured, medicaid, & most low patients. Have decreased my volume of work.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Victor Howard, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:
Ann Virginia Pinder
Commission # 915-072-718
Expires 07/21/2004
Pinellas County, Florida

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
ZUZANA HRODICKA MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I AM WORKING PART TIME AND CANNOT AFFORD MALPRACTICE INS FOR SURGERY (ONLY FULL TIME INSURANCE AVAILABLE) AND AM THEREFORE NOT DOING SURGERY FOR WHICH I AM FELLOWSHIP TRAINED \$36K

FURTHER AFFIANT SAYETH NAUGHT

Zuzana Hrodicka

The foregoing instrument was acknowledged before me this 30th day of July, 2003, by Zuzana Hrodicka.

Cynthia S. Peterson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Sayeth F. Naught, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology, Head and Neck Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Diminished management of patients with head and neck cancer

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John Hunt, MD, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared SEABORN M. HUNT, III, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OPHTHALMOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

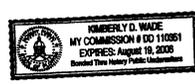
4. (If you checked b., please provide an explanation here):

I have dropped emergency call from two hospitals in Ocala, FL (ORMC & West Marion) and restricted my practice to a hospital that has no trauma call. Hospital have stopped staffing ophthalmologic surgery cases. Ocular trauma patients now have to be transferred to Shands. Hospital in Gainesville 40 miles away.

FURTHER AFFIANT SAYETH NAUGHT

Seaborn M. Hunt III MD

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Seaborn M. Hunt III, MD, who is personally known to me / who did take an oath.



[Signature] NOTARY PUBLIC My Commission Expires: August 19, 2006

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared Randolph G. Hunter, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is UROLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Have reduced my payroll & postponed planned expansion of practice. Patients with common urology issues are sent to Tampa or Orlando & withdrawn from high risk patients & procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature] ME0078789

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Randolph G. Hunter, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared Julian E. Hunt, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiovascular Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Opened practice in Valdosta GA to try to pay out-of-pocket malpractice costs

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Julian E. Hunt MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Julian E. Hunt, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared
LAURENCE H. HAUVITZ, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have turned away some patients with advanced glaucoma and declined operating on them due to insurable liability concerns.
My subspecialty carries exclusive contracts through which I had been performing at times. It would not be appropriate as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Laurence H. HaUVITZ

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by himself, who is personally known to me / who did take an oath.



Jennie D. Kline
NOTARY PUBLIC
My Commission Expires:

FAXED

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared
PATRICK M.J. HUTTON MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Referral of complex trauma spine surgery to a subspecialty and anything more than straightforward joint replacement surgery.

FURTHER AFFIANT SAYETH NAUGHT

Patrick M. Hutton

The foregoing instrument was acknowledged before me this 01 day of AUGUST, 2003, by PATRICK M.J. HUTTON, MD, who is personally known to me / who did take an oath.

Nancy E. Jorgensen
NOTARY PUBLIC
My Commission Expires: JAN 31, 2004



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared
Richard A. Hayes, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Spine Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

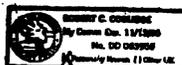
4. (If you checked b., please provide an explanation here): for patient safety!
my partners left group because of my previous
as "complex spine surgery" raised their
a risk level.

FURTHER AFFIANT SAYETH NAUGHT

Richard A. Hayes, M.D.

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Richard A. Hayes, who is personally known to me / who did take an oath.

Robert C. Cochran
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF FL (BREVARD)

BEFORE ME, the undersigned authority, personally appeared
BADR IBRAHIM, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

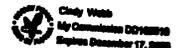
4. (If you checked b., please provide an explanation here):
Among pt with Head Trauma allert could remain
to be transported to outside hospital

FURTHER AFFIANT SAYETH NAUGHT

B. Ibrahim

The foregoing instrument was acknowledged before me this 12 day of July, 2003, by Badr Ibrahim, who is personally known to me / who did take an oath.

Cindy Wells
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pine Hls

BEFORE ME, the undersigned authority, personally appeared
Suzanne Jely M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is St. Petersburg Florida.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
We are losing our nurse mid-wife practice which consists of 4 providers and as a result we've had to stop taking Medicaid patients.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Suzanne Jely M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Suzanne Jely, MD, who is personally known to me / who did take an oath.



Charles C. Inman
NOTARY PUBLIC
My Commission Expires: 4-18-06

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
JORGE L. INGA, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
(1) I AM RECENTLY OUT OF RESIDENCY AND LIMIT MY HOSPITAL WORK AND DO NOT ATTEMPT VISITING HOURS.
(2) IN THE PROCESS OF LIMITING PATIENTS TO PSES & MAJ ACUTE.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 16th day of JULY, 2003, by JORGE L. INGA, MD, who is personally known to me / who did take an oath.

Carol Ann Sporenberg
NOTARY PUBLIC
My Commission Expires:



Filed 7/16/03

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PAIK

BEFORE ME, the undersigned authority, personally appeared
Charles C. Inman, M.D., M.M.M., FAAP., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
No longer care for patients in hospital or emergency room.
No longer care for patients in nursing home who are not patients of LONG STANDING in my practice.
No longer see women's camp of any kind.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles C. Inman MD
Dr. Inman

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Charles C. Inman, who is personally known to me / who did take an oath.



Suzanne M. Woodard
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BERNARD

BEFORE ME, the undersigned authority, personally appeared
Anthony Insevilla, MD., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
No longer seeing obstetrical patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Anthony Insevilla

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Anthony Insevilla MD, who is personally known to me / who did take an oath.

Melanie Y. Ramirez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF KUVAL

BEFORE ME, the undersigned authority, personally appeared B. Freeman Juby, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
Stopped OB on 2/1/03 - Premium Cost Too High for # of deliveries I was doing. 30+ hrs. Expectance MAY HAVE to STOP OB GYN SURGERY FOR SEASON

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

B. Freeman Juby

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by B. Freeman Juby who is personally known to me / who did take an oath.

Patricia H. Ruedo
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared PAUL ALLEN ISENBERGER, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional & Diagnostic Radiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - I AM considering moving
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
We have stopped performing intra cranial interventions, high risk biopsies

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Paul Allen Isenberger

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Paul Allen Isenberger, who is personally known to me / who did take an oath.

Sharon M. LaLock
NOTARY PUBLIC
My Commission Expires: 03/31/2006



10 ' 03 08:39 PM FAX NO. 9381978 FAX IN 03:39 PM 2003-07-18

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared ALAN LITKOWITZ, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is EMERGENCY MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Unable to obtain specialist to see patients in the Emergency Dept. MUST practice DEFENSIVE MEDICINE

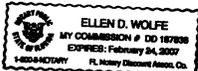
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Alan Litkowitz

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by ALAN LITKOWITZ, MD, who is personally known to me / who did take an oath.

Ellen D. Wolfe
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared ROBERTO S. TOROQUICH, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS/GYNECOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I CAN NO LONGER AFFORD TO CARRY PROFESSIONAL LIABILITY INSURANCE. I NO LONGER SEE HIGHER RISK OBSTETRICAL PATIENTS. I KNOW OF SEVERAL ORLANDO OB/GYN PHYSICIANS THAT HAVE LEFT THE STATE DUE TO THE LIABILITY CRISIS.

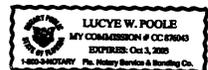
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert S. Toroquich

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. Roberto S. Toroquich, who is personally known to me / who did take an oath.

Lucy W. Poole
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared JAMES JACKSON, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Primary Intervention.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here: stopped seeing pregnant mothers, fertility and other retro ad gynaec

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of James Jackson, MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by James M. Jackson, MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared James G. Jackson, MD, FACS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPAEDIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

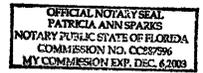
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of James G. Jackson, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by James G. Jackson, MD, who is personally known to me / who did take an oath.



Jul-17-2003 10:10AM JON C. JACKSON, MD (386) 761-1167 No. 6936 P. 2/2

8/7/17/03 05:32:12 Florida Orthopedic->19544769877 TD:928 PAGE 002

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Jon C. Jackson, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

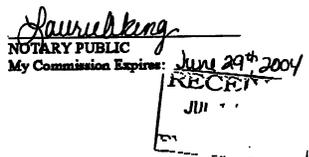
4. (If you checked b., please provide an explanation here): Stopped Hospital Practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Jon C. Jackson, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Jon C. Jackson, MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared STEPHEN S. JACOBS, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPAEDIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): NO ER coverage, NO HIGH risk surgical procedures, Nature of complicated cases in U. of Miami.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Stephen S. Jacobs, MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Dr. Stephen Jacobs, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Way

BEFORE ME, the undersigned authority, personally appeared William H. Jacobs MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urgent Care / Emergency Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- Moved to another state or have retired from or quit the practice of medicine.
- Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped working on Saturdays because I could not afford Malpractice coverage for the past two physicians to balance the volume this week. I have therefore designated my weekend hours at my Urgent Care Center - Magnolia Urgent Care

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by William H. Jacobs, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Peter A. Jacobson MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
CANCELED MY MALPRACTICE INSURANCE AND ESTABLISHED AN IRREVOCABLE LETTER OF CREDIT RESIGNED FROM HOSPITAL STAFFS AT ALL HOSPITALS PREVIOUSLY AFFILIATED WITH
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Peter A. Jacobson MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



Jul 17 03 12:32p Greene Jacobson & Baum MD 561-498-0428 P.2
Jul 17 03 08:34a Pulmonary Med 561-368-7806 P.2
All FPN Numbers Med Jul 16 2003 05:36:43 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Samuel S. Jacobson MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is pulmonary / critical care
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED DOING central venous catheter & Swan Ganz catheter. Deciding to see pregnant or pediatric patients and second opinions

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Samuel S. Jacobson, who is personally known to me / who did take an oath.



SUSAN E. RUBY

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Floyd R. Saggross MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am considering leaving the state if changes are not made. If I do stay I will limit my emergency room coverage.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Floyd Saggross, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared Ravi Janagidav, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Urology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
do not want to be sued, - have stopped my emergency room coverage at multiple hospitals say. Also plan to further reduce my practice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Ravi Janagidav, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Dilys Jagger, who being first duly sworn, deposes and states:

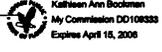
- 1. I am Executive Director with Orlando Regional Lucerne, in Orlando, Florida, and I have been employed in that capacity since 2002.
2. Orlando Regional Lucerne Hospital has been impacted by the current professional liability insurance crisis and the unfavorable litigation climate in Florida in the following ways:
a. Increased costs for obtaining malpractice coverage have stretched our capacity to offer excellent clinical care.
b. Physicians stopping high risk procedures has caused delays in care.
c. Delays caused by reduction in the number of radiologists reading mammograms due to malpractice issues is causing concerns for early detection.

3. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dilys Jagger, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared [print name] RAYMOND A. JAMES, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in CHARLOTTE County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
? burns
? cardiology
? cardiovascular surgery
? emergency medicine UNABLE TO RECRUIT PHYSICIANS FROM OUT OF STATE; OR WITHIN.
? gastroenterology UNABLE TO ESTABLISH ON-CALL LIST
? general surgery GENERAL SURGEONS HAVE LEFT THE STATE, LEAVING BEHIND SURGEONS RELUCTANT TO ASSUME THE INCREASED WORK LOAD AND RISK.
? geriatrics
? gynecology
? hand surgery NO COVERAGE FOR ONE WEEK MONTHLY DUE TO MALPRACTICE RISKS.
? internal medicine
? neurology
? neurosurgery ONE OF OUR LOCAL EDs HAS COMPLETELY LOST NEUROSURGICAL COVERAGE, CAUSING INCREASED LOAD TO OUR HOSPITAL AND DELAYING THEIR CARE.
? obstetrics DOCTORS COMPLETELY DROPPING OR, DUE TO HIGH RISK AND HIGH MALPRACTICE INSURANCE COSTS
? ophthalmology
? oral/maxillo-facial surgery
? orthopedics
? otolaryngology
? pediatrics/pediatric surgery
? plastic surgery SURGEONS HAVE DECREASED THE LEVEL OF THEIR SERVICES

AFFIDAVIT

- ? psychiatry
? pulmonary medicine
? radiology
? trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

LOCAL PHYSICIANS ARE RELUCTANT TO CARE FOR HIGH RISK TRAUMA PATIENTS. REGIONAL TRAUMA CENTERS WILL BE INCREASINGLY OVERBURDENED BY THE PUSH TO TRANSFER MORE TRAUMAS TO THEM.

- ? thoracic surgery
? urology
? vascular surgery
? other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I HAVE PERSONALLY CARED FOR PATIENTS WHO WERE TRANSFERRED TO LARGER INSTITUTIONS BECAUSE THEIR CARE WAS DEEMED TOO HIGH RISK. SUCH TRANSFER MAY PUT PATIENTS AT RISK.

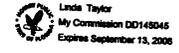
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by RAYMOND JAMES DO, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Richard A. James, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
- 2. My area of medical practice is Internal Med.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Cost for Malpractice Insurance has risen from \$7,000 a year to 175,000 a year. All at once. I no longer practice General Surgery and am without malpractice coverage. I am used caring for skin diseases only. PALMER HOSPITAL HAS REVOKED MY PRIVILEGES AS WELL, AS TO INSURANCE RISKS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 15 day of August, 2003, by Richard A. James, MD who is personally known to me / who did take an oath.

Sandra B. Melillo
NOTARY PUBLIC
My Commission Expires: October 9, 2004



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DEKALB

BEFORE ME, the undersigned authority, personally appeared RICHARD ALAN JAMES, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is GENERAL SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Malpractice Premium cost has risen from \$7,000 a year to 175,000 a year. All at once. I no longer practice General Surgery and am without malpractice coverage. I am used caring for skin diseases only. PALMER HOSPITAL HAS REVOKED MY PRIVILEGES AS WELL, AS TO INSURANCE RISKS

FURTHER AFFIANT SAYETH NAUGHT

Richard A. James, MD

The foregoing instrument was acknowledged before me this 15 day of August, 2003, by Richard A. James, MD who is personally known to me / who did take an oath.

Michelle S. Watford
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared John J. Janick, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
- 2. My area of medical practice is Internal Medicine / Endocrinology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of JULY, 2003, by JOHN J. JANICK, MD who is personally known to me / who did take an oath.

X JHcl

Carol D. Franke
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DeKalb

BEFORE ME, the undersigned authority, personally appeared Bruce Jank who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer carry malpractice insurance and have to be selective on cases I undertake.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 12 day of July, 2003, by Bruce Jank who is personally known to me / who did take an oath.

Wayne H. Dink



Wayne H. Dink

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Peter Jansen, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped doing plastic surgery
Stopped doing hospital work
Stopped doing nursing home work

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Peter Jansen, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Shades

BEFORE ME, the undersigned authority, personally appeared Michael H. Jaquith, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

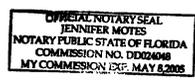
4. (If you checked b., please provide an explanation here):
Stopped taking emergency call cases
Stopped doing high risk joint replacement procedures
Stopped doing high risk fracture care
Stopped doing shoulder replacement surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Michael H. Jaquith, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC Jennifer Motes
My Commission Expires: 5/8/05

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared David Jankowski, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
closed central Florida's only
Kidney Transplant Program

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Susan A. Wurz - David Jankowski, who is personally known to me / who did take an oath.

[Signature]
Susan A Wurz
My Commission CC787059
Expires December 11, 2002
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Jack Jawitt, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

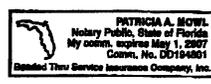
4. (If you checked b., please provide an explanation here):
I HAVE LIMITED MY VISITS TO
WEEKLY HOURS FOCUSING THESE PATIENTS
TO BE TRANSPORTED BY MY OFFICE
IN UNDERGARMENTS & AIDS FOR SLOW CARE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jack C. Jawitt, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI

BEFORE ME, the undersigned authority, personally appeared Liam Jern who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Foot & Ankle
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Insurance increases with procedures. Reimbursements Do not justify increase

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereon.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 4 day of August, 2003, by Liam Jern who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



08/04/2003 09:28 9415272785 LIAM JERN DO

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI

BEFORE ME, the undersigned authority, personally appeared [print name] Milan Jolicic, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in SPAIN
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

no more all changes with respect to the 2 YEARS

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
cardiology limited availability at PBCM
cardiovascular surgery
emergency medicine
gastroenterology
general surgery
geriatrics
gynecology
hand surgery
internal medicine
neurology
neurosurgery
obstetrics
ophthalmology
oral/maxillo-facial surgery
orthopedics
otolaryngology
pediatrics/pediatric surgery
plastic surgery

http://www.fcpep.org/affidavit.htm

7/18/03 papirnic from table at list

- psychiatry
pulmonary medicine
radiology
trauma center care - CERTIFIED

ask: name level of trauma center

Gen system is currently operating normally after call - All subsequent (including ambulance) responding involvement but to liability exposure

- thoracic surgery
urology
vascular surgery
other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region.

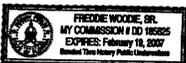
Creates high liability work environment in which emergency MD regularly cannot get necessary help in a timely fashion in times of greater need.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto. - Doctor stress on work environment significantly - has accelerated retirement, moved medical young MDs less willing to stay in Florida

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by DRIVER LICENSE, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires: FEB. 19, 2007

FTH Fax -> TO: -> -> Gerald B. John, MD Wed Jul 16 2003 05:47:36 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared GERALD B JOHN M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

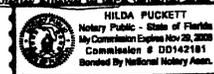
STOPPED SEEING PATIENTS WITH NO PHYSICIANS IN THE ER (STOPPED THE INTERNAL MEDICINE CALL IN) SARASOTA MEMORIAL HOSPITAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Gerald B. John, MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires: Nov. 29, 2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Oklawaha

BEFORE ME, the undersigned authority, personally appeared Dale V Johns, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROSURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

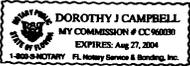
I AM retiring after my present insurance coverage expires due to the present crisis

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Dale V. Johns, M.D., who is personally known to me / who did take an oath.

Dorothy J Campbell
NOTARY PUBLIC
My Commission Expires: Aug 27, 2004



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF St. Johns

BEFORE ME, the undersigned authority, personally appeared Jesse W. Johnson, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

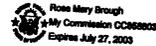
no longer see new Medicare patients
do not accept patients without insurance as I become so limited to perform adequate evaluation for problems due to financial concerns
have begun to pursue options outside of Florida

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jesse W. Johnson, who is personally known to me / who did take an oath.

Rose Mary Brough
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared JUDITH M. JOHNSON, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is general surgery/trauma.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I no longer take general surgery or trauma. I now do only major risk cases & major orthopedic surgery. I cannot afford to pay for 250/750 coverage on my fixed Medicare Medicare income

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dr Judith Johnson, who is personally known to me / who did take an oath.

Sandra Swanson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared DAVID P. JOHNSTON, JR., M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is family surgery in Jacksonville, Fla..
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- (If you checked B, please provide an explanation here):

No trauma. No plastic surgery. Family practice surgery. No elective surgery on high risk patients. (e.g. major surgery, primary orthopedic, etc.)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by DAVID P. JOHNSTON JR, MD., who is personally known to me / who did take an oath.

Katasha H Baker
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Escambia

BEFORE ME, the undersigned authority, personally appeared Cheryl S. Jones, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Dermatology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I refuse to give sulfamethoxazole (even when patients REQUEST IT) for acne due to the risk of care but life-threatening side effects. Some doctors say that use of sulfamethoxazole can even prevent use of Accutane in cases of severe acne. However, I'm not willing to risk an adverse event for fear of being sued for millions of dollars.

FURTHER AFFIANT SAYETH NAUGHT

Cheryl S. Jones MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Cheryl S. Jones MD, who is personally known to me / who did take an oath.

ALICIA R. MCCORMACK
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION NO. 12321
EXPIRES 04/04/2004

Alicia R. McCormack
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Craig P. Jones MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

DROPPED E.P. CALL AT FOUR HOSPITALS STOPPED PERFORMING GENERAL ORTHOPEDIC SURGERY AT ONE HOSPITAL SYSTEM

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Craig P. Jones MD

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Craig Jones, M.D., who is personally known to me / who did take an oath.

Bill Hunt
My Commission Expires April 04, 2004

Bill Hunt
NOTARY PUBLIC
My Commission Expires: 4/4/05

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared Troy R. Jones, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

STOPPED SEEING PATIENTS IN HOSPITAL

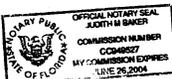
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dr. Jones

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Troy R. Jones, M.D., who is personally known to me / who did take an oath.

Judith M Baker
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Escambia

BEFORE ME, the undersigned authority, personally appeared W. Allen Paul Jones MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Podiatry.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - I have moved my practice but STILL HAVE MY FL LICENSE!
 - A) I live in Pensacola but have moved my practice to Foley, AL.
 - B) Prior to moving my practice from Florida I stopped practicing in the State of Florida. I have also stopped malpractice in Florida as I cannot afford a separate malpractice policy.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

W. Allen Paul Jones MD

The foregoing instrument was acknowledged before me this ___ day of ___, 2003, by ___, who is personally known to me / who did take an oath.

ALICIA R. MCCORMACK
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION NO. 12321
EXPIRES 04/04/2004

Alicia R. McCormack
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Essex

BEFORE ME, the undersigned authority, personally appeared
William Paul Jones, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Radiotherapy
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have moved my practice but still HAVE MY FL LICENSE!
A) I (live) in Pensacola but have moved my practice to Foley, AL.
B) Prior to moving my practice from Florida I stopped practicing Interventional Radiology. I have also stopped mammography in Florida as I cannot afford a separate malpractice policy.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William Paul Jones

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by William Paul Jones, who is personally known to me / who did take an oath.

Alicia R. McCormick
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # 00115904
EXPIRES 05/01/2006
BONDED THRU 1-888-NOTARY1

Alicia R. McCormick
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
Steve E. Jordan, M.D., who
being first duly sworn, deposes and states:

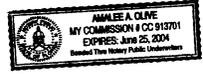
- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
OBVIOUSLY I AVOID TRYING TO HELP CERTAIN PATIENTS DUE TO THE LIABILITY INVOLVED WHICH IS A SHAME. THE NUMBERS MAY NOT CHANGE BUT THE CARE I GIVE IS COMPROMISED.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Steve E. Jordan

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Steve E. Jordan, MD, who is personally known to me / who did take an oath.

Amalee A. Oline
NOTARY PUBLIC
My Commission Expires:



fax did not go through
Busy x 2 days

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared
J. A. C. J. J. J., who
being first duly sworn, deposes and states:

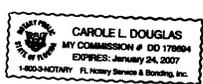
- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Increased liability exposure children fracture & complex orthopedic cases. So I will have to travel I don't want to do any of this will be willing to do them
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

J. A. C. J. J. J.

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by J. A. C. J. J. J., who is personally known to me / who did take an oath.

Carole L. Douglas
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

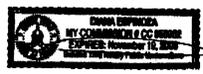
BEFORE ME, the undersigned authority, personally appeared
_____, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatrics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ron V. Joseph

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by _____, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
RUFUS JOSEPH M.D. who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

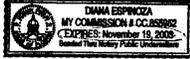
4. (If you checked b., please provide an explanation here):
NO MORE CMS PATIENTS. CMT BACK OFFICE PRACTICE BY 50%. LOOKING INTO REDUCTION PREMIUM IS NOW 40% OF SALARY.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Rufus Joseph M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by _____ who is personally known to me / who did take an oath.



Diana Espinoza
NOTARY PUBLIC
My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared
PAUL J. JOSLYN M.D. who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is 44498
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped doing hi risk obstetric procedure stopped doing certain high risk surgical procedures

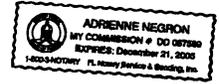
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Paul J. Joslyn M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Paul Joslyn M.D. who is personally known to me / who did take an oath.

Adrienne Negron
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Stela Tudoran who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Otolaryngology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Smearies admission etc - stopped performing all surgeries.

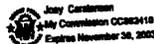
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stela Tudoran

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Stela Tudoran who is personally known to me / who did take an oath.

Joey Castorena
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
AHKEE SUNKET who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

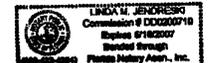
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT.

all

The foregoing instrument was acknowledged before me this 22 day of JULY, 2003, by SUNKET AHKEE, M.D. who is personally known to me / who did take an oath.

Linda M. Jankness
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Debra M. Kavanan MD, who being first duly sworn, deposes and states:

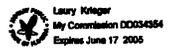
- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology, Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
will not consent on OB-gyn patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Debra M. Kavanan MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Julie Kang DO, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Julie Kang, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Talm Beach

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic adult reconstructive joint surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
do not do any complex revision or revision surgery that is 50% of (1) or more and what my fellow orthopedic surgeons (2 yrs) sister of orthopedic surgeon prepared me to do.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Debra M. Kavanan, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared LINDA KAPLAN, M.D., who being first duly sworn, deposes and states:

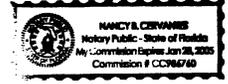
- I am a physician licensed in the State of Florida.
- My area of medical practice is OPHTHALMIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. as follows:
- (If you checked b., please provide an explanation here):
1. Reduced my risk by decreasing to part-time.
2. " " " " with drawing from HMO's.
3. " " " " resigning from Emergency call at several hospitals.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Linda J. Kaplan, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



Handwritten notes:
Please
Volunteer in
Fax to
850-222-8827
in
mail original to:
FMA, 113E College Ave
Tallahassee, FL 32309

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Marshall M. Kaplan, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b, please provide an explanation here):
AS STATED IN P. 1 OF THE AFFIDAVIT

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Marshall M. Kaplan

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Marshall M. Kaplan, M.D., who is personally known to me / who did take an oath.

Sheik K. Ghannay
NOTARY PUBLIC
My Commission Expires: 

FD-302 (Rev. 11-27-00) FD-302 (Rev. 11-27-00)

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Jeffrey M. Karp, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

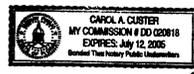
4. (If you checked b, please provide an explanation here):
Current Medicine
My Medical
MD Workgroup Group
Signal off several Medicine Hours

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Jeffrey M. Karp

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jeffrey Karp, who is personally known to me / who did take an oath.

Carol A. Custer
NOTARY PUBLIC
My Commission Expires July 12, 2005



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared H.B. Karunaratne, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS!
The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
H.B. Karunaratne

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Harischaandra B. Karunaratne, MD, who is personally known to me / who did take an oath.

William J. McCloskey
NOTARY PUBLIC
My Commission Expires December 28, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Florida - Palm Beach

BEFORE ME, the undersigned authority, personally appeared Jeffrey L. Katzell, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b, please provide an explanation here):
Stopped taking Emergency Room Call

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Kathleen Elizabeth Morris

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Jeffrey L. Katzell, MD, who is personally known to me / who did take an oath.

Kathleen Elizabeth Morris
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF St. Johns

BEFORE ME, the undersigned authority, personally appeared SAMUEL KAYEMAN, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is obstetrics & Gynecology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
practising without medical malpractice insurance
CONSISTENTLY STOPPING OBSTETRICS
NOT DOING DIFFICULT SURGERIES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22ND day of JULY, 2003, by SAMUEL KAYEMAN, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared PAUL KAYWIN, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Oncology & Hematology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I will not see patients who have a poor history of being a physician

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22ND day of July, 2003, by Paul Kaywin MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Nina Kazerooni, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Interventional Radiology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications.

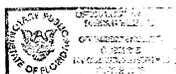
5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: *[Signature]*

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Nina Kazerooni, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

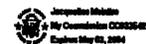
BEFORE ME, the undersigned authority, personally appeared James D. Kearney, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal Medicine
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer attend any nursing homes because of liability.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 25TH day of July, 2003, by James D. Kearney MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: May 03, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared
Julie Kelch, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is family practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

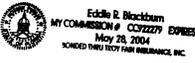
4. (If you checked b., please provide an explanation here):
My liability carrier has stopped providing the 1million/3million coverage required by the insurance companies in my area. I am a family physician for 15 years who claims and my premiums rose 200% the previous 2 years and now I'm scrambling for a new carrier. If I can't find one that will provide that limit, I will be forced to quit practicing.

FURTHER AFFIANT SAYETH NAUGHT

Julie Kelch MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Julie Kelch, M.D., who is personally known to me / who did take an oath.

Eddie R. Blackburn
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF OKALOSA

BEFORE ME, the undersigned authority, personally appeared
Harrison B. Keller, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Have become semi-retired limiting patient contact hours to less than 1000 per year.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

HBSK

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Harrison B. Keller, who is personally known to me / who did take an oath.

James O. Good
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority personally appeared
Michael A. Kelly M.D. PhD, who being first duly
sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopaedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:
No longer performing surgery on children fractures - no longer performing joint replacement revision or hip revision patients. No longer taking voluntary emergency trauma call.

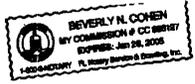
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

M Kelly M.D. PhD

The foregoing instrument was acknowledged before me this 26 day of July, 2003, by Michael A. Kelly, MD, PhD, who is personally known to me / who did take an oath.

Beverly N. Cohen
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared [print name]
MICHAEL E. KELLY MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in ORANGE County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

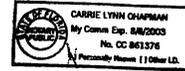
Michael G. Kelly
(Signature)

http://www.flcn.org/affidavit.htm

7/17/2003

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Michael G. Kelly MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



http://www.flcn.org/affidavit.htm

7/17/2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared BEN S. KENNEDY MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OBSTETRICS & GYN/GENERAL.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- ① STOPPED OBSTETRICS
- ② STOPPED HIGH RISK PROCEDURES LE LACERATIONS, GYN CANCER SURGERY

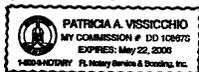
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ben S. Kennedy MD

The foregoing instrument was acknowledged before me this 11 day of July, 2003, by BEN S. KENNEDY MD, who is personally known to me / who did take an oath.

Patricia A. Vissicchio
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared John C. Kennedy MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatrics.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- ① Stopped Attending C- Section deliveries
- ② Stopped providing care to newborns with even more respiratory distress, etc.
- ③ Stopped accepting new complex patients
- ④ Reduced my use of testing & consultations

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John C. Kennedy MD

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by John C. Kennedy MD, who is personally known to me / who did take an oath.

Randall K. Ferraris
NOTARY PUBLIC
My Commission Expires:
11-25-06



July 18, 2003

FMA
113 E College Ave.
Tallahassee, Fla. 32309

From: Norman M. Kenyon, MD
9855 SW 69th Ave.
Miami, Fla. 33156

I concluded my practice of Surgery in January, 2001. It was not possible to moderate time requirements and be responsible for the punitive litigation costs. There is no question that a malpractice crisis is affecting patient care. Complex problems are deferred and avoided. Hopefully some form of relief can be achieved.

Norman M. Kenyon MD

Norman M. Kenyon MD

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared James Knox Kerr, III, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice

4. If you checked B, please provide an explanation here:

My wife will be unable to see Dr. James Knox Kerr, III, M.D. because he has had to limit his scope of practice secondary to the liability crisis.

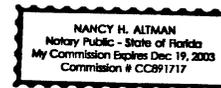
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James Knox Kerr, III
(904) 317-1092

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by James Knox Kerr, III, M.D., who is personally known to me / who did take an oath.

Jessie H. Altman
NOTARY PUBLIC
My Commission Expires:



TOTAL P. 02

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared David B. Jones MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have cut my back on trauma and other high risk areas. I limit my ER call as much as I can.

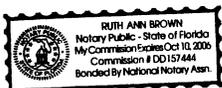
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David B. Jones

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by David B. Jones MD, who is personally known to me / who did take an oath.

Ruth Ann Brown
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Sakina Khalidi MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Gynecology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I do not perform any high risk procedures & do not do any obstetrics

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Sakina Khalidi

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Sakina Khalidi MD, who is personally known to me / who did take an oath.

Jody M. Wells
NOTARY PUBLIC
My Commission Expires November 04, 2005

Jody M. Wells
NOTARY PUBLIC
My Commission Expires: 11/4/2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Raj Khambhati, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal medicine / Geriatric medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

Stop seeing patients in Nursing Home
Even though my speciality is Geriatric medicine
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by Raj Khambhati MD, who is personally known to me, who did take an oath.

Notary Public My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Bhogenava NATH KHANAL, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

Stop Hospital Practice

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Daniel L. Sporensberg

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by BHOGENAVA NATH KHANAL, M.D., who is personally known to me / who did take an oath.

Notary Public My Commission Expires:



Faxed 7/6/03

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared NAGUI KHOUZAM M.D., who being first duly sworn, deposes and states:

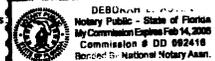
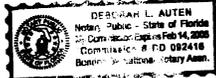
- I am a physician licensed in the State of Florida.
- My area of medical practice is GENERAL SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I also was paying a reasonable premium - This year because the insurance company left the state of FL, the new premium is \$88,000. I could not afford so I am now without any medical insurance.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

Sure - It is ridiculous & mere fraud on the part of all insurance companies. I wish all physicians of FLA will go without medical insurance

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Nagui Khouzam M.D., who is personally known to me / who did take an oath.

Notary Public My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Robert F. Kiely MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Emergency Medicine / Acute Care Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

(If you checked B, please provide an explanation here):

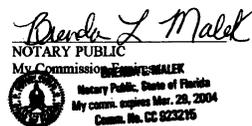
Noting many more patients to the ER from my Acute Care Center Secondary to the huge liability fear this huge crisis. (the large complete work-ups, ie CT, scans etc)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Robert F. Kiely MD

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Dr. Robert Kiely, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared JOHN E. KILGORE, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

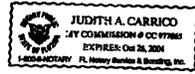
4. (If you checked b., please provide an explanation here):
I no longer see Workman's Comp. Personal Injury patients. I refer many pediatric injuries except the most complicated.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John E. Kilgore, M.D., who is personally known to me / who did take an oath.



Judith A. Carrico, Notary Public, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DAVALL

BEFORE ME, the undersigned authority, personally appeared DR. MANLEY N. KILGORE II, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is NEUROLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
STOPPED DOING CEREBRAL ARTERIOGRAMS

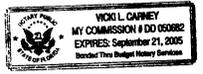
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by M N Kilgore, M.D., PA, who is personally known to me / who did take an oath.

Wicki L. Carney, Notary Public, My Commission Expires: 9-21-2005



JUL 18 03 11:00 AM orthopaedic 4550 West Fl 727 448748

JUL -28' 03 (MON) 10:49 N. F. W. C. /SURGERY TEL: 8508785695 P. 004
FAX Fax -> TO: -> -> All FPM Members Wed Jul 16 2003 05:43:19 PM EDT

AFFIDAVIT

STATE OF FLORIDA COUNTY OF BROWARD

BEFORE ME, the undersigned authority personally appeared STEVEN C. KIMMEL, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Rheumatology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:
Stopped seeing high risk patients with SLE (LUPUS) during procedure and stopped treating teenagers < 18 yr old.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by STEVEN C. KIMMEL MD, who is personally known to me/who did take an oath.

Barbara Ellen Tipper, Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DEAN

BEFORE ME, the undersigned authority, personally appeared Andrea D. King, M.D., who being first duly sworn, deposes and states:

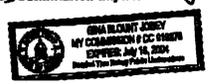
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Now refer out all high risk OB patients.
No longer perform surgery on gyn oncology patients.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Andrea D. King, M.D., who is personally known to me / who did take an oath.

Andrea D. King, Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Dennis King, D.O. who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida;
- My area of medical practice is Radiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Dennis King, D.O., who is personally known to me / who did take an oath.



Kamela Robbins
NOTARY PUBLIC
My Commission Expires: June 1, 2006

FAXED
7/23/03
@ 10:25 AM

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared James Kinney who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida;
- My area of medical practice is Ear, Nose & Throat
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 23 day of July, 2003, by James Kinney, who is personally known to me / who did take an oath.

Sandra Webster
NOTARY PUBLIC
My Commission Expires: July 9, 2005

EVE'D

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PAGE 01

All FTR Numbers Wed Jul 23 2003 05:31:35 PM EDT

AFFIDAVIT

Cayman Islands
STATE OF FLORIDA,
COUNTY OF Cayman Beach Island

BEFORE ME, the undersigned authority, personally appeared Waite Scott Kirkconnell, M.D. who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida, currently licensed in the Cayman Is
- My area of medical practice is Ophthalmology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I practiced in Tampa, Florida for 31 years and retired early because of the adversarial professional system present in Florida.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Waite S. Kirkconnell, M.D.

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by DR. WAITE S. KIRKCONNELL M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

NOTARY PUBLIC CAYMAN ISLANDS
My Commission Expires January 31, 2004
By Authority: Governor Of Cayman Islands



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared Richard Kirkpatrick who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida;
- My area of medical practice is DERMATOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

LIMIT TYPES OF PROBLEMS & CERTAIN TYPES OF GROUPS WITH INCREASE RISK OF CLAIMS.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by RICHARD C. KIRKPATRICK, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

Fernando B. Meyer
MY COMMISSION # C045675 EXPIRES
December 14, 2003
BONDED THROUGH FARM INSURANCE, INC.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Ronald Morton Kirsner, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I resigned my privileges at all hospitals and do only outpatient psychiatry.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald Morton Kirsner

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Ronald Morton Kirsner, who is personally known to me / who did take an oath.



Melinda J Powell
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared SHIRISH K KIRTANE MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

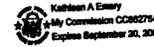
4. (If you checked b., please provide an explanation here):
Limited going to MD-OB Hosp. K
Limited type of procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Shirish K Kirtane

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Shirish Kirtane, MD, who is personally known to me / who did take an oath.



Kathleen A Emery
NOTARY PUBLIC
My Commission Expires: Sept 20, 2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared J. MARTIN KLEIN MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have quit - never seen -

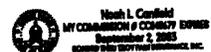
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

J. Martin Klein

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by J. MARTIN KLEIN MD, who is personally known to me / who did take an oath.

Notary Public
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Alan Klockner, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Anesthesiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Alan Klockner

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Alan Klockner, who is personally known to me / who did take an oath.

Notary Public
NOTARY PUBLIC
My Commission Expires: Feb 4, 2008

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Allen K. B. Naught, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is urology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped doing kidney transplantation - the only transplant group in over 60 miles & have stopped doing medical procedures - a very religious group

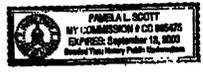
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Allen K. B. Naught, who is personally known to me / who did take an oath.

Patricia A. Scott
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared E. MARTIN KLOOSTERMAN, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIAC ELECTROPHYSIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:
avoid program high risk patients of non conventional procedures that although proven efficacious may lead to serious complications - any malpractice remedy regarding any patient making a commitment on surgery other than will not have a procedure

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by E. Martin Kloosterman, who is personally known to me / who did take an oath.

Patricia A. Scott
NOTARY PUBLIC
My Commission Expires: 5-26-2006



RECEIVED
JUL 24 2003
BY: OB

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Ronald L. Knaus, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PSYCHIATRY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Refused all hospital appointments - ER patients are too high risk & stopped seeing Medicare patients due to increasing high risk. As of Sept 1, 2003 will practice cardiac will leave state - if I have no insurance I will return & have to call upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Ronald L. Knaus, D.O., who is personally known to me / who did take an oath.

Kathleen A. Weldon
NOTARY PUBLIC
My Commission Expires:



RONALD L. KNAUS, D.O., P.A.
PSYCHIATRIST
9911 SEMINOLE BLVD., SUITE A
SEMINOLE, FLORIDA 33772-2537

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared GLENN W. KNOX MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OTO-LARYNGOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
No CANCER
No MAXILLOFACIAL TRAUMA

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Glenn Knox, who is personally known to me / who did take an oath.

Patricia H. Pasello
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Craig Kobrin, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications.

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: Craig Kobrin

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Craig Kobrin, MD, who is personally known to me / who did take an oath.

John E. Hornberger
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Marvin Kohn, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ortho/ortho.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

dropped some ER
stopped high risk hand surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Denise J. Buckley

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Marvin Kohn, who is personally known to me / who did take an oath.

Denise J. Buckley
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared George J. Kolettis, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopaedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I avoid patients and procedures with a high risk of complications or unfavorable outcomes. Any complication may be considered grounds for a malpractice claim in this litigious environment, even if there is no negligence on my part. I fear that I will lose what little insurance coverage I have (\$500,000) or that the premium will increase further.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
that a sympathetic jury may award a plaintiff monies beyond my coverage which will place my family's financial future at risk. It is best for me to avoid this exposure altogether.

George J. Kolettis

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by DR. GEORGE KOLETTIS, who is personally known to me / who did take an oath.

John E. Hornberger
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared MARCO JOHN KOIKE, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS & GYNECOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I HAVE DISCONTINUED PRACTICE OF OBSTETRICS
BECAUSE OF HIGH COST OF MALPRACTICE INSURANCE
NOW I DO ONLY GYNECOLOGY
SO HAS MY FORMER PARTNER, DR. HERBERT W. HOGAN

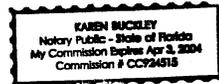
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Marco J. Koike, MD

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by Marco John Koike M.D., who is personally known to me / who did take an oath.

Karen Buckley
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Lawrence Kerpick MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Reconstructive Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stalled taking Emergency Room call because of liability
Stalled doing high risk procedures like TBM, Elapre breast reconstruction

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Lawrence M. Kerpick MD, who is personally known to me / who did take an oath.

Notary Public signature: Donna Schell, My Commission Expires: 5/18/2004



FROM NE 5619311384 7-18-2003 4:48PM

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Flagler

BEFORE ME, the undersigned authority, personally appeared Dr. Alexandra Kostick, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

no longer seeing & treating infectious corneal ulcers. Risk too high with current malpractice situation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

ELIZABETH L. BAYLOR, Notary Public, State of Florida, My comm. exp. Sept. 29, 2003, Comm. No. CC875439

Notary Public signature: Elizabeth L. Baylor

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Alexandra Kostick, who is personally known to me / who did take an oath.

Notary Public signature: Elizabeth L. Baylor, My Commission Expires: Sept 29, 2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Stephen S. Kramarich M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pain management
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

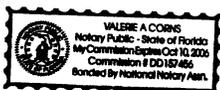
implantable chronic pain therapies

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public signature: Valerie A. Coors

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Stephen S. Kramarich M.D., who is personally known to me / who did take an oath.



NOTARY PUBLIC, My Commission Expires.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Nassau

BEFORE ME, the undersigned authority, personally appeared Alan H. Kramer, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Rheumatology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Limiting number of patients treated in the office
Restricting hospital admission to avoid cases with significant potential for liability

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Alan Kramer MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC, My Commission Expires: Kathy Ellis

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Andrew H. Krinsky, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
gave up obstetric & all high risk surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by ANDREW KRINSKY, who is personally known to me / who did take an oath.

Andrew Krinsky
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF VOUSA

BEFORE ME, the undersigned authority, personally appeared Thomas M. Krapp MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ophthalmic plastic + reconstructive surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have limited surgery - I no longer accept patients who require complex orbital surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Thomas M. Krapp MD, who is personally known to me / who did take an oath.



Marjorie B. Culp
NOTARY PUBLIC
My Commission Expires: 1/17/07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Joseph O. Koles, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GERIATRICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
QUIT PRIVATE PRACTICE AND JOIN VETERANS HOSPITAL AS GOVERNMENT EMPLOYEE

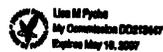
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Joseph O. Koles

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Joseph O. Koles, who is personally known to me / who did take an oath.

Lisa M. Pytko
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Victor Kravtsov, M.D., who being first duly sworn, deposes and states:

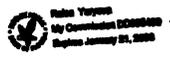
- I am a physician licensed in the State of Florida.
- My area of medical practice is GENU PRACTICE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped doing some high risk, reconstructive joint injections & procedures. Also, I am no longer doing high risk medical procedures.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 12 day of July, 2003, by Victor Kravtsov, M.D., who is personally known to me / who did take an oath.



Paula Yurkova
NOTARY PUBLIC
My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Karen C. Krueger M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Moratorium on Medicare completed + Medicaid patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Karen C. Krueger

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Florida Drivers License Karen Krueger, who is personally known to me / who did take an oath.

Hebelka Wade
NOTARY PUBLIC
My Commission Expires: October 9, 2006



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

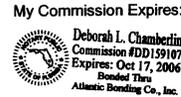
BEFORE ME, the undersigned authority, personally appeared Mark Antony Labana, MD FACP, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped performing outpatient free-standing enhanced external prosthetics (EEDP) - high risk practice procedure
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Mark Antony Labana, who is personally known to me / who did take an oath.

Mark Antony Labana
NOTARY PUBLIC
My Commission Expires:



mm
(305) 682-9048

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared Andrew D Ledne MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
a. Restricted my evening home primary patient responsibilities
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Andrew D Ledne

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Andrew D Ledne, who is personally known to me / who did take an oath.



Linda Chang
7/17/03

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Mark A. LaGatta MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Nephrology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:
Referring patients to their primary care doctors or to the ER after hours. Unable to do kidney transplants have stopped doing these
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Mark A. LaGatta MD, who is personally known to me / who did take an oath.



Christine W. Fisher
NOTARY PUBLIC
My Commission Expires:

Page 850 222-8827

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Clifford A. Lakin, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have given up head and neck surgery (Thyroid, parathyroid)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Clifford A. Lakin, M.D.

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Clifford Lakin, M.D., who is personally known to me / who did take an oath.

Jody T. Phillips
NOTARY PUBLIC
My Commission Expires:



FTH Fax -> TO: -> -> Harry Donald Lambie Wed Jul 16 2003 05:59:07 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Hector Lalama, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Medicine & Neurology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1) Talked to patient's wife and she said she didn't want to pay for the test. 2) She didn't know how to control the results of the test. 3) She didn't know what medicine to take.

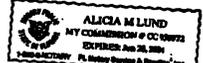
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Hector Lalama

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Hector Lalama, MD, who is personally known to me / who did take an oath.

Alicia M Lund
NOTARY PUBLIC
My Commission Expires:



FTH Fax -> TO: -> -> All FTH Members Wed Jul 16 2003 05:41:24 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Alton Beach

BEFORE ME, the undersigned authority, personally appeared H. Donald Lambie, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped taking ER call

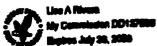
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

H. Donald Lambie

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by H. Donald Lambie, M.D., who is personally known to me / who did take an oath.

Linda A. Moon
NOTARY PUBLIC
My Commission Expires: July 28, 2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Carlos L. Lamas, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- Have stopped accepting late prenatal care OB patients
- Terminate doctor-patient relationships for non-compliance
- Have "banned" to keep appointments
- Have stopped accepting self-pay OB patients
- Stopped doing high risk OB care.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Carlos L. Lamas

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Carlos Lamas, M.D., who is personally known to me / who did take an oath.

Linda A. Moon
NOTARY PUBLIC
My Commission Expires: 6/29/07



PH Fax -> TO: -> -> S. K. Rao, M.D. MUMUKU Had Jul 16 2003 05:39:52 PM EDT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pasco

BEFORE ME, the undersigned authority, personally appeared Bruce Norman Landon M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic and Reconstructive Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No high risk cases
No reconstructive cases
No cosmetic hand surgery or facial trauma
limited breast reconstructive surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by BRUCE NORMAN LANDON, M.D., who is personally known to me / who did take an oath.

Martha Tucker
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Michael F. Lane M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Gen Surgery & Vascular Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
The threshold for breast biopsy has been significantly lowered. I am moving to the surgical and reconstructive area wanting to decrease a breast biopsy. I believe that reasonably, intelligently a biopsy is safer for the patient. The percent of negative responses has risen. More mammograms/biopsies are being done.

FURTHER AFFIANT SAYETH NAUGHT
Michael F. Lane

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Michael Lane, who is personally known to me / who did take an oath.

Phyllis Gorman
NOTARY PUBLIC
My Commission Expires: 3/5/2005



PH Fax -> TO: -> -> Timothy Ted Lane, Med Jul 16 2003 00:32:10 PM EDT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared Timothy Lane M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am referring and not performing procedures when high risk possible

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Timothy Lane, who is personally known to me / who did take an oath.

Janice Lanus
 NOTARY PUBLIC
 My Commission Expires: May 6, 2007



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Salvador N. Lanza, MD, who being first duly sworn, deposes and states:

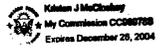
- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
 I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS!
 The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Salvador N. Lanza, MD, who is personally known to me / who did take an oath.



0015 7/18/03 To: T. Johnson Rose

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared William La Rosa, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetric Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
AM AVOIDING DOING OPEN PROCEDURES
AM AVOIDING ER PATIENTS & AER
PATIENTS & PROCEDURES
AND OPERATING 20 YEARS OLD
AM ONLY 51 YEARS OLD

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

William La Rosa

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by William R. La Rosa, who is personally known to me / who did take an oath.

Joyce C. Jones
NOTARY PUBLIC
My Commission Expires: 8/12/2005

JOYCE C. JONES
Notary Public, State of Florida
My Comm. exp. Aug. 12, 2005
Comm. No. DD 048877

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Mark Anthony La Rosa, M.D. FACP, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped performing ECP on prostate patients
at which Florida's only practicing ECP facility

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Mark A. La Rosa, who is personally known to me / who did take an oath.

Mark A. La Rosa

NOTARY PUBLIC

My Commission Expires:



MBL (305) 682-9048

LIFE EXTENSION 9827229683 0802/11/18

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF St. John's

BEFORE ME, the undersigned authority, personally appeared JUAN B. LARRUBE M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GYNECOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

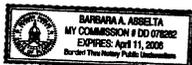
4. (If you checked b., please provide an explanation here):
Stopped Obstetric

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Juan B. Larrube

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by JUAN B. LARRUBE, who is personally known to me / who did take an oath.



Barbara A. Arbeta
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared David M. Leachway, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
high risk obstetrics, high risk gynecological procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David M. Leachway

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by David Leachway, MD, who is personally known to me / who did take an oath.



Virginia Albrecht
NOTARY PUBLIC
My Commission Expires: Nov. 8, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared Robert R. Lastomirsky, M.D., who being first duly sworn, deposes and states:

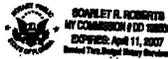
- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Will need to stop seeing Nursing home patients due to increased litigation potential and increased cost of liability insurance
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert R. Lastomirsky, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



Pediatric Otolaryngology, Head & Neck Surgery
Richard C. Laucks, M.D. F.A.C.S. Robert K. Middlekauff, M.D. F.A.C.S.
STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared RICHARD C. LAUCKS, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OTO LARYNGOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

stopped high risk head & neck cancer patients, will be stopping most high risk cancer surgery from 8/1/03

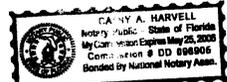
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by RICHARD C. LAUCKS, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 5-25-06



1801 Barrs St. Suite 700, Jacksonville, FL 32204 Tel: 904.699.2001 Fax: 904.385.6687
4844 University Blvd. S. Suite 2, Jacksonville FL 32216 Tel: 904.739.7797 Fax: 904.739.0799

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Valusia

BEFORE ME, the undersigned authority, personally appeared Stephane Lavoie, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
avoid Trauma Surgery

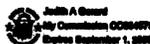
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 16th day of July, 2003, by Stephane Lavoie, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF CRENSHAW

BEFORE ME, the undersigned authority, personally appeared CORY J. LAWLER, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC RECONSTRUCTIVE SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
STOPPED ALL HAND SURGERY, CONCENTRATED ON EYE LID AND ORBITALS

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by CORY J. LAWLER MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared ANDRE LAZ M.D., who being first duly sworn, deposes and states:

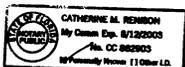
- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE + CARA 6X
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
AND ACCEPTING
STOPPED SEEING ACUTELY ILL PATIENTS AT THE
EMERGENCY ROOMS
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Andre Laz MD

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Andre Laz, who is personally known to me / who did take an oath.

Catherine M. Remick
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Samuel Soderstrom, M.D., who being first duly sworn, deposes and states:

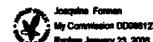
- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
IBHC - Columbia Hospital stopped OB
because of malpractice lawsuits.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Samuel Soderstrom

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Samuel Soderstrom, who is personally known to me / who did take an oath.

Jacqueline Foman
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Kathleen Lee, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Mammography
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Interventional breast procedures were either stopped or limited due to a
shortage of surgeons to handle possible complications
- I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: Kathleen S. Lee, MD

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Kathleen Lee, MD, who is personally known to me / who did take an oath.

Shirley A. Barnes
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Raymond Lee M.D., who being first duly sworn, deposes and states:

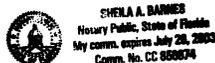
- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiovascular Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Raymond Lee

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Raymond Lee, who is personally known to me / who did take an oath.



Sheila A. Barnes
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Highlands + Charlotte

BEFORE ME, the undersigned authority, personally appeared
George D. Leidel, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Sabing + Post Charlotte
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am a pathologist + have seen a dramatic decrease in many surgical cases. If cases are anymore close to being complicated they are referred out of town to avoid the possibility of malpractice litigation. These are cases that in the past would have been handled locally. i.e. Gyn surgery, breast + some thoracic. The surgeon will not increase their exposure...

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by George D. Leidel, MD, who is personally known to me / who did take an oath.



Caroline Miller Stone
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared
Michelle L. May, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I no longer have high risk cases. In fact, all medical practice my malpractice has dropped.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michelle L. May

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Michelle L. May, who is personally known to me / who did take an oath.



From: PCMS 727-545-2718 To: Philip D Lerner LMB: 11/16/03 LHM: 1:05:34 PM

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
Philip Lerner, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is general surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have chosen early retirement from my Florida medical practice. In the future, I may practice elsewhere or in FL if the medical crisis is solved.

FURTHER AFFIANT SAYETH NAUGHT

Philip Lerner, MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Philip Lerner, who is personally known to me / who did take an oath.

Debra J. Gardiner
NOTARY PUBLIC
My Commission Expires: 5/11/2005



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Blanco

BEFORE ME, the undersigned authority, personally appeared
Nike R. Lestrangre, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General + High Risk Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. (If you checked b., please provide an explanation here):
I intend to stop practice if unable to obtain reasonable + adequate malpractice insurance
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Nike R. Lestrangre, MD, who is personally known to me / who did take an oath.

M. Rosario
NOTARY PUBLIC

My Commission Expires: MARIA B. ROSARIO
Notary Public, State of Florida
My comm. exp. Dec. 14, 2003
Comm. No. CC 891770

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Barabara

BEFORE ME, the undersigned authority, personally appeared William Nelson, Jr MD, who being first duly sworn, deposes and states:

- 1 I am a physician licensed in the State of Florida.
2 My area of medical practice is Sarasota County
3 Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
~~radical procedures low risk - treatment = high risk - not worth it~~

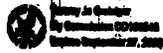
5 I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by William Nelson Jr MD, who is personally known to me / who did take an oath.

Jeanne Robinson
NOTARY PUBLIC
My Commission Expires: 9-27-2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palmetto

BEFORE ME, the undersigned authority, personally appeared Robert Levin MD, who being first duly sworn, deposes and states:

- 1 I am a physician licensed in the State of Florida.
2 My area of medical practice is
3 Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
High risk patients / referred to subspecialty or Jewish centers / hostile, angry patients would not be seen in my office

5 I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Robert Levin MD, who is personally known to me / who did take an oath.

Denise Braden
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared Jay L. Levine, M.D., who being first duly sworn, deposes and states:

- 1 I am a physician licensed in the State of Florida.
2 My area of medical practice is Chemical Cardiology
3 Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1. Unmarried E.R. Patients
2. Patient unmarred

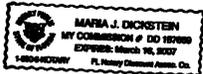
5 I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Jay Levine, M.D., who is personally known to me / who did take an oath.

Maria J. Dickstein
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared Joseph P. Levine, M.D., who being first duly sworn, deposes and states:

- 1 I am a physician licensed in the State of Florida.
2 My area of medical practice is OB/Gyn
3 Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped seeing OB patients due to high malpractice insurance rates.

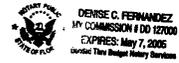
5 I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Joseph P. Levine, M.D., who is personally known to me / who did take an oath.

Denise C. Fernandez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared RICHARD LEVITT, A.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

NO SPINE DISORDERS
NO EMERGENCY ROOM WORK
NO DIFFICULT OR HIGH RISK CASES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by RICHARD LEVITT, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 9/1/06



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Kenneth D. Levy, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

limited ER coverage
Plan to leave medicine within next 12-18 months

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Dr. Levy, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



PH Fax -> TO: -> -> Nege Luc Wong, MD Med Jul 16 2003 05:43:56 PT EDT
FAX 850-222-8827

07/17/2003 13:32 3523312819 -> FL OPH INST Norman Stuart Levy MD Jul 16 2003 05:32:32 PT EDT PAGE 01

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Sarasota

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Norm S. Levy, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared NORMAN S. LEVY, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OPHTHALMOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

NO COSMETIC SURGERY
NO LASIK FOR REFRACTIVE ERRORS
NO TRANS-CORNEAL LASER SURGERY
NO VITRECTOMY
NO TREATMENT OF DIABETIC RETINOPATHY OR MACULAR DEGENERATION

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by NORMAN S. LEVY, MD MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared STUART LEWIS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ENT MSO
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

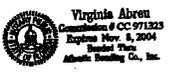
4. (If you checked b., please provide an explanation here):
DROP MY LIABILITY INSURANCE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 20 day of JULY, 2003, by STUART LEWIS, DO, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: Nov. 8, 2004

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared Dr Jay Lieberman, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Podiatric Medicine & Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked "b" above, please provide an explanation here):
My Malpractice has tripled in the last 2 years. As a result, I will refered to others High Risk Patients, Diabetic Wound Care, PVD, and/or anxious or difficult Patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Jay Lieberman, DPM, who is personally known to me/who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



Fax -> TO: -> -> Jairo Libreros-Cup Wed Jul 16 2003 05:39:14 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Jairo D. Libreros, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stop carrying Malpractice insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 11 day of July, 2003, by Jairo D. Libreros, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared CAROL W. LIEBERT, SP. MD. -FACS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GENERAL SURG / VASCULAR SURG
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped all VASCULAR WORK STOPPED BREST SURGERY STOPPED HIGH RISK PROCEDURES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Carol W. Liebert, MD -FACS, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared
Karen F. Herbert MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Trying to limit high risk obstetric
have stopped going to one hospital - limiting
to one hospital only
Considering stopping obstetrics altogether.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
 FURTHER AFFIANT SAYETH NAUGHT

Karen F. Herbert MD

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Karen F. Herbert, who is personally known to me / who did take an oath.

Mary Beasley
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
Beth Liebowitz MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped OB, stopped seeing Medicaid
considering giving up surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
 FURTHER AFFIANT SAYETH NAUGHT

Beth Liebowitz MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Beth Liebowitz MD, who is personally known to me / who did take an oath.

Tracie Taylor
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared
Marybeth L. S. Lief, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

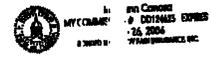
4. (If you checked b., please provide an explanation here):
Emergency Call
Most if to Acute Traumatic Surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
 FURTHER AFFIANT SAYETH NAUGHT

Marybeth L. S. Lief MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Marybeth L. S. Lief, who is personally known to me / who did take an oath.

Quinn
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF North Brevard

BEFORE ME, the undersigned authority, personally appeared
Hae Soo Lim M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

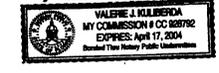
4. If you checked B, please provide an explanation here:
Limited doing any high risk O.B. practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
 FURTHER AFFIANT SAYETH NAUGHT

Hae Soo Lim MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Hae Soo Lim, M.D., who is personally known to me / who did take an oath.

Valerie K. Kurbida
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared
Anthony C. Lin, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Gastroenterology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- no longer see Hepatitis C patients
 - reduced hospital care/counseling
 - no longer do liver biopsies or procedures
 - reduced number of findings
 - may stop ERCP in the future
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Anthony C. Lin, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Anthony C. Lin, MD who is personally known to me / who did take an oath.



Susan M. Schwab
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
Dawn Linder, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

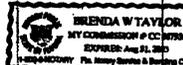
In other words, I do not accept all applicants for care. I only accept selected cases, either difficult medically, independent of HMO, or insured by Humana or United. I do not accept the worst of the worst, the less complex. Gg, Hepa, Blindness, APOs, discount plans and avoid lawsuits.

4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts obtained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dawn Linder

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dawn Linder who is personally known to me / who did take an oath.



Brenda W Taylor
NOTARY PUBLIC
My Commission Expires: Aug 31, 2007

FAX Fax -> TO: -> -> Michael Donald Edu Wed Jul 16 2003 05:47:33 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared
Steven P. Lipman, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Radiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
our practice has reduced mammography services by 50%

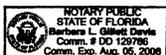
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Steven P. Lipman

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Steven P. Lipman, MD who is personally known to me / who did take an oath.

Brenda S. Stewart
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared
Asdollah Livanic, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- Limited in office procedures which I usually do not refer more patients to specialist to ensure for available liability plus such have other patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Asdollah Livanic

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Asdollah Livanic, MD who is personally known to me / who did take an oath.



Lauren Orser
NOTARY PUBLIC
My Commission Expires: 1-18-07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Indian River

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Otolaryngology Head & Neck Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is Otolaryngology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Will not perform high risk ear surgery.
Will not perform high risk head & neck cancer surgery.
Waiting case to admit patient thru county prison only.
Will not repair facial or jaw fractures.

4. (If you checked b., please provide an explanation here):
Review Surgery
Review Surgery
Review Surgery
Review Surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
 NOTARY PUBLIC
 My Commission Expires: _____

[Signature]
 NOTARY PUBLIC
 My Commission Expires: _____

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jeffrey Livingston M.D., who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Peter E. Loeb MD, who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires: _____
 Suzette Nolen
 Commission #DD159210
 Expires: Oct 17, 2006
 Bonded Through
 Atlantic Bonding Co., Inc.

[Signature]
 NOTARY PUBLIC
 My Commission Expires: 8-1-06



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared ERIC LOEVINGER MD, who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped doing almost any type of
invasive interventional procedure as well as
mammography

4. (If you checked b., please provide an explanation here):
I am considering closing my office
in December when my current malpractice
policy expires.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
 NOTARY PUBLIC
 My Commission Expires: _____

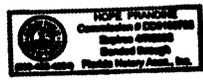
[Signature]
 NOTARY PUBLIC
 My Commission Expires: _____

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Eric Loevinger, M.D., who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by FRANK LOH, who is personally known to me / who did take an oath.



[Signature]
 NOTARY PUBLIC
 My Commission Expires: 1/30/05



[Signature]
 NOTARY PUBLIC
 My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared STANTON L. LOUSEMECKER, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPAEDICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

NO LONGER PERFORMING HIGH RISK REVISION SURGERY (WHICH I LAID) SEND TO SURGERY NO LONGER PERFORM POSTERIOR CRURATE RECONSTRUCTION

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
W. WITHOUT MEARINGFUL REASON I PLAN TO FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument is acknowledged before me this 17 day of July, 2003, by Stanton L. Lousemecker, who is personally known to me / who did take an oath.



Dorothy E. Roberts
MY COMMISSION # DD12674 EXPIRES August 25, 2006
SIGNED AND NOTED FOR ME, INC.

Sayeth Naught
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared AUGUSTO LOPEZ TORRES, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is EE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

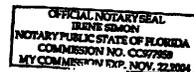
HIGH RISKS ARE AVOIDED OR DEFERRED OUT

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Dr. Augusto Lopez-Torres, who is personally known to me / who did take an oath.

Irene Simon
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Jorge Lopez, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I am president of Florida Emergency Physicians and I practice emergency medicine and care for trauma patients within the Florida Hospital System, which is comprised of seven hospitals in Orange, Osceola, and Seminole Counties.
- Florida Hospital emergency departments care for approximately 275,000 patients per year.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and trauma care at the hospitals in our region:

a. Specialty on call coverage for emergency and trauma care in my hospitals has been compromised in the following specialty areas:

- cardiology
- emergency medicine
- general surgery
- gynecology

- hand surgery
- neurology
- neurosurgery
- obstetrics
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- radiology
- thoracic surgery
- urology
- vascular surgery

b. Our emergency departments have been crippled by the lack of on call specialty care and closings of complete departments within individual hospitals, making vital services like general surgery, obstetrics and gynecology, orthopedic surgery, and neurosurgery, unavailable, mandating the transfer of the affected patients to other facilities, at the peril of the patient while delaying timely care.

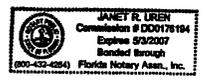
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Jorge Lopez, MD, who is personally known to me and who did take an oath.

Janet R. Uren
NOTARY PUBLIC



My Commission Expires: 5/3/2007

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Miguel A. Lopez-Vieja MD FACS, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General + Vascular Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Not Performing Liver Surgery or Complex Chest Surgery
Dropping Certain aspects of Breast Cancer Ca

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Miguel A. Lopez-Vieja, M.D., who is personally known to me / who did take an oath.



Virginia Abram
NOTARY PUBLIC
My Commission Expires: Nov 4, 2004

AFFIDAVIT OF Jorge Lopez, M.D. 07-18-2003

JUL-10-03 09:25 AM JUAN D LORA MD 352 732 6942 P.01

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared JUAN D. LORA MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROSURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
MY PREMIUM IN MY PRACTICE IS 108,000.00
FOR A COVERAGE OF 250-470 THOUSAND
I WILL HAVE TO PERFORM 96 BACK SURGERIES A YEAR
JUST TO PAY FOR MY INSURANCE!

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of June, 2003, by Juan D. Lora, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:
RENISE CLANDGE
Notary Public, State of Florida
My comm. exp. Feb. 6, 2004
Comm. No. CG07085

FTH Fax -> TO: -> -> [Redacted] Wed Jul 16 2003 05:36:23 PM EDT

Lisa M. Lorelli, D.O.
Clemont Medical Center
1135 Lake Avenue
Clemont, FL 34711

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Lisa M. Lorelli, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I defer prenatal care, surgical and office based procedures and limit pediatric practice w/acs.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by _____, who is personally known to me / who did take an oath.



Tammy Judy Coffman
NOTARY PUBLIC
My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Ocala

BEFORE ME, the undersigned authority, personally appeared Joseph Locker, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Limit the scope of surgery to low risk, because of fear of being sued if results not perfect.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Joseph R. Locker, who is personally known to me / who did take an oath.



Debra L. Mitchell
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Dr. Terry Davis, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Med. Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No ESI is a paid contract on my specialty. No surgery - none working in this area.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. Terry Davis, who is personally known to me / who did take an oath.

Janice C. Quimby
 NOTARY PUBLIC
 My Commission Expires:



JUL-17-2003 12:18 PM FAX 7275415886

2/3/3
7/07/2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared SHEILA M. Love, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatric Orthopedics.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, and have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Even though professionally I would like to see all children without regard to their insurance or diagnosis I have chosen to restrict my practice decreasing the number of Medicaid (out of county) and restricting some diagnoses, such as neck pain. The state of the insurance crisis has limited my practice and will further limit my ability to treat all children.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Sheila M. Love, M.D., who is personally known to me / who did take an oath.

Debra L. Mitchell
 NOTARY PUBLIC # CC933447
 My Commission Expires: May 9, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name] JAMES COVERT, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Massachusetts County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

Page 1 of 2
Baptist Medical Ctr Jacksonville
Florida Medical Centers Nassau

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

It is very difficult to get cardiothoracic and general surgery consultations

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 14 day of July, 2003, by James Laven, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared JOHN F. ROVEDDY, JR., MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Retire if there is no meaningful malpractice (250,000) cap

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by JOHN F. ROVEDDY, JR., MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

John Peterson 7/17/03

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared William E. Lewis, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Discontinued spinal surgery & procedures due to FPA's liability

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by William E. Lewis, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Rene Lavelle, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General & Vascular Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Did not start bariatric surgery program at local hospital because of malpractice risk. Have sent some high risk patients to other us facilities

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 4 day of August, 2003, by Rene Lavelle, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: January 25, 2006



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF JACKSONVILLE

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OPHTHALMOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED TRAUMA EMERGENCY CALL AT FLORIDA HOSPITAL STOPPED SEEING PATIENTS INVOLVED IN AUTO ACCIDENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Michael J. Lukow, M.D., who is personally known to me / who did take an oath.
[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS & GYNECOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
HAVE Reduced coverage limits from \$500K to 250K Will DO A CASUALTY SECTION WITH LESS PRIVILEGE Will CEASE TO SEE MEDICAL PATIENTS AS THEY ARE MORE LIKELY TO SUE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by Michael J. Lukow, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: Henry K. Howell
My Commission D0212752
Expires May 14, 2007

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Due to the high volume of malpractice lawsuits which I've handled in my area I've had to stop seeing patients who are children of cultural & pediatric residents

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this _____ day of _____, 2003, by _____, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ESCAMBAY

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PENSACOLA
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STAFFING DEFICIENT MEDICAL PERSONNEL WHO HAVE A HIGH PROBABILITY FOR NEGLIGENCE. I ALSO TRUOD SEEING HIGH RISK OBSTETRIC PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Barry Luro, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: Ann F. Holloway
MY COMMISSION ID NO 001787
EXPIRES July 12, 2007
Renewal Fee: \$100.00
Notary Public License

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF 1

BEFORE ME, the undersigned authority, personally appeared
JURGE L. MACIA, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is POPULAR PEDI
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

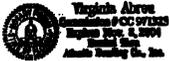
Can not afford to stay in private
and pay the malpractice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 10 day of July, 2003, by
Jorge Macia MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: Dec 3, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
CARLOS M. MALDONADO, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

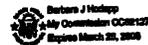
I HAVE LEFT PRIVATE
PRACTICE FOR
A HOSPITAL POSITION THAT
COVERS LIABILITY MALPRACTICE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 30 day of
2003, by [Signature], who is
personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: [Signature]

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
Edward G. Mackay MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General and Vascular Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I am double boarded in General and Vascular Surgery and
Malpractice pre limits my practice to other vein treatments.
I no longer do ER call or any major surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 13th day of
July, 2003, by Edward Mackay, who is
personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared
Gregory D. Mackay, MD
who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Gastroenterology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have trained to do a new procedure to
treat GERD (acid reflux) in patients with
refractory symptoms, but can not do the procedure
in this malpractice climate.

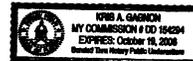
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by
GREGORY D. MACKAY MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: Oct 19, 2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Douglas MacLear, D.O. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology/Pain Management
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No procedure except a Spinal Cord Stimulator placements. Do not see patients in Emergency Room anymore.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

D. MacLear, D.O.

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Douglas MacLear, D.O., who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:

Michael L. Jamason Commission #DD147047 Expires: Sep 03, 2006 Bonded Through Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared GRISEL Mac Williams who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

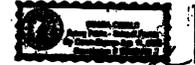
4. (If you checked b., please provide an explanation here): I am not on call in any Emergency Room even if it is to do primary care procedures in the office. I do not do them anymore. I will IDP admissions my patient to certain hospital because my company and hospital do not even have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Grisel Mac Williams

The foregoing instrument was acknowledged before me this 29 day of July 2003, by GRISEL Mac Williams, M.D., who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Ram Kumar Madasu, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Otolaryngology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

REMOVED MY FACIAL PLASTER PRACTICE IN SEASIDE REGION OF HANDBILE FRACTURES, FACIAL FRACTURE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ram Madasu

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Ram Kumar Madasu, M.D., who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:

Karynanna Yarns Robbins Commission # DD 057041 Expires Sep. 27, 2005 Bonded Through Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared BRUCE W. MADOFF, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatric Otolaryngology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

removed high risk surgery
transferred difficult cases to covering otolaryngologists

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Bruce W. Madoff

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Bruce W. Madoff, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:

My Commission Expires:

Bruce W. Madoff

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Gary S. Magid, M.D., FA, who being first duly sworn, deposes and states:

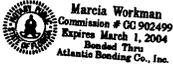
- I am a physician licensed in the State of Florida.
- My area of medical practice is PSYCHIATRY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
NO SUICIDAL OR VIOLENT PATIENTS. NO ONE WITH ANY ACUTE CRISIS INCLUDING PSYCHITIS, MANIC DEPRESSIVE EPISODES, BIPOLAR DISORDER, BORDERLINE PERSONALITY DISORDER, ETC. I EXAMINE ADDITIONAL PSYCHIATRIC PATIENTS TO PERSONAL. I REFUSE TO SEE MANY NEW PATIENTS EACH DAY.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Gary Magid, who is personally known to me / who did take an oath.



Marcia Workman
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared CHUMPHOL MAHAPANYA M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics & Gynecology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients (stopped doing high risk procedures, or have in some other way restricted my practice).

4. (If you checked b., please provide an explanation here):
- new procedure - such as laparoscopic hysterectomy -
- limit - number of patients seen

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 10th day of July, 2003, by CHUMPHOL MAHAPANYA M.D., who is personally known to me / who did take an oath.

Lynn S. Iliem
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared Charles G. Mantland, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PSYCHIATRY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
If there is no cap, I will describe all cases involving high risk patients.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 7 day of July, 2003, by CHARLES G. MANTLAND, who is personally known to me / who did take an oath.

W. J. [Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIKE

BEFORE ME, the undersigned authority, personally appeared Kan Mazel MD, who being first duly sworn, deposes and states:

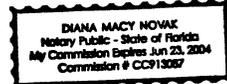
- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
DROPPED OFF HOSPITAL STAFF TO GO TO ENHANCED ROOM RISK AT LEONARD HOSPITAL ALONE WITH 3 OTHER OBSTETRICIANS

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Kan Mazel, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared RAJESH MALIK MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

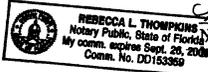
MOVING 7/31/03

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Rajesh Malik MD, who is personally known to me / who did take an oath.



Signature of Notary Public

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared J. A. Mancini, MD who being first duly sworn, deposes and states:

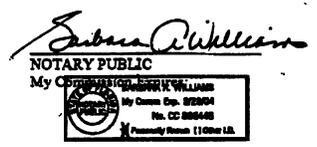
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Limit the high risk surgical patients Limit certain (gastrointestinal) surgeries There is a crisis - please help

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by J. Anthony Mancini, who is personally known to me / who did take an oath.



Signature of Notary Public

1 0 9 2 0 N

01/13/2003 02:27:02 81100

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Raju Mangrola, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Psychiatry
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Stopped seeing any one under 18 years of age, workers comp patients, HMO patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Raju Mangrola, M.D., who is personally known to me / who did take an oath.



Signature of Notary Public

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared GENE F. MANKO, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I STOPPED DOING PRENATAL TESTING, STOPPED HIGH RISK SURGERIES, STOPPED HIGH RISK OBSTETRICS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Gene F. Manko, M.D., who is personally known to me / who did take an oath.

Signature of Notary Public



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Christopher J. Mansour, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped complex trauma care & other complex reconstructive surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Christopher J. Mansour

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Christopher J. Mansour, M.D., who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires: 9-5-04
Mary M. Irwin

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared GLEN J. MANEUS, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped seeing medical patients, stopped doing procedures as the hospital would not reimburse them.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dennis J. Manion, D.O.

The foregoing instrument was acknowledged before me this 22nd day of JULY, 2003, by GLEN J. MANEUS, who is personally known to me / who did take an oath.



Dennis J. Manion
NOTARY PUBLIC
My Commission Expires: 9/12/05

PM Fax -> TB: -> -> Robert Jules Fried Wed Jul 16 2003 05:27:45 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared MARILYN L. MANEUS, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is G.P.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
SUFFERED EXTREME EMOTIONAL + FINANCIAL STRESS, CONSIDERING EARLY RETIREMENT (UNABLE TO GIVE STAFF RAISES, etc)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Marilyn L. Maneus, D.O.

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by MARILYN L. MANEUS, who is personally known to me / who did take an oath.

Kim Pizzello
NOTARY PUBLIC
My Commission Expires:



File # 850 222-8827

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared David S. Margolis, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Will be practicing without malpractice insurance as of January due to unaffordability

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David S. Margolis

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by David Margolis, MD, who is personally known to me / who did take an oath.

Mary J. Josephine
NOTARY PUBLIC
My Commission Expires: 2/18/2006



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared George Markovich MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedics.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer treating complex trauma cases
No pediatric ortho pedics

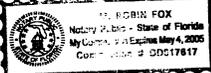
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by George Markovich MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Bradford

BEFORE ME, the undersigned authority, personally appeared Jeffrey L. Marks, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is _____.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

I will not perform hysterectomies
pelvic prostheses & have reduced fibroid
work to avoid suits.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jeffrey Marks, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal Medicine.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
We are considering leaving the state. This is an
other way of restricting the OB, etc. It may become
impossible to find affordable and adequate liability
insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Mitchell Marks, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 4-14-2007

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared RAYMOND J MARQUETTE, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB / GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

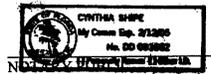
4. (If you checked b., please provide an explanation here):
I refuse any high risk OB
and any questionable OB pts.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by RAYMOND J. MARQUETTE, who is personally known to me / who did take an oath.



My Commission Expires: 2/12/05

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami Dade

BEFORE ME, the undersigned authority, personally appeared Julian Marquez MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- patients age restricted to 10 y/o or older
- high risk procedures referred to specialists
- termination letter sent to all continued patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Julian Marquez

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Julian Marquez MD, who is personally known to me / who did take an oath.

Johny Gonzalez
 NOTARY PUBLIC
 My Commission Expires:


AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

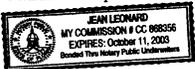
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Blb

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Blb, who is personally known to me / who did take an oath.

John Leonard
 NOTARY PUBLIC
 My Commission Expires:


Received Time Jul-16- 5:29PM

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami Dade

BEFORE ME, the undersigned authority, personally appeared Deidre Marshall MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic Reconstructive Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
due to the constant threat of litigation for any and no reason, I have altered my practice significantly, I am considering leaving this state every day, as I am licensed in several states.

FURTHER AFFIANT SAYETH NAUGHT

Deidre Marshall MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Deidre Marshall MD, who is personally known to me / who did take an oath.

Lynette Barrios
 My Commission D0017128
 Expires May 29, 2007
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Alex J. Marti MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is DIAGNOSTIC RADIOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
The diagnostic radiology crisis has impacted our radiology group in several ways:
1. We are unable and subject to the additional charges. We have been medical school graduates are being pushed out of practice.
2. Our group found it necessary to self insure due to high liability insurance premiums combined with low reimbursements.

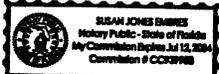
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Alex Marti

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Alex J. Marti, MD, who is personally known to me / who did take an oath.

Susan Jones Embrey
 NOTARY PUBLIC
 My Commission Expires: 7/12/2004



AX TODAY TO 1-850-222-8827
SEND ORIGINAL TO FMA, 113 E. COLLEGE AVE, TALLAHASSEE, FL 32309

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared George Martin M.D., who being first duly sworn, deposes and states:

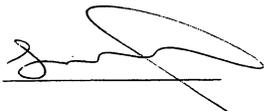
- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurosurgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped performing elective Aneurysm & other complex cases due to the adverse litigated climate

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 18 day of July, 2003, by George Martin M.D., who is personally known to me / who did take an oath.

Elaine E. Schneider
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared James A. Martin, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ENT.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped doing extensive endoscopic sinus surgery because of the risky nature of the procedures. I have stopped doing surgery for cholesteatoma.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 18 day of July, 2003, by James A. Martin, M.D., who is personally known to me / who did take an oath.

Debra W. Poore
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF

BEFORE ME, the undersigned authority, personally appeared ALVARO I. MARTINEZ, M.D. who being first duly sworn, deposes and states:

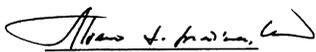
- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

RESTRICTED TO ECG INTERPRETATION & TEACHING ROUNDS U of M. (CARDIOLOGY)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 21 day of JULY, 2003, by ALVARO I. MARTINEZ, M.D., who is personally known to me / who did take an oath.

Lillian A. Zayas
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Alvaro I. Martinez Jr MD who being first duly sworn, deposes and states:

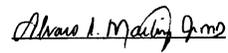
- I am a physician licensed in the State of Florida.
- My area of medical practice is cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped seeing Ob-Gyn cases

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 29 day of July, 2003, by ALVARO I. MARTINEZ JR. MD, who is personally known to me / who did take an oath.

Mari U. Ponce
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared EDUARDO G. MARTINEZ MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PULMONARY MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here): NO LONGER PROVIDING SERVICES TO OBSTETRIC PATIENTS
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

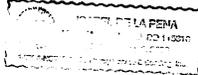
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of

JULY, 2003, by Eduardo G. Martinez, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami, Dade

BEFORE ME, the undersigned authority, personally appeared GUSTAVO MARTINEZ, Pod. II, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): NO CR patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29th day of JULY, 2003, by Gustavo Martinez Padilla, MD, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



e-d

022:00 00 00 100

FROM Juvenal E. Martinez, M.D.

(MON) 7 21 2003 5:37/ST. 5:37/NO. 5510839766 F 2

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared JOSE MARTINEZ-SALAS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Polk County
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Discouraged my colleagues from performing high risk obstetrical patients because of insurance concerns.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

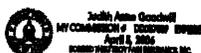
FURTHER AFFIANT SAYETH NAUGHT

Jose Martinez-Salas, M.D. 838 First Street, North Winter Haven, FL 33881

[Signature]

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by Jose Martinez-Salas, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared JUVENAL E. MARTINEZ M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Stopped doing any risky procedures that would increase my malpractice insurance

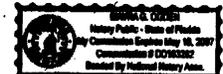
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by Juvenal E. Martinez, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared Roberto Martinez MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Do not take high risk cases. No back or MVA or Workes Comp. No pts who had previous surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature] MD.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Roberto Martinez MD, who is personally known to me / who did take an oath.

Mario P Poplin
My Commission Expires August 21 2006
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Peter H. Marzek MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic Surgery (Plastic & Reconstructive).
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- I am dropping procedures at one's facility b/c of the other hospitals where I have a staff to help with covering from exposure of insurance liability.
- I am limiting the procedures that I use high priority for completion & send them to tertiary care centers b/c of a. exposure.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 15 day of July, 2003, by Peter Marzek, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 9/24/04

VERA D. RENFRO
Notary Public, State of Florida
My comm. exp. Sept. 24, 2006
Comm. No. DD 153023

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Jonathan C. Maset M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I avoid performing surgery on patients with high risk medical / health.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Jonathan C. Maset MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

MARTHA R. HERNANDEZ
MY COMMISSION # DD 152288
EXPIRES: December 9, 2006
1-800-340TARY FL Notary Service & Bonding, Inc.

AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Fernando Mata M.D.

who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Broward (psychiatry).
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

RESIGNED FROM 3 HOSPITALS, NOW OUT-PT. ONLY.

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Fernando Mata, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC

My Commission Expires:

EMERGENCY SERVICE
My Comm. Exp. 04/09/04
FL. DD 000000
FL Notary Service, Inc.

finally got through
7/30/03 12:15 AM

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared MIGUEL MATEOS-MORA, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INFECTIOUS DISEASES.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- DO NOT SEE ANY PREGNANT FEMALES
- DO NOT SEE ANY CHILDREN

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Miguel Mateos - Mora MD who is personally known to me / who did take an oath.

DIANA SUE RENICK
NOTARY PUBLIC
EXPIRES 11/13/2006
SIGNED THIS INSTRUMENT

[Signature]
NOTARY PUBLIC
My Commission Expires: 11/13/2006

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Patrick F. Mathias, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped seeing medical patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Patrick F. Mathias, M.D. who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

PAMELA BLUE LORENZ
BY COMMISSION OF THE STATE
EXPIRES February 17, 2007
Notary Public, Florida

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Jose R. Matto M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-Gyn.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped seeing high risk OB because my malpractice was double in the last year

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jose R. Matto M.D. who is personally known to me / who did take an oath.

CHARLOTTE D. ELIASHVY
NOTARY PUBLIC
My Commission Expires: 2/27/2008
No. 00 079400

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is pediatric pulmonary.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
As a pediatric pulmonologist, I feel very comfortable taking care of children with complex medical problems - but I have stopped doing so. Also I have resigned from medical staff at certain hospitals

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by MANUJ DA who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

MARIA C. ROSSO
BY COMMISSION OF THE STATE
EXPIRES May 31, 2004
Notary Public, Florida

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Nathan Mayl M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic + Reconstructive Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped any response to emergency patients, stopped doing hand surgery and will not do it on C-Flap patients or patients who are smokers.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Nathan Mayl, M.D., who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Critical Neurological pts have had been transferred to other hospitals

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Suman Mayer, who is personally known to me / who did take an oath.



[Signature]
 NOTARY PUBLIC
 My Commission Expires: 01-08-07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared (print name)
SUMAN MAYER, who being first duly sworn, deposes and

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in DUVAL County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

http://www.fcep.org/affidavit.htm

7/17/2003

STATE OF FLORIDA
COUNTY OF YOUSIA

BEFORE ME, the undersigned authority, personally appeared
W. ROSE, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Emergency Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have stopped seeing certain patients.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by W. ROSE, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared

Wayne S. Naught, who being first duly sworn, deposes and states:

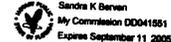
- I am a physician licensed in the State of Florida.
- My area of medical practice is REPRODUCTIVE ENDOCRINOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - STOPPED HIS PATIENTS FROM COMPLICATED GYNECOLOGICAL SURGERY.
 - WILL NOT OFFER EMERGENCY DONATION
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

W S Naught

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Wayne S. Naught, who is personally known to me / who did take an oath.

Sandra K. Berwen
NOTARY PUBLIC
My Commission Expires: 9/1/05



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared ORLANDO MARTIN, MD, who being first duly sworn, deposes and states:

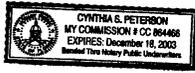
- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIOLOGY INT MED.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - INJECTION OF TEMPORARY PAINS
 - INJECTION OF S-CI catheters
 - INJECTION OF "A" lines
 - INJECTION OF EMP Wires
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Orlando Martin, MD

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Orlando Martin, MD, who is personally known to me / who did take an oath.

Cynthia S. Peterson
NOTARY PUBLIC
My Commission Expires:



JUL -28' 03 (MON) 10:49 N. F. W. C. /SURGERY TEL: 8508785695 P. 005
FAX -> TO: -> -> All FAX Numbers Wed Jul 16 2003 05:43:19 PM EDT

07/25/03 FRI 10:46 FAX OOC ADM 002

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared G. GRAY MURPHY, MD, who being first duly sworn, deposes and states:

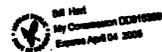
- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopaedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - Stopped providing ER services to 3 hospitals
 - Stopped accepting transfers of spinal injury pt's outside of hospital
 - Reassigned medical staff of 2 hospitals.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

G. Gray Murphy

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by G. GRAY MURPHY, MD, who is personally known to me / who did take an oath.

Bill Hart
NOTARY PUBLIC
My Commission Expires: 4/1/05



STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Ferret McAlpine, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
 - Refer out all high risk OB patients
 - Not longer perform surgery on gynecology patients.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

K. Kelly

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by Ferret McAlpine, MD, who is personally known to me / who did take an oath.

Gene Brent Jacey
NOTARY PUBLIC
My Commission Expires:



MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA, COUNTY OF DUVAL

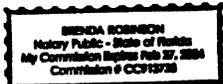
BEFORE ME, the undersigned authority, personally appeared Dennis E. McCarthy, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
My malpractice insurer has reduced our coverage. We can no longer have \$1 million \$3 million coverage.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dennis McCarthy, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared THOMAS MCCLANE, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PSYCHIATRY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
I stopped giving ECT + stopped all hospital practice.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas McClane MD

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by THOMAS MCCLANE, MD, who is personally known to me / who did take an oath

Ellen M. Din NOTARY PUBLIC My Commission Expires: 4/25/06



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared John M. McClane III, MD, who being first duly sworn, deposes and states:

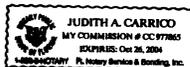
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPAEDIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
No longer cover Emergency Rooms due to increased liability. Stopped doing higher risk procedures. Plan to retire early due liability crisis. Stopped doing spine surgery due to increased liability.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John M. McClane III MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John M. McClane, M.D., who is personally known to me / who did take an oath.

Judith A. Carrico NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Martin

BEFORE ME, the undersigned authority, personally appeared [Name], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Otolaryngology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT DANIELLE LUPULIO NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC08777 MY COMMISSION EXP. DEC. 8, 2003

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by James McConnell, who is personally known to me / who did take an oath.

Danielle Lupulio NOTARY PUBLIC My Commission Expires: 12/8/03

AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Michael H. McCormick who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared John M. McClure III, MD who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Chf, Orthopaedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopaedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer see acute trauma patients & have resigned from community hospital which provided preponderant trauma care

4. (If you checked b., please provide an explanation here):
No longer cover Emergency Room due to increased liability. Stopped doing higher risk procedures. Plan to retire early due liability crisis. Stopped doing spine surgery due to increased liability

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

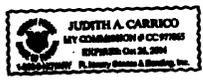
The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Michael H. McCormick who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by John M. McClure, M.D. who is personally known to me / who did take an oath.

Deborah D. Swearingen
NOTARY PUBLIC
My Commission Expires:

John M. McClure III, MD

Judith A. Carrico
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Citrus

STATE OF FLORIDA,
COUNTY OF NASSAU

BEFORE ME, the undersigned authority, personally appeared Lauren E. McDowell, MD who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared E. William McGrath Jr MD who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
decreased types of laparoscopic surgical services will not do C-sections will not operate on dehydrated patients decreasing breast patient volume decreasing vascular surgery volume

4. (If you checked b., please provide an explanation here):
Effective 5/2/03 No more High Risk OB No more GYN surgery on obese/unstable/impolite / or other high risk surgical candidate. Any potential lawsuit patient - is referred to Shands due to surgeon immunity. Unfortunately Shands is overbooked & inconvenient - patient wait for months

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Lauren E. McDowell who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by E. William McGrath, Jr., M.D. who is personally known to me / who did take an oath.

Angela L. Edwards
NOTARY PUBLIC
My Commission Expires:

E. William McGrath, Jr., MD
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Robert L. McQuinn, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Surgeon
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Unavailable insurance. Claims made
through my old insurance. At one time
I had high risk cases to take
for liability.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st day of
July, 2003, by Robert L. McQuinn, M.D., who is
personally known to me / who did take an oath.

Barbara Joyce
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
David McCalip, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Send complex tumors and aneurysms to University.
I do NO Pediatric Neurosurgery. I send patients
with high likelihood of poor outcome to university.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of
July, 2003, by David McCalip, who is
personally known to me / who did take an oath.

Susan A. Schwartz
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
Wallace W. McLean, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

High risk OR & Cancer
Patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of
July, 2003, by Wallace W. McLean, MD, who is
personally known to me / who did take an oath.

Alan M. Dalton
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Michael J. McLaughlin, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General & Thoracic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I stopped performing abdominal aortic aneurysm
surgery, pancreatic surgery, Esophageal
surgery, peripheral vascular surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of
July, 2003, by Michael J. McLaughlin, MD, who is
personally known to me / who did take an oath.

James H. Laughon
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is pediatric ENT.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

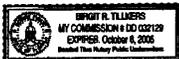
I have had to dramatically decrease my liability coverage limits and will limit or restrict my exposure to high risk patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

B. O. McMillan

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Christie Marie McMorrow M.D. who is personally known to me / who did take an oath.



Brigit A. Sellers
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared CHRISTIE MCMORROW M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurosurgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

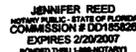
I no longer carry malpractice insurance
N. Vincent Ansel, M.D. - Neurosurgeon - moved to Tennessee to practice neurosurgery last year in part because of the liability crisis issue

FURTHER AFFIANT SAYETH NAUGHT

Christie Marie McMorrow

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Christie McMorrow M.D., who is personally known to me / who did take an oath.

Jennifer Reed
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared George R. McSwain, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped doing high risk procedures such as pediatric surgery and kidney dialysis procedures
Dropped off of emergency room coverage
Dropped off staff of our local "community" hospital

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

George R. McSwain MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by George R. McSwain, M.D., who is personally known to me / who did take an oath.

Elaine E. Schneider
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Terry R. Meadows, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Pasco County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery
 - psychiatry
 - pulmonary medicine
 - radiology

trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
urology
vascular surgery
other

Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients in your region.

In my region, there have been multiple closures of Obstetrical units. There is very restricted coverage of neurosurgery, which varies day by day. Neurologists are not available to take call and evaluate an acute stroke for possible thrombolysis in Palm Beach county.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature) J. Meadows
The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Terry R. Meadows, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

Shirley Hoch
Shirley Hoch



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Marc A. Melser, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
My area of medical practice is Urology.
Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

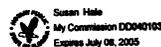
- Moved to another state or have retired from or quit the practice of medicine.
Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
I will no longer go to Mirna Hines
I have stopped Cystoscopy and Flap top urinary diversion for bladder cancer. These patients have to travel far for this procedure.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature) Marc A. Melser, MD
The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Marc Melser, who is personally known to me / who did take an oath.



Susan Hale
NOTARY PUBLIC
My Commission Expires: 7/8/2005

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared Jason Mendez, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
My area of medical practice is Interventional Radiology.
Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
Moved to another state or have retired from or quit the practice of medicine.
Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

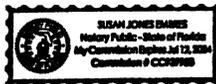
(If you checked "b" above, please provide an explanation here):
High risk Vascul, Para Spine, C-spine, Spinal Cord and Aortic Stenting will not be done.
High risk Abdominal Aortic Aneurysm, C-spine, Spinal Cord, Para Spine, C-spine, Aortic Stenting will not be done.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature) Jason Mendez, MD
The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Jason Mendez, Jr, who is personally known to me / who did take an oath.

Susan Jones Embree
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared GUSTON MENDEZ, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
My area of medical practice is Diagnostic Radiology.
Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
Moved to another state or have retired from or quit the practice of medicine.
Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
THE LIABILITY INSURANCE CRISIS HAS IMPACTED OUR PRACTICE IN SEVERAL WAYS:
1. IT HAS FORCED OUR EMPLOYERS TO HIRE ADDITIONAL RADIOLOGISTS
2. LOCAL LOCAL MEDICAL SCHOOLS GRANTS ARE BEING REDUCED OR CUT OFF ENTIRELY.
3. OUR GROUP THROUGH IT IS NECESSARY TO SELF INSURE PART OF HIGH LIABILITY INSURANCE. PREMIUMS COMBINED W/ LOW REIMBURSEMENTS.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature) Guston Mendez, MD
The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Guston Mendez, Jr, who is personally known to me / who did take an oath.

Susan Jones Embree
NOTARY PUBLIC
My Commission Expires: 7/13/2004



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Blaine

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, depose and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is EMERGENCY MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
No. Dr. Little Hospital Practice
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 1st day of August 2003, by Erugin Mendez, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, depose and states:

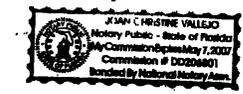
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is CAR DIAGNOSIS
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
stopped seeing pregnant patients with heart disease due to liability concerns did not participate in independent call for acute myocardial infarction
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July 2003, by QUEENIE B. MENDOZA MD, who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared IVAN MENEZES M.D., who being first duly sworn, depose and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is EMERGENCY ROOM/DEPT.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
Extensively limit performing any critical invasive procedures in the ER, and refer them to consulting specialist care or transfer the patients to other facilities that may have these services, which I must admit is very hard to find.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July 2003, by Ivan Menezes MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires:

[Signature]

Page 2 of 2

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Huberto E. Merayo, MD, who being first duly sworn, depose and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Psychiatry
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another State or have retired from or quit the practice of Medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked item b, please provide an explanation here):
stopped seeing patients in nursing homes, and homes due to the high risk of treating these patients.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 28 day of July 2003, by Huberto E. Merayo who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:

[Signature]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Michael G. Merceda, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Family & Geriatric Medicine
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

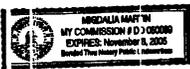
4. (If you checked b., please provide an explanation here):
Have restricted my nursing homes and assisted living facilities geriatric care at these places and reduced higher risk dermatologic surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael G. Merceda MD

The foregoing instrument was acknowledged before me this 19 day of June, 2003, by Michael G. Merceda MD, who is personally known to me / who did take an oath.



Miguel A. Martin
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared James R. Meredith, who being first duly sworn, deposes and states:

- 1. I am a medical student at University of South Florida medical school.
- 2. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I (check all that apply):
 - A. Am considering moving to another state to practice medicine.
 - B. Have decided to move to another state to practice medicine.
 - C. Have avoided going into a high-risk specialty.

3. (If you checked C., please set forth the specialties that you have avoided):

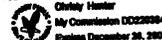
4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James R. Meredith
Signature

The foregoing instrument was acknowledged before me this 15th day of August, 2003, by James R. Meredith, who is personally known to me / who did take an oath.

Christina
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Daisy Merrey MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Family Practice
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Reduced risky procedures (doing less risky procedures) & decreased prescriptions of medications

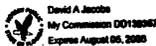
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David A. Jacobs

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Daisy MERREY, who is personally known to me / who did take an oath.

David A. Jacobs
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared JOHN H. MERREY, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OPHTHALMOLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have ceased all eye operations

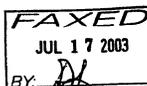
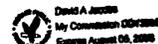
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John H. Merrey

The foregoing instrument was acknowledged before me this 17th day of JULY, 2003, by JOHN H. MERREY M.D., who is personally known to me / who did take an oath. In Palm Beach Co. FL.

David A. Jacobs
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS & GYNCOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
ATTACHED LETTER TOOK LEAVE OF ABSENCE
PROBABLY PERMANENT. DO NOT FEEL DEFENSIVE
TO PROVIDE A-MEDS THAN ON SITE!
(SEE ATTACHED LETTER DATED 4/05)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
MATHEW MERIS, MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Matthew Meris, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 9/18/2006



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared ALLEN MESKE, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is EMERGENCY MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
EMERGENCY PRACTICE INSURANCE NOT AFFORDABLE
IF AVAILABLE. MUST PRACTICE DEFENSIVE
MEDICINE

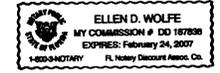
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Allen Meske, MD, who is personally known to me / who did take an oath.

[Signature]
ELLEN D. WOLFE
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared H. H. MESSORE, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped doing high risk surgical procedures (placenta previa, breech, etc.) due to high risk litigation
environment. Still accepting normal and low risk patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
H. H. MESSORE, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by H. H. MESSORE, who is personally known to me / who did take an oath.



[Signature]
CARLA L. AMENDALE
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared MARISA MESSORE M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics & Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

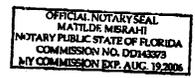
4. (If you checked b., please provide an explanation here):
I no longer practice Obstetrics

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by MARISA MESSORE, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared Roger Meyer, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology - Retina Subspecialty
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
1) Dropped hospital privileges due to liability of covering the emergency room
2) Stopped doing retinal detachment surgery due to low reimbursement and high liability of the procedures
4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Roger Meyer, MD

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by Roger Meyer, M.D., who is personally known to me / who did take an oath.

Queen Wilson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Columbia

BEFORE ME, the undersigned authority, personally appeared UMESH M HATRE, who being first duly sworn, deposes and states:

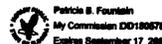
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
avoid seeing suicidal and severely depressed patients
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Patricia B. Fountain

The foregoing instrument was acknowledged before me this 16th day of July, 2003, by Umesh M. Mhatre, who is personally known to me / who did take an oath.

Patricia B. Fountain
NOTARY PUBLIC
My Commission Expires:



JUL 29 2003 12:13PM OCMS 4076224614 p. 9
JUL-26-2003 07:54 PM DR. NICKLAVZINA 4076474774 P. 01

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

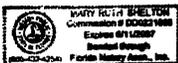
BEFORE ME, the undersigned authority, personally appeared CONRIG NICKLAVZINA who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB-GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
NO. I am seeing high risk OB - patients with High blood pressure, DIABETES, BROWN BLOOD SUGAR, 40 YEARS, Pts WITH IN VITRO FERTILIZATION, Pts WITH PLAC. DISORD.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mary Ruth Shuttler

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Conrig Nicklavzina, who is personally known to me / who did take an oath.



Mary Ruth Shuttler
NOTARY PUBLIC
My Commission Expires: 6/11/2007

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared ANDREK MIJICA, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
stopped malpractice insurance
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Sandra Swanton

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Dr. Andrek Mijica, who is personally known to me / who did take an oath.

Sandra Swanton
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared JOHN V. MILAZZO, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General, Vascular + Thoracic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(4) (If you checked b., please provide an explanation here):

- * Eliminated some high risk procedures including Pediatric + kidney dialysis procedures
* Resigned from one of the two hospitals in Manatee County to cut back on emergency call + high risk patients because of liability

FURTHER AFFIANT SAYETH NAUGHT

Signature of John V. Milazzo, MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by John V. Milazzo, MD, who is personally known to me / who did take an oath.

Elaine E. Schneider, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Vincent J. Milazzo, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General, Vascular + Thoracic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(4) (If you checked b., please provide an explanation here):

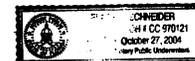
- 1 Discontinued high risk procedures
2 Resigned from active staff at local community hospital
3 Dropped off emergency room coverage
4 Had to limit malpractice coverage from 1 million to 250,000 to reduce premium or it would have bankrupted practice.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Vincent J. Milazzo, M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Vincent J. Milazzo, M.D., who is personally known to me / who did take an oath.

Elaine E. Schneider, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared [print name] JAMES TIMOTHY MILES, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in BREVARD County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- ? burns
? cardiology
? cardiovascular surgery
? emergency medicine
? gastroenterology
? general surgery
? geriatrics
? gynecology
? hand surgery
? internal medicine
? neurology
? neurosurgery
? obstetrics
? ophthalmology
? oral/maxillo-facial surgery
? orthopedics
? otolaryngology
? pediatrics/pediatric surgery
? plastic surgery

AFFIDAVIT

- ? psychiatry
? pulmonary medicine
? radiology
? trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- ? thoracic surgery
? urology
? vascular surgery
? other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

At Palm Bay Community Hospital, nearly all specialists have dropped their privileges especially in the above listed specialties. The neurologist is even there to care for strokes. There is only an orthopedic surgeon there on about 1/2 of days.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of James Timothy Miles, MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by JAMES MILES, MD, who is personally known to me / who did take an oath.

Elaine E. Schneider, NOTARY PUBLIC, My Commission Expires: 11 Nov. 2006 CC 790155

At Palm Bay Community Hospital and Holmes Regional Medical Center (I work at both hospitals), many, if not most, surgical specialists such as cardiothoracic surgeons and urologists have stopped taking care of patients under 18 years of age.

On 3/4 of days, there is no hand surgeon available in the entire county of Brevard. On at least 2 occasions, I have been unable to get a hand surgeon to care for hand emergencies. This was despite calling every hand surgeon in this county and hand surgeons at major referral centers in Miami, West Palm Beach, Orlando, Tampa, Daytona Beach, Gainesville, and Jacksonville. In those cases, the patients had to settle for the care of non-hand specialist physicians.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Mark R. Milowski, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS! The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Mark R. Milowski

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Mark R. Milowski, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Dr. Michael Milstein, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped Hospital work -
✓✓ OFFICE Surgical Procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael Milstein

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Michael Milstein, who is personally known to me / who did take an oath.

Cassandra Ann Hill
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Lynne S. Miner, RN, APRN, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB-GYN.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

My nurse-midwifery practice has dissolved because the government's practice is not favorable to midwives due to liability concern. My back-up physician can no longer support our midwifery service office due to escalating malpractice premiums.

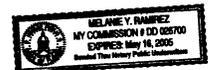
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lynne Miner RN, APRN

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Lynne Miner RN, APRN, who is personally known to me / who did take an oath.

Melanie Y. Ramirez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
Jonathan A. Mines, who being first
duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Vitreo-Retinal Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

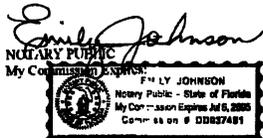
1. No more care for premature infants.
2. Restricted HMO participation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jonathan Mines, MD

The foregoing instrument was acknowledged before me this 1st day of
August, 2003, by Jonathan Mines, MD, who is
personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared
Walter R. Simian, MD, who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Surgery & Trauma Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Walter R. Simian, MD

The foregoing instrument was acknowledged before me this 21 day of
July, 2003, by Walter R. Simian, MD, who is
personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
JAMES MINER, MD, who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS!
The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



James Miner, MD

The foregoing instrument was acknowledged before me this 25th day of
July, 2003, by James A. Miner, MD, who is
personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dee

BEFORE ME, the undersigned authority, personally appeared
Donald Miner, MD, who being first
duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General + Vascular Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

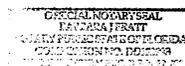
no longer do some high risk procedures - thyroid surgery, pancreas surgery, pediatric surgery, colorectal + vascular surgery procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Donald Miner, MD

The foregoing instrument was acknowledged before me this 22 day of
July, 2003, by self, who is
personally known to me / who did take an oath.



Fax -> TO: -> -> Donald Miner, MD, Wed Jul 16 2003 05:29:59 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Stephen J. Munnick, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice: had my practice restricted

4. (If you checked b., please provide an explanation here):
I am not restricting - I am being restricted. I have pts w/ Pan Breast Cancer because of insurance. It is taking longer & longer to get procedures performed because there are not enough mammographers, oncologists, pathologists etc. for pts

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Kathleen Munnick, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
 My Commission Expires: Grace Tennessee Commission # DD 010794 Expires May 1, 2005

[Signature]

FAXED

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared George Miguel J. MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Urology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked B, please provide an explanation here):
Eliminated Emergency Room coverage. Turned away high risk patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by George Miguel J. MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
 My Commission Expires:

[Signature]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Mark Miskinel MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Mark Miskinel, who is personally known to me / who did take an oath.



NOTARY PUBLIC
 My Commission Expires: October 15, 2006

[Signature]

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Kenneth B. Mitchell MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is LAKE WORTH, FLORIDA, OPHTHALMOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

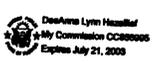
4. (If you checked b., please provide an explanation here):
I WILL NOT PERFORM MEDICALLY NECESSARY OCULAR SURGICAL PROCEDURES. ALTHOUGH I AM WELL TRAINED IN GLAUCOMA I AM RELUCTANT TO DO CERTAIN HIGH RISK PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Kenneth B. Mitchell, MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC
 My Commission Expires: July 21, 2003

[Signature]

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
MARCO A. MITCHELLMAN who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is RADIOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Wash Mitchellman

The foregoing instrument was acknowledged before me this _____ day of _____, 2003, by _____, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

FROM : W. MOCCIA, MD, PA PHONE NO. : 305 743 0418 Jul. 16 2003 06:50PM P2

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Florida

BEFORE ME, the undersigned authority, personally appeared
WAYNE A. MOCCIA, MD who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Diagnostic Radiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1) stopped performing high risk intervention procedures
2) may stop performing interventional procedures in future

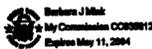
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Wayne A. Moccia MD

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by WAYNE A. MOCCIA, MD who is personally known to me / who did take an oath.

Barbara J. Mink
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
Roberto M. Moya who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stop seeing patients at nursing homes. Relinquish the area of home diagnostic medicine for the office, Relinquish ER about imaging and other patients to my group. Make a loan to pay mortgage for house.

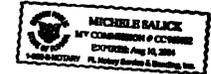
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Roberto G. Moya M.D.

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Roberto G. Moya who is personally known to me / who did take an oath.

Michelle Salick
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
John M. Mearns, MD who
being first duly sworn, deposes and states:

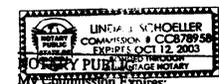
- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery and GI Endoscopy
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer do ER call, avoid doing children cases, avoid major procedures on patients, and will refer pts to University if I have any concern about patient or their insurance.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by John Mearns who is personally known to me / who did take an oath.

John Mearns



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Steve Macgregor MD FRCR FRCS who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery Colon Rectal Surg.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

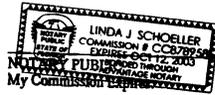
4. (If you checked b., please provide an explanation here): No Gastro Surgery No Transverse Surgery No Colon / Proctology

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July 2003, by Steve Macgregor who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared Dr. Deborah Christian M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Reconstructive Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No nose burns, cleft lip & palate, hand fractures, & no more emergency from coverage

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July 2003, by Dr. Deborah Christian M.D. who is personally known to me / who did take an oath.

[Signature] Notary Public, My Commission Expires:



07/18/03 PRI 13:54 FAX 561 882 8352 YAMC WFB FL 6A WARD

001

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared [Name], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

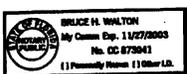
4. (If you checked b., please provide an explanation here): STOPPED MY PRIVATE PRACTICE. INSURANCE ROSE TO \$38,000 AND COULDN'T AFFORD IT

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT Nayan Mohamed M.D.

The foregoing instrument was acknowledged before me this 18 day of JUL 2003, by [Name], who is personally known to me / who did take an oath.

[Signature] Notary Public, My Commission Expires: NOV 27 2003



2401 West Bay Drive Building 600 Largo, Florida 33770 (727) 581-6984 FAX 584-7648

Stanley S. Moles & Associates, M.D.'s, P.A.

July 17, 2003

TO: State of Florida County of Pinellas

AFFIDAVIT:

I wish to make the State Legislature aware, especially the senators, that because of the crisis in malpractice we have found it necessary to procure an additional number of consultants and order many additional tests in order to protect ourselves against malpractice. This has contributed markedly to the high cost of healthcare and the Florida Senate, (by their obstinacy of not giving us a \$250K cap), is directly responsible in contributing to healthcare costs.

[Signature] STANLEY S. MOLES, M.D. SSM/ge

NOTARIZED: DATE: 7/17/03

[Signature]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared A. Alkaddin Molla Bashy, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPAEDIC ONCOLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I have moved to Indiana, beginning 10/03. Indiana has had tort reform for nearly 30 years.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of A. Alkaddin Molla Bashy

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by A. Alkaddin Molla Bashy, who is personally known to me / who did take an oath.



Teresa Bee Beal, NOTARY PUBLIC, My Commission Expires: Aug 2, 2003

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11212:8 800 72 101

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared George Moris, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS! The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Seal for Kristen J. McCloskey, My Commission Expires December 26, 2004

Signature of George Moris, MD

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by George Moris, who is personally known to me / who did take an oath.

07/18/03 FRI 08:33 FAX 9417942893 CASTRO ASSOC OF MANATEE FAX TODAY TO 1-850-222-8829 SEND ORIGINAL TO FMA, 113 E. COLLEGE AVE, TALLAHASSEE, FL 32309

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared Carlos Montero MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology Hepatology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

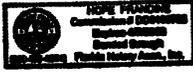
we have big cases, however, less of per visit, done by CT's, has been alluded with out patient radiology, increasing costs for patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Carlos Montero MD

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Carlos Montero M.D., who is personally known to me / who did take an oath.



Hope Handlin, NOTARY PUBLIC, My Commission Expires:

MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Mark Monroe MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

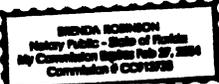
4. (If you checked b., please provide an explanation here): I have been forced to turn down or cancel high risk patients in Florida.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Mark Monroe, MD, who is personally known to me / who did take an oath.

Signature of Notary Public, My Commission Expires:



Signature of Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palma Beach

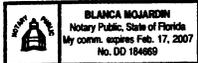
BEFORE ME, the undersigned authority, personally appeared
PIERRE J MONTROSE MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry General and Geriatrics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I stopped seeing severely depressed, high risk for suicidal patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Pierre J. Montrose, MD

The foregoing instrument was acknowledged before me this 10th day of July, 2003, by Pierre Jacob Montrose, who is personally known to me / who did take an oath.
PL DL ID

Blanca Mojardin
NOTARY PUBLIC
My Commission Expires:


AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared
John T Moore MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped high risk procedures. Stopped seeing Medicaid vocational Rehabilitation patients

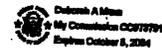
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John Moore

The foregoing instrument was acknowledged before me this 4th day of August, 2003, by John T Moore MD, who is personally known to me / who did take an oath.

Deborah Mack
NOTARY PUBLIC
My Commission Expires: 10-8-04



Fax -> TO: -> Charles Edwards MD Wed Jul 16 2003 05:42:41 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared
Charles E. Moore MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I HAVE SPECIFICALLY STOPPED PERFORMING ALL KINDS OF BREAST RECONSTRUCTION

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles E. Moore

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Charles E. Moore, who is personally known to me / who did take an oath.



Terrie T. Groom
NOTARY PUBLIC
My Commission Expires: 3/20/06

NOTE: BEYOND MY OWN CIRCUMSTANCES, I KNOW THAT 10 MONTHS AGO DR. FLOEA DANISI, ALSO A PLASTIC SURGEON, SPECIFICALLY DENIED SOLELY IN RELATIONSHIP TO HER LIABILITY PREMIUM.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared
Matthew R Moore MD, FACS, being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurosurgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:

NO more pediatric or high risk tumors despite training years to do it at Harvard Medical School

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Matthew Moore MD, FACS

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Matthew Moore MD, FACS, who is personally known to me / who did take an oath.

Debra Ann Combs
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is COLON/RECTAL SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

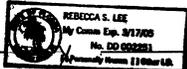
4. If you checked B, please provide an explanation here:

I-Douch for Inflammatory Bowel Disease
High risk colon resections
Sphincter Repairs

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert Moore



The foregoing instrument was acknowledged before me this 19th day of July, 2003, by

_____ who is personally known to me / who did take an oath.

Rebecca S. Lee
NOTARY PUBLIC
My Commission Expires: 03-17-03

FAXED
7/18/03

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared Thomas Henry Moore Sr, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ORTHOPEDIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas H Moore Jr

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Thomas H Moore Sr, who is personally known to me / who did take an oath.

Peter Miller
NOTARY PUBLIC
My Commission Expires: 05-28-07



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Jesse Morgan MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

MVA, Polytrauma, revision arthroplasty.
Hand Injuries, all wireless cop-p.
Child abuse injuries on public protection.
They and all cases involving attorneys & litigation.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

J Morgan MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jesse Morgan MD, who is personally known to me / who did take an oath.

Rhydol Husain
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Kurt Mori, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Interventional Radiology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications.

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: Kurt Mori MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Kurt Mori, MD, who is personally known to me / who did take an oath.

Shirley Robinson
NOTARY PUBLIC
My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Paul A Mori M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is RADIOLOGY - NUCLEAR MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

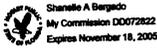
4. If you checked B, please provide an explanation here:

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Paul A Mori MD

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by Paul A Mori MD who is personally known to me / who did take an oath.



Sharlene A Bergado
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared John Naught, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I had to become an employed physician whereby my medical malpractice would be covered

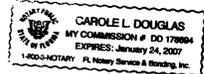
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John Naught

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by John Naught who is personally known to me / who did take an oath.

Carole L Douglas
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Cosler

Patricia A. Morrison, M.D.
490 Eighth St., North
Naples, Florida 34112

BEFORE ME, the undersigned authority, personally appeared Daniel Morris, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Medical Oncology + Hematology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have asked surgeons not to refer Breast Cancer patients to me. I also try to refer out of my practice patients with acute leukemia. I also try to refer hospital consults to other physicians

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Daniel Morris

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by DANIEL MORRIS, MD who is personally known to me / who did take an oath.



Beverly Ann Davis
NOTARY PUBLIC
My Commission Expires: 11/1/2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Patricia Ann Morrison, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgeon
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

CAST APPROX. INJURY + RISK

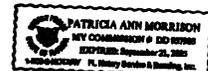
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Patricia Ann Morrison

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Patricia Ann Morrison MD who is personally known to me / who did take an oath.

Patricia Ann Morrison
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Mr. A. Morsi, MD, who being first duly sworn, deposes and states:

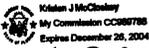
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS! The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Kristin J. McCleary

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Mr. Morsi, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BRADENTON

BEFORE ME, the undersigned authority, personally appeared MAHMOUD MOSTAFAVI, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

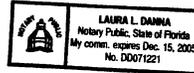
4. (If you checked b., please provide an explanation here):

- stopped seeing high risk patients
- decreased our coverage

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by MAHMOUD MOSTAFAVI, who is personally known to me / who did take an oath.



Notary Public signature and commission expiration date: 12.15.2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared EDWARD MOSTEL, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is CARDIOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I AM NO longer willing to care for patients with conditions or situations that place me at greater risk of malpractice lawsuits. For the first time in my career, I have seriously contemplated early retirement rather than confront the risk of malpractice lawsuits that could drain my family's savings or jeopardize our future.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Edward Mostel

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Edward Mostel, MD, who is personally known to me / who did take an oath.



Notary Public signature and commission expiration date

Our practice recruited highly qualified physicians to join us. We could not get him Malpractice insurance. Only option was \$26,000 annual cost for state insurance, which would have led to private insurance company withdrawing the policy of already established physician group. The recruited physician opted to take his decrease position that was safe.

MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Robert D. Mouradian, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

During the volunteer leave of absence in Jacksonville over the summer, there was an approximately 25-30% decrease in volume of surgeries. That 25-30% of our normal volume of patients were being treated in other areas.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Robert Mouradian, MD, who is personally known to me / who did take an oath.

Notary Public signature and commission expiration date



Notary Public signature and commission expiration date

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name] Paul D. Mueller, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is emergency medicine.
- 3. I practice emergency medicine and/or trauma care in a hospital in Orange County.
- 4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery

http://www.fcen.org/affidavit.htm

Paul D. Mueller 7/17/2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared Donald J. Meyer, Jr MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Neurosurgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice:

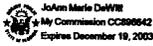
4. (If you checked b., please provide an explanation here):
Stopped doing aneurysm (coarcted) surgery except in acute emergencies

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Donald J. Meyer, Jr MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Donald J. Meyer, Jr MD, who is personally known to me / who did take an oath.



JoAnn Marie DeWitt
NOTARY PUBLIC
My Commission Expires: 12/18/03

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)
Coverage for hand and neurosurgery is threatened, and access to care has sometimes been limited. This problem is making it extremely difficult to recruit new physicians

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

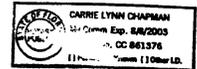
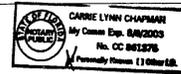
FURTHER AFFIANT SAYETH NAUGHT

Paul D. Mueller and keep older ones. This problem is escalating

(Signature)

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Paul D. Mueller, who is personally known to me / who did take an oath.

Carrie Lynn Chapman
NOTARY PUBLIC
My Commission Expires: 8/8/03



Carrie Lynn Chapman

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Manshi G. Mukherjee M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped doing High risk Procedures eg. Advanced Laparoscopic Procedures - & office Surgeries

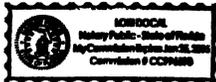
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Manshi Mukherjee MD

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Manshi G. Mukherjee M.D., who is personally known to me / who did take an oath.

Leri Dore
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Dipak K. Mukherjee, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is CARDIOLOGY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

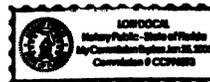
- STOPPED TAKING ER. CALLS:
- STOPPED SEEING CRITICAL CARDIAC PATIENTS
- RESTRICTED AND LIMITED PRACTICE TO MOSTLY ONE HOSPITAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dipak K. Mukherjee

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Dipak K. Mukherjee M.D., who is personally known to me / who did take an oath.



Leri Dore
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared James J. Murata MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedics (ENT).
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Surgical restrictions
more diagnostic testing

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James J. Murata

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by James J. Murata, who is personally known to me / who did take an oath.

Delilah R. Mungia
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Douglas R. Murphy Jr MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Gynecology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED OBSTETRICS - I WANTED TO
SLOW DOWN BUT DUE TO LIABILITY COSTS
I COULD NOT DO THIS

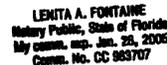
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Douglas R. Murphy Jr MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Douglas R. Murphy, who is personally known to me / who did take an oath.

Lenita A. Fontaine
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Charles Patrick Murrach, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiovascular Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

opened practice in Valsparca to try to pay increased malpractice costs

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles Patrick Murrach

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Charles Patrick Murrach who is personally known to me / who did take an oath.

Charles Murrach
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Robert L. Murrach, Jr., MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

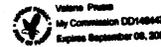
(b) I have stopped performing spine surgery due to the cost of malpractice
(a) I am considering moving to another state

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert L. Murrach Jr

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Robert L. Murrach Jr MD, who is personally known to me / who did take an oath.



Valerie Bessie
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared (print name) David T. Murray, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is emergency medicine.
- 3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
- 4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine.
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery

Baptist Medical Ctr
Jacksonville

AFFIDAVIT

AFFIDAVIT

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

ER patients have had limited access to all surgical specialties as a direct result of the cost/availability of liability insurance

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David T. Murray
(Signature)

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by DAVID T. MURRAY MD, who is personally known to me / who did take an oath.



Thomas M. Rozzitto
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF POLK

BEFORE ME, the undersigned authority, personally appeared
DAVID MURRAY MD, who being first
duly sworn, deposes and states: (MD 57067)

- I am a physician licensed in the State of Florida.
- My area of medical practice is DERMATOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped high risk procedures
will attempt self-insurance due to outrageous
of med. malpractice premiums

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by David Murray MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
GUINN MURRAY, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

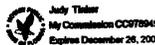
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Guinn Murray, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared
RICHARD D. MURRAY MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
high risk pregnancy, VBAC
vs. hysterectomy, cesarean, triplets

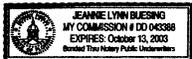
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Richard D. Murray MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires Oct 13, 2003



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Maricopa

BEFORE ME, the undersigned authority, personally appeared
JANINE MYLLET MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Int med, Pulm, Critical Care
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped seeing patients in the emergency
room that would be hospitalized and then
bring people ER services due to liability
high risk

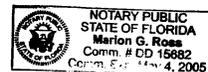
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by JANINE MYLLET, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 5.4.05



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared
Nathan E. NACKLES, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Facial Plastic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped all high risk surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by Nathan E. NACKLES, M.D., who is personally known to me / who did take an oath.



Wanda Oliver
NOTARY PUBLIC
My Commission Expires:
December 22, 2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
George E. NACKLES, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer see nursing home patients and have decrease the number of hospitals I admit to.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by George NACKLES, who is personally known to me / who did take an oath.



Susan Hale
NOTARY PUBLIC
My Commission Expires: 7/6/2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade (Miami-Dade)

BEFORE ME, the undersigned authority, personally appeared
Ralph G. Nader, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology, non-invasive + Interventional
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

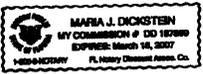
4. (If you checked b., please provide an explanation here):
1. Emergency room patients (unassigned)
2. High risk Percutaneous Procedures which can result in major cath lab complications (heart, stroke, etc.)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Ralph Nader, M.D., who is personally known to me / who did take an oath.

Maria J. Dickstein
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Harvan Nalmias MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Endocrinology & Metabolism
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have limited & reduced seeing pregnant patients & endocrine problems. I have also reduced seeing endocrine patients from emergency departments

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Harvan Nalmias MD, who is personally known to me / who did take an oath.

Barbara Bancker
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

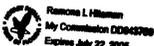
BEFORE ME, the undersigned authority, personally appeared CARMEN I. NANA, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
NOT SEEING NURSING HOME PATIENTS.
NOT DOING ANY MINOR SURGERIES
NOT SEEING PATIENTS PRONE TO FALLS or WITH DEMENTIA.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Chuan, who is personally known to me / who did take an oath.

Ronald S. Naitanon
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, Pinellas
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Rashmi Nanda MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

Diff-culty in getting neurosurgeons available to see why patients I had to recently transfer a patient to Tampa. unable to get surgeons (General) to do certain high risk operations have to send patient to Tampa or to Shands hospital

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Rashmi Nanda, who is personally known to me / who did take an oath.

Darlene M. Harman
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology / Int. medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

Due to rise in insurance premium & litigation I don't see any internal medicine patients and restricted my practice to cardiology only. I am seriously thinking of stop doing angioplasty and other high risk but life saving procedure!

FURTHER AFFIANT SAYETH NAUGHT

Richard M. O'Brien

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Richard M. O'Brien MD, who is personally known to me / who did take an oath.

Janet Lee Hoyt
NOTARY PUBLIC
My Commission Expires: 3-19-05



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared USHA K. NARAYAN, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Int. Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

Stopped ER coverage
Not seeing medical patients

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by USHA K. NARAYAN, MD, who is personally known to me / who did take an oath.

Janet Lee Hoyt
NOTARY PUBLIC
My Commission Expires: 03/19/05



FAXED
7-16-03

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared
STEPHANE MIB NAUMOFF, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I WANT TO WORK AT NURSING HOMES (COURTENAY SPRINGS MERRITT ISLAND) BUT CANNOT FIND LIABILITY COVERAGE FOR ANY NURSING HOME SERVICE (WAS TOLD "RISK IS TOO HIGH")

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Riverside Family Health, PL
Stephane Naumoff, MD
1805 N. Courtenay Pkwy., Suite 206
Merritt Island, FL 32953

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Stephane Naumoff, MD, who is personally known to me / who did take an oath.



Nikki C. McCarty
MY COMMISSION # CC8778 EXPIRES
November 11, 2005
WORLDWIDE TRAVEL INSURANCE, INC.

[Signature]
NOTARY PUBLIC
My Commission Expires: 11-11-03

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Emergency Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

as a Tertiary Care Physician I have increased my number of patients. I don't have centers where we can see or call

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Leonard S. Naught, Jr, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 11-2-06

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI DADE

7/17/03

BEFORE ME, the undersigned authority, personally appeared
MAGGY S. NASHED, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

DO NOT TAKE HMO (ADDITIONAL) PATIENTS BECAUSE OF INCREASE IN LITIGATION WITH HMO'S.

DO NOT CONTINUE TO SEE PATIENTS WHOM I KNOW SUEB OTHER DOCTORS OR POSE A LIABILITY TO MY PRACTICE

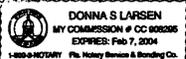
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature] 7/17/03

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by MAGGY S. NASHED, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI DADE

BEFORE ME, the undersigned authority, personally appeared
David R. Nateman, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Emergency Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Medical malpractice is unavailable. Unable to obtain specialist to see patients in the Emergency Department.

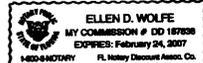
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
DAVID R. NATEMAN, M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by DAVID R. NATEMAN, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI DADE

BEFORE ME, the undersigned authority, personally appeared HARRY R. NAUGHTON, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is EMERGENCY MEDICINE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Medical malpractice insurance unaffordable if available. Must practice defensive medicine.

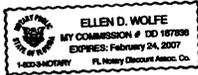
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Harry R. Naughton MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Harry R. Naughton, MD who is personally known to me / who did take an oath.

Ellen D. Wolfe, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Morris S. Naught, who being first duly sworn, depose: and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedics.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): None ERCP. I don't carry malpractice insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Morris S. Naught, M.D., who is personally known to me / who did take an oath.

Lori Kantor, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared JAIME NAVARRO, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORAL AND MAXILLOFACIAL SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I do not perform orthognathic surgery, temporo-mandibular joint surgery or treat emergency room patients, e.g. for Maxillo-facial trauma (facial, maxillary, mandibular fractures).

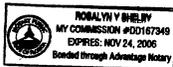
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jaime Navarro

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Jaime Navarro, who is personally known to me / who did take an oath.

Notary Public Seal for Sandra M. ... My Commission Expires: NOV 24 2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared J. Patrick Neal MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Restricted ER visits, limited home call types of surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

J. Patrick Neal MD

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by J. Patrick Neal, who is personally known to me / who did take an oath.

Carol E. Stackman, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared
James G. To Nealis M.D., who being
first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CHILD NEUROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

- If you checked B, please provide an explanation here:
 - Will not see babies because of Malpractice Risk
 - I did retire altogether but returned to practice

4. If you checked B, please provide an explanation here:

I am seeking now to leave the state

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James G. To Nealis M.D.

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by James G. To Nealis M.D. who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared
Elizabeth Nelson, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Emergency.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- If you checked b., please provide an explanation here:
 - Have retired from obstetrics and limited my practice to emergency only.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 14th day of July, 2003, by Elizabeth Nelson who is personally known to me / who did take an oath.



Pamela Lacey
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF WALDO

BEFORE ME, the undersigned authority, personally appeared
Hank Nelson, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- If you checked b., please provide an explanation here:
 - less risky procedures

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Hank Nelson

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Hank Nelson who is personally known to me / who did take an oath.

Barbara E. Hawks
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared
John L. Ness M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PHYSICIAN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- If you checked b., please provide an explanation here:
 - UNABLE TO SEE NEW MEDICARE COMPLEX ELDERLY, MAY HAVE TO STOP DOING PAP SMEARS

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John L. Ness M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by John Ness M.D. who is personally known to me / who did take an oath.

Eddie R. Blackburn
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hiami Dade

Page 2 of 2

BEFORE ME, the undersigned authority, personally appeared Jorge F Netto M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
- _____
- _____

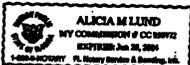
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Jorge F Netto MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Denis S. Neuhut, M.D., who being first duty sworn, deposes and states:

1. I am a physician licensed in the State of Florida
2. My area of medical practice is gastroenterology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another State or have retired from or quit the practice of Medicine
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked item b, please provide an explanation here):

I no longer perform biliary procedures (Endoscopic Retrograde Cholangio-Pancreatograms) with biliary stenting and sphincterotomy.

I do not treat complicated Inflammatory Bowel Disease or chronic hepatitis.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature: Denis S. Neuhut, M.D.]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Denis Neuhut, who is personally known to me/who did take an oath.

#1300-177-42144



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared Jeffrey B. Neustadt, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatric Orthopedics.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

I have stopped seeing certain types of patients, stopped doing high-risk procedures, and have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Even though professionally I would like to see all children without regard to their insurance or diagnosis, I have chosen to restrict my practice by restricting some diagnoses, such as neck pain, hand problems and herniated discs (among others). The state of the insurance crisis has limited my practice and will further limit my ability to treat all children.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature: Jeffrey B. Neustadt, M.D.]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Jeffrey B. Neustadt, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC # CC854061
My Commission Expires: 11/13/03



FXD
1550-222-8827

10:58am
[Signature]

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PAVOT BEACH

BEFORE ME, the undersigned authority, personally appeared Stewart P. Newmark, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is obstetrics + gynecology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- Practicing without medical malpractice insurance
- Eliminating some high risk patients, especially pregnant
- Reducing surgery to eliminate risk
- Dischargeing litigious patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Stewart P. Newmark, M.D., who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared [print name] STEVEN R. NEWMAN, MD, PA, who being first duly sworn,

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in SARASOTA County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
cardiology
cardiovascular surgery
emergency medicine
gastroenterology
general surgery
geriatrics
gynecology
hand surgery
internal medicine
neurology
neurosurgery
obstetrics
ophthalmology
oral/maxillo-facial surgery
orthopedics
otolaryngology
pediatrics/pediatric surgery
plastic surgery

- psychiatry
pulmonary medicine
radiology
trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
urology
vascular surgery
other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I AM MEDICAL DIRECTOR OF SARASOTA COUNTY EMS, A PUBLIC ORGANIZATION IN SARASOTA COUNTY. I CANNOT FIND MALPRACTICE INSURANCE AND WILL HAVE TO GIVE UP THE JOB I HAVE HELD SINCE 1974.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Steven R. Newman MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Steven R. Newman, MD, who is personally known to me / who did take an oath.



Signature of Notary Public Jane E. Pehr

Fax -> TU: -> -> Emanuel Newmark, Ft 408 JUL 18 2003 10:37:50 ET EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared EMANUEL NEWMARK, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ophthalmology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- Moved to another state or have retired from or quit the practice of medicine.
Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

Stopped doing high risk procedure ie Retinal laser surgery + refractive surgery.

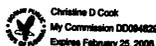
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Emanuel Newmark

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Emanuel Newmark, who is personally known to me / who did take an oath.

Signature of Notary Public Christine D Cook



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared CH-KIN (KEA) NG, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- Moved to another state or have retired from or quit the practice of medicine.
Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

no high risk medical patient

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Ch-Kin (Kea) Ng

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by CH-KIN (KEA) NG, MD, who is personally known to me / who did take an oath.

Signature of Notary Public Jane E. Pehr



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF OSCEOLA

BEFORE ME, the undersigned authority, personally appeared CAROLITA O. NICDAO, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

A LIMITED HIGH RISK PATIENTS FOR OB-AND-GYN PROCEDURES
E-VOLUNTARY RESIGNED FROM ANNUAL OB-GYN PROCEDURES AND ST. CLOUD, ORMC HOSPITAL.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
CAROLITA O. NICDAO, M.D.

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by CAROLITA O. NICDAO, who is personally known to me / who did take an oath.

[Signature]
JOAN CUMMERS
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Sharon Mitchell - Olm, M.D., who being first duly sworn, deposes and states:

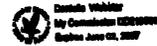
- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I cannot offer cervical blocks in my office. I have stopped my physical practice. I cannot offer other myofascial, neuromuscular, or orthopedic care. My former declared that they caused. No one should perform me up for less than \$3000/mo plus \$65,000 upfront for 2 yrs out. I have signed posted in my office and every patient reads my letter and the disclaimer regarding it. I have only had one patient Sharon Mitchell Olm MD leave me because of it.

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Sharon Mitchell - Olm, M.D., who is personally known to me / who did take an oath.

[Signature]
DAVIDE W. WILSON
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Louder Neves, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Palm Beach
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

can not afford to take high risk patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT.

[Signature]
Louder Neves

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Louder Neves, who is personally known to me / who did take an oath.



[Signature]
VIRGINIA ALTON
NOTARY PUBLIC
My Commission Expires: Aug. 8, 2004

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared DR. PAUL H. NILOFF, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GENERAL SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Paul H. Niloff, who is personally known to me / who did take an oath.

[Signature]
DENISE J. KAUFMAN
NOTARY PUBLIC
My Commission Expires: FEBRUARY 4, 2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PRASCO

BEFORE ME, the undersigned authority, personally appeared Diane Normandin, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is FAMILY PRACTICE.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another County state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

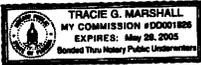
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Diane Normandin MD

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Diane Normandin, who is personally known to me / who did take an oath.

Tracie Marshall
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared [print name] DAVID C. MARSHALL, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is emergency medicine.
- 3. I practice emergency medicine and/or trauma care in a hospital in Manatee County.
- 4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

http://www.fcep.org/affidavit.htm

AFFIDAVIT

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

The liability crisis has hindered severely the coverage of specialists in our pt. Resuscitating Emergency Department has been very difficult according to the most of circumstances.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David C. Marshall MD
(Signature)

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by David Marshall, who is personally known to me / who did take an oath.

Carole L. Douglas
NOTARY PUBLIC
My Commission Expires:



JUL -28' 03 (MON) 10:49 N. F. W. C. /SURGERY TEL: 8508785695 P. 006
FAX Fax -> TO: -> -> All FWA Members Wed Jul 16 2003 05:43:19 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Alfredo Nova MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

Refer out all high risk OB patients.
Do longer perform surgery on gyn oncology patients
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Alfredo Nova, MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Alfredo Nova MD, who is personally known to me / who did take an oath.

Carole Blount Joyce
NOTARY PUBLIC
My Commission Expires:



RECEIVED

JUL 28 2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared RAFAEL O. NUÑEZ M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I STOPPED VISITING NURSING HOMES BECAUSE OF THE LIABILITY INSURANCE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Rafael Nuñez, MD, who is personally known to me / who did take an oath.



Virginia Alton, Notary Public, My Commission Expires: Nov 8, 2004

Notary Public signature and commission expiration date.

From: To: Paul Oberdorfer

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Gabriel Nuñez, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped being office based procedures & just doing hospital practice

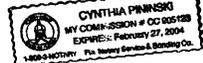
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 26 day of July, 2003, by Gabriel Nuñez, D.O., who is personally known to me / who did take an oath.

Notary Public signature

Cynthia Panninski, Notary Public, My Commission Expires: Feb 27, 2004



28 JUL 28 2003 02:38 PM FAX NO. FROM :

FAX TO: John James O'Brien Wed Jul 16 2003 05:38:39 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared PAUL W. OBERDORFER M.D., FACS, FRCOG, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GYNCOLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked B, please provide an explanation here):

I WILL CLOSE MY PRACTICE IN December 2003

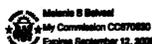
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public signature

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Paul Oberdorfer, who is personally known to me / who did take an oath.

Melanie B. Belveal, Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared John J. O'Brien, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped emergency room call for Plastic Surgery at all hospitals that do not require it as part of the bylaws

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public signature

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by John J. O'Brien, who is personally known to me / who did take an oath.



Leah Wysocki, Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared David R. O'Brien, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/Gyn
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Refer out all high risk OB patients. No longer perform surgery on gyn oncology patients.

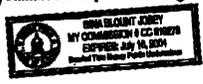
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by David R. O'Brien, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared John Andrew Odell, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is CRITICAL CARE SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Dr. John Odell, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Charles F. O'Neil, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Neurology - North Miami
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
INCREASE LIABILITY, INCREASE MALPRACTICE COVERAGE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Charles F. O'Neil, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE BEACH

BEFORE ME, the undersigned authority, personally appeared Daniel E. O'Hara, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is PLASTIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED PERFORMING PROCEDURES OF THE HAND

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Daniel E. O'Hara, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:
Catherine K. Davis
MY COMMISSION # C06875 EXPIRES October 18, 2004
HOMED STATE NOTARY SERVICES, INC.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MILWAUKEE

BEFORE ME, the undersigned authority, personally appeared JUAN B. OJEDA, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
4. (If you checked b, please provide an explanation here):
I have stopped doing minor procedures as explained by the doctor, cancer tests and minor surgery, due to high prices
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25 day of JULY, 2003, by JUAN B. OJEDA, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b, please provide an explanation here):
I am limiting my OB practice to low risk patients and have stopped doing high risk procedures.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

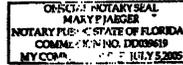
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 1 day of August, 2003, by MARK OLIVER & KOWSKI, who is personally known to me / who did take an oath.

FDL 0252100609670

[Signature]
NOTARY PUBLIC
My Commission Expires: 7-5-05



10/10 P. 01/01 FAX NO. 9417887854 AUG-10-2003 FPI 01 01:28 PM DR OKONSKI ASSOCS

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Sabrina Olauson, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pathology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 A) Moved to another state or have retired from or quit the practice of medicine.
 B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
4. If you checked B, please provide an explanation here:
As a pathologist I am directly dependent on the surgeons - as North Florida surgeons restrict/cancel service, so do I
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Sabrina Olauson, MD, who is personally known to me / who did take an oath.

SHARON C. HARRIS
NOTARY PUBLIC, STATE OF FLORIDA
My commission expires June 14, 2005
Commission No. CC048222

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared MARK OLIVER, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurosurgey
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 a. Moved to another state or have retired from or quit the practice of medicine.
 b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b, please provide an explanation here):
CERTAIN INTRACRANIAL PROCEDURES (COMPLEX ANEURYSMS AND BRAIN TUMORS) AS WELL AS COMPLICATED SPINAL PROCEDURES
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 15 day of July, 2003, by MARK OLIVER, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

STATE OF FLORIDA Duval
COUNTY OF

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared [print name] RADAMES A. OLIVER, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Duval County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine CME delayed due to hospital traumas
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery, Rediatric - none in town.
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery
 - psychiatry
 - pulmonary medicine
 - radiology
 - trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

The current malpractice crisis has made these specialties unavailable to many patients, forcing us to transfer patients sometimes hundreds of miles away in order to receive the care they need. Many specialists are leaving town because they cannot afford malpractice coverage. Some cannot obtain coverage in their specialty as rates are too prohibitive. This transferring of patients distorts us from providing care to the extent that we have and places them in jeopardy because of this.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature) FL DR # 0416-721-59-0030
Radames A. Oliver, who is personally known to me / who did take an oath.

Kathleen M. Raynovic
 NOTARY PUBLIC
 My Commission Expires: 11/15/06



JUL 29 2003 12:14PM GCMS 4076224614 p. 11

From: Ben To: Multiple Date: 7/29/03 Time: 11:59:09 PM Page 1 of 1

MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Ben C. Oliff, Jr., M.D., who

being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

My malpractice rates have tripled.

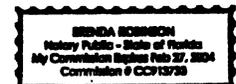
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ben C. Oliff, Jr., M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Ben Oliff, Jr. MD, who is personally known to me / who did take an oath.

2/27/04
NOTARY PUBLIC
My Commission Expires:



Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared John Olson, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Plan to stop seeing Retinopathy of prematurity patients.

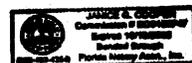
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John Olson

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by John C. Olson, MD, who is personally known to me / who did take an oath.

Janice E. Cooper
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared JORGE M. ORTEGA, M.D., who being first duty sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
2. My area of medical practice is PULMONARY DISEASES
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply)

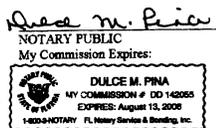
- a. Moved to another State or have retired from or quit the practice of Medicine
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked item b, please provide an explanation here): OUR PRACTICE STOPPED SEEING OB CASES, AS WELL AS, PERFORMING GASTRIC BYPASS MEDICAL CLEARANCES.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29 day of JULY, 2003, by JORGE M. ORTEGA, who is personally known to me/who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Jose Ortega, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

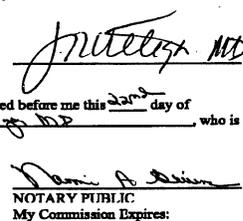
- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Complex fractures or injuries where the results may have a bad outcome.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Jose Ortega, MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Dade.

BEFORE ME, the undersigned authority, personally appeared MICHELLE T. ORTEGA, who being first duty sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PLASTIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply)

- a. Moved to another State or have retired from or quit the practice of Medicine
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked item b, please provide an explanation here): I will no longer perform more complex reconstructive procedures i.e. Breast reconstruction after mastectomy, major reconstructive procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 25 day of June, 2003, by Michelle T. Ortega, who is personally known to me/who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared [print name] Arthur G. Osborn, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Marion County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
cardiology
cardiovascular surgery
emergency medicine
gastroenterology
general surgery
geriatrics
gynecology
hand surgery
internal medicine
neurology
neurosurgery
obstetrics
ophthalmology
oral/maxillo-facial surgery
orthopedics
otolaryngology
pediatrics/pediatric surgery
plastic surgery
psychiatry

- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CLAY

BEFORE ME, the undersigned authority, personally appeared Carlos L. Esquivia-Munoz, who being first duly sworn, deposes and states: CARLOS L. ESQUIVIA-MUNOZ M.D.

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Orthopaedic Clay County
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
due to increased premium and high cost of litigation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Carlos L. Esquivia-Munoz
CARLOS L. ESQUIVIA-MUNOZ
ORTHOPAEDIC - SURGERY

The foregoing instrument was acknowledged before me this 20 day of JULY, 2003, by CARLOS L. ESQUIVIA-MUNOZ, who is personally known to me / who did take an oath.

John D. Spick
NOTARY PUBLIC
My Commission Expires:



I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Carlos Esquivia M.D., who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 08.11.2005

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared LEONARD L. OSTREICH M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gynecology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Respect to no HMO's - no major surgery.
2 days in office -

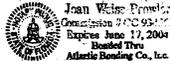
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Leonard L. Ostreich M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by LEONARD L. OSTREICH M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:
Joan White Pirmeli
Commission # 20292703
Expires June 17, 2004
Boswell Thru
Atlantic Bonding Co., Inc.



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Middleburg

BEFORE ME, the undersigned authority, personally appeared Dr. Mark D. Overman, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine (Geriatrics)
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped caring for residents in the local nursing facilities

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Dr. Mark Overman, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared [print name] Ramen J. Pabalan, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Manatee County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

The extremely high cost of professional liability insurance has caused more than half of the general surgeons to resign from the staff, primarily to avoid taking ER call

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ramen Pabalan MD
(Signature)

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Ramen Pabalan, who is personally known to me / who did take an oath.

John Stewart
NOTARY PUBLIC
My Commission Expires: 1-26-04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Manisukh Lal G. Padala, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ANESTHESIOLOGIST
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b, please provide an explanation here):
Working Half time to reduce exposure to malpractice litigation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Manisukh Lal G. Padala

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Manisukh Lal G. Padala, who is personally known to me / who did take an oath.



Paula Petrowich
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Alameda

BEFORE ME, the undersigned authority, personally appeared Eveline H Padilla, who being first duly sworn, deposes and states: NE-55351

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b, please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of August, 2003, by Eveline H Padilla, who is personally known to me / who did take an oath.



Myelin Nodal
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Victor M Padilla, III, MD
who being first duly sworn, deposes and states: MB5532

- I am a physician licensed in the State of Florida.
- My area of medical practice is Gastroenterology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- (If you checked b, please provide an explanation here):
have stopped performing high risk endoscopies and have stopped accepting high risk patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 15 day of August, 2003, by Victor M. Padilla, III, who is personally known to me / who did take an oath.



Myrleen Noda
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Howard

BEFORE ME, the undersigned authority, personally appeared Richard J. Paley, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Emergency Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have decreased the number of hours I practice and the number of patients I see.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Richard Paley, MD, who is personally known to me / who did take an oath.



Mary L. Longshore
NOTARY PUBLIC
My Commission Expires:
2-18-2006

From: Wilke To: MD Steven Paletsky

Date: 11/17/03 Time: 11:02:40 AM

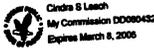
AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared Steven Paletsky, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is UROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Restricted pediatric urology (except for simple procedures)
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



[Signature]
NOTARY PUBLIC
My Commission Expires:
3-8-2006

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by STEVEN PALETSKY, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared John Panaccione, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Mammography.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Interventional breast procedures were either stopped or limited due to a shortage of surgeons to handle possible complications
- I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: [Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by John Panaccione, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
 COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared MARION MARGARET PAMBISCIO, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS + GYNECOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer operate on high risk pts and do not care for complicated obstetric referring patients if feel are too high risk. I am seriously considering stopping obstetrics due to risk + cost of insurance.

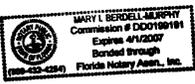
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Marion Margareta Pambiscio
 Physician's signature

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Marion M. Pambiscio, who is personally known to me / who did take an oath.

Mary Berdell Berry
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
 COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared GILBERT R. PANZER, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
RESTRICTED PRACTICE AND STOPPED PART-TIME EMPLOYMENT AT STEWART PARTNER, M.D.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Gilbert R. Panzer
 Physician's signature

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Gilbert Panzer, who is personally known to me / who did take an oath.



Virginia Abram
 NOTARY PUBLIC
 My Commission Expires: 11-20-04

AFFIDAVIT

STATE OF FLORIDA
 COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Duke Pao, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications.

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: Duke Pao

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Duke Pao, MD, who is personally known to me / who did take an oath.

Shirley H. Williams
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
 COUNTY OF _____

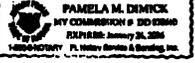
BEFORE ME, the undersigned authority, personally appeared Linda Pao, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer seeing emergency room patients at Jupiter Medical on Palm Beach Gardens, nor in my coverage group. Will not see any patient who seems high risk.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

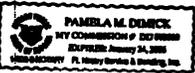


Linda Pao
 Physician's signature

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Linda Pao, who is personally known to me / who did take an oath.

Pamela M. Demick
 Personally known to me.

Pamela M. Demick
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
 COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared JOHN A. PAPA, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Restricted number and opinion patients who have had previous surgery performed elsewhere.

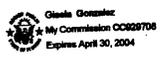
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17TH day of JULY, 2003, by JOHN A. PAPA, M.D., who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
 COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared D. PAPACHRISTOU, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gen Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I gave up 50% of my aggressive surgical oncology procedures because I am scared to do them. I am afraid to operate on indigent pts or pts w insurance because they may sue me.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by D. Papachristou, who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
 COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name] Ernest Pace II, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Orange County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology

- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)
- thoracic surgery

- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

One Nurse on call for 7 Florida Hospitals daily, No inhouse General Surgery coverage. All Orthopedic and Obstetric cases have been transferred along with all of the above checked specialties.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

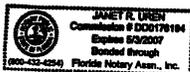
Ernest Page, MD
(Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Ernest Page, MD, who is personally known to me / who did take an oath.

Janet A. Usher

NOTARY PUBLIC

My Commission Expires: 5/3/2007



AFFIDAVIT OF ERNEST PAGE, M.D.

07-18-2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared Seigward Fries, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice / Geriatric.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

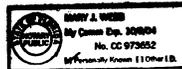
- Leaving Nursing Home care from 4 hours to one hour
- May Stop Accepting Medicare + all types of Insurance of 60 to Cash only

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Seigward Fries, who is personally known to me / who did take an oath.



Mary J. Webb
NOTARY PUBLIC
My Commission Expires: 10/08/04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared SALIL PARIKH, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is DIAGNOSTIC RADIOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Salil Parikh

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by SALIL PARIKH, who is personally known to me / who did take an oath.

Rosemary Arthur
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared [print name] GARY A. PAREISH, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in ORANGE County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery

Gary A. Parish

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

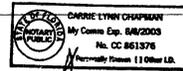
Car A. Parsh
(Signature)

<http://www.fcen.org/affidavit.htm>

7/17/2003

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Gary A. Parsh, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires: 8/18/03



Car A. Parsh

<http://www.fcen.org/affidavit.htm>

7/17/2003

AFFIDAVIT

STATE OF FLORIDA, BROWARD
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

* (If you checked b., please provide an explanation here):

If my malpractice is further increased I will most likely relocate back to New York where my malpractice is 1/3 of my current malpractice here.

FURTHER AFFIANT SAYETH NAUGHT

Mark A. Parsh

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Mark A. Parsh, M.D., who is personally known to me / who did take an oath.

Cynthia S. Peterson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name] Maryann M. Bristol, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine.
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery

<http://www.fcen.org/affidavit.htm>

7/17/2003

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Patients had to be transferred and care was prolonged and the system was slowed greatly because of final payment to transfer of patient + delay from coming in other ER patients in long

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by Rakesh M. Patel, who is personally known to me / who did take an oath.

NOTARY PUBLIC
Commission Expires:



<http://www.fcpep.org/affidavit.htm>

7/17/2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared HIREN K. PATEL, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cerebrology + Internal medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Mal practice insurance + frivolous lawsuits are putting me at too much risk

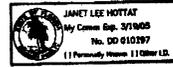
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by HIREN K. PATEL, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 3/19/05



FROM : HARBOR, ORG101055 FAX NO. : 9416293627 TEL. : 9419414141 23 2003 08:25:54 PM

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Rakesh Patel, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is urology / renal transplantation
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

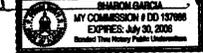
4. If you checked B, please provide an explanation here:
We no longer perform kidney transplants (only graft in central FL.) We no longer call in prescriptions after office hours or at night due to litigation threats / risk.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Sharon Garcia, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared RAJESH M. PATEL, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Foot Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Has stopped taking ER calls in order to give away to other MD. Do not see pt with chronic back pain, headaches or symptoms associated of being pt or transplant.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 27 day of July, 2003, by Rajesh M. Patel MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 8-14-07



PM FAX > TO > Duval Maganial Po Wed Jul 16 2003 05:46:19 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name] RASHMICA A. PATEL MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is emergency medicine.
- 3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
- 4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

-It is very difficult to get Neurosurgeon especially in the Patient from non Urgent of All pediatric patient with neurosurgical need has to be kept in ICU

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

RASHMICA
(Signature)

The foregoing instrument was acknowledged before me this 13 day of July, 2003, by RASHMICA A. PATEL, MD, who is personally known to me and who did take an oath.



NOTARY PUBLIC
My Commission Expires:

Fax -> All Fax Numbers Wed Jul 16 2003 05:41:37 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared DR. RAVINDRA PATEL, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is GENERAL SURGERY / VASCULAR SURGERY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

licy limits 0-750,000

BRV -2000
5,300=00
Tail

00 to 2001
3900 9/1/01 eff date
47,900=00
E Tail

01 to 2002
Bayou 9/1/01 eff date
180,850=00
E Tail

02 to 2003
\$79,148.75 eff date 9/1/02

No Tail offered
my Tail cost would be 200% of 79,148.75 OR \$158,297.50 Extra.
I had to go back on my tail.

2003 to 2004. Eff date 9/1/03.
\$94,086.13 Annual premium offered by Hospital Sponsored program (3ch

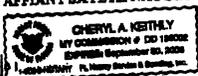
- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients; stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked "b", please provide an explanation here):

My Malpractice Premiums for this practice has gone up from 1999 to 2003 close to 400%. See this has been before 9/1/01.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Ravindra A. Patel
NOTARY PUBLIC
My Commission Expires:

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Ravindra A. Patel, MD, who is personally known to me and who did take an oath.

Cheryl A. Keithly
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared

VINOD M. PATEL MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Pulmonary Disease.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:

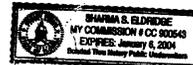
- Pregnant women

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 Day of July, 2003, by DR. VINOD PATEL Who is personally known to me/who did take an oath.

Sharna S. Eldridge
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Dr NARESH PATHAK, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal medicine.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

ER Call dropped

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by NARESH PATHAK MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Julia C. Patrowicz, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ophthalmology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

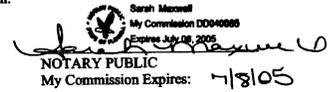
4. (If you checked b., please provide an explanation here):

As an ophthalmologist and member of the Florida Board of Medicine, I am well aware of the increasing malpractice insurance premiums. I have in a semi-retired capacity checked the lowest risk category to see how much I can afford to pay. In my 15 years of practice, I have never been sued or even had a malpractice claim against me.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Julia C. Patrowicz, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared ALAN D. PATTERSON MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB-GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED DOING HIGH RISK OB SURGERIES DUE TO NOT LETTING PATIENTS HAVE AFTER C-SECTION - MUST HAVE REPEAT C-SECTION

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by ALAN D. PATTERSON MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared JAMES PATTERSON DO, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is DIAGNOSTIC RADIOLOGY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

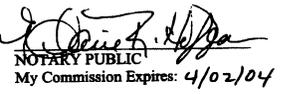
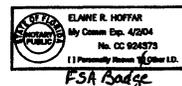
WENT TO WORK FOR V.A.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by JAMES PATTERSON, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

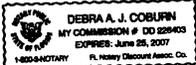
BEFORE ME, the undersigned authority, personally appeared Derek K. Paul, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here): DECREASE ER CASES + CALLS HIGH RISK ELECTIVE SURGERY SENT ELSEWHERE

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Derek K. Paul, M.D., who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires: 6/25/07

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Scott E. Paulter, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

My four associates and I have had to stop from the hospital medical staffs in our area to minimize exposure to high-liability work in the emergency rooms. Most ophthalmologists have done likewise.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Scott E. Paulter, MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires: 8-2-03

Jul 24 03 06:58a Kathryn Pearson (804) 280-3043 P.1

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Christopher S. Paul, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

We no longer accept all patients who request to be home established. We now accept only high risk patients leaving them to get care at ER's elsewhere.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

C. Paul MD

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Christopher S. Paul, MD, who is personally known to me / who did take an oath.

Notary seal for Susan W. Kennedy, My Commission # DD 34238, Expires October 3, 2004.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Kathryn Pearson, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Interventional Mammography.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

Interventional breast procedures were either stopped or limited due to a shortage of surgeons to handle possible complications

I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: Kathryn Pearson MD

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Kathryn Pearson, MD, who is personally known to me / who did take an oath.

Notary seal for Sims A. Williams, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared CHARLES F. O'CONNOR MD, who being first duly sworn, deposes and states:

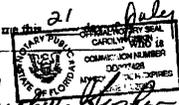
- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology - North Miami
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
INCREASE LIABILITY INSURANCE MATTERS & COVERAGE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Charles F. O'Connor MD, personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared JASON PERELMAN, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Not doing radical cancer procedures
No more penile implants
No difficult penile cancer stage treatment
No renal medication
No other vasectomies except unique circumstances
Generally avoiding difficult prostate

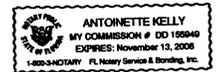
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jason D Perelman MD

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Jason D Perelman MD, who is personally known to me / who did take an oath.

Antonette Kelly
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Antonio Perez-Moy, who being first duly sworn, deposes and states:

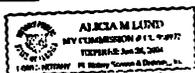
- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by Antonio Perez-Moy MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Jorge A. Perez, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic + Reconstructive Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer accept secondary reconstructive cases, including or medically complicated cases, because there are too risky (legally) for my practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Jorge A. Perez, MD, who is personally known to me / who did take an oath.

Cynthia S. Peterson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name]
J. R. Perez-Caveda, MD, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Duval & Leon County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)
General Surgeons Refusing To Take Trauma Patients

- thoracic surgery
 - urology
 - vascular surgery
 - other
- b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)
ED & Consulting Physician's Attitude Showing Anger, Not returning calls or not having call schedule at all for a cert in specialty

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

J. R. Perez-Caveda
(Signature) RA# P031-436-50-MS0

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Jorge L. Perez-Caveda, who is personally known to me / wind did take an oath.



Victor S. Fandrich
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Alamogordo

BEFORE ME, the undersigned authority, personally appeared MANUEL PEREZ MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLAGIOPHAGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

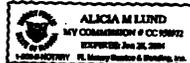
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Manuel Perez

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Manuel Perez, MD, who is personally known to me / who did take an oath.

Alamogordo
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared [print name] Pedro F. Perez, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Charlotte County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - ? burns
 - ? cardiology
 - ? cardiovascular surgery
 - ? emergency medicine
 - ? gastroenterology
 - ? general surgery
 - ? geriatrics
 - ? gynecology
 - ? hand surgery
 - ? internal medicine
 - ? neurology
 - ? neurosurgery
 - ? obstetrics
 - ? ophthalmology
 - ? oral/maxillo-facial surgery
 - ? orthopedics
 - ? otolaryngology
 - ? pediatrics/pediatric surgery
 - ? plastic surgery

http://www.fccep.org/affidavit.htm

7/17/03

- ? psychiatry
- ? pulmonary medicine
- ? radiology
- ? trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- ? thoracic surgery
- ? urology
- ? vascular surgery
- ? other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I cannot get proper consults, I have to send select patients over 50 miles away to get some services. Alternately weekends of hand surgery & neurosurgery, even general surgery. I hope none of these last states gets sick. DEMY testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 1st day of July, 2003, by Pedro F. Perez, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



http://www.fccep.org/affidavit.htm

7/17/03

Fax -> TO: -> John Donald Shelgr Wed Jul 16 2003 05:43:48 PM EDT

07/22/2003 14:13 3681628 VARMA S PERICHERLA PAGE 02

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared RICARDO E. PEREZ, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

Stopped performing flex sigs and minor surgical procedures in office due to high liability. Restricted access to Medicaid patients due to very high liability, poor compliance and high litigation.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
Dr. Perez

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Ricardo E. Perez, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Madison

BEFORE ME, the undersigned authority, personally appeared SARITINI PERICHERLA M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I stopped treating High Risk obstetrics and high risk surgeries. I am severely the meaning of giving up surgeries a closing obstetric practice to do make other work arrangements. I had no choice. I had no work. I may leave the state & provide as a witness, could testify thereto.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Saritini Perichera, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

P.S. I practiced in cala for >15 yrs. I never had a case against me. I did all high risk obstetric surgeries & took care of all high risk pregnancies until recently. My liability insurance premium was quoted to be \$125,000 for 250,000/750,000 coverage & I can not afford it. My past medical coverage & I can not afford it. My past medical coverage & I can not afford it. My past medical coverage & I can not afford it.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
- 2. My area of medical practice is GENERAL SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):
 - STOPPED PEDIATRIC SURGERY.
 - STOPPED SURGERY IN PATIENTS WITH HIGH RISK FACTORS.
 - STOPPED MOST OF ELECTIVE SURGERIES.
 - PLANNING TO MOVE TO NEW YORK IN NEAR FUTURE.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Varma S. Pericherla

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by VARMA S. PERICHERLA, who is personally known to me / who did take an oath.



Jeannette Davis
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared RICHARD P. PERKINS, M.D.

who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is MATERNAL-FETAL MEDICINE
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
SEE ATTACHED LETTER

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard P. Perkins

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Richard Perkins, who is personally known to me / who did take an oath.

James Eldon
NOTARY PUBLIC

My Commission Expires:



Dear Legislator:

8 June 2003

Though the attached, signed letter was prepared by others, I agree in every aspect with its content. In order to expand upon and emphasize the most pressing matters that concern my daily life, I include this personal supplement.

I am a practicing Maternal-Fetal Medicine subspecialist. That means that I am a consultant to obstetricians in matters of high-risk pregnancy, genetic disease, management of medical complications, and fetal well-being. I began my career as an obstetrician and received advanced training and experience to qualify me to do what I do.

Over my 27+ years of medical career before moving to Florida to work, I was in academic medicine and, at one or another time, was head of six different Maternal-Fetal Medicine Divisions in major American medical colleges. I have always dealt with the poor as well as the rich with even-handed concern. This persisted even when the poor started to drift into the private sector and become lost to the educational process and the advantages to them of that environment.

In Florida now, I work with a group of subspecialists covering most of Broward County and some of the Miami area. We are involved in most of the high-risk cases in our hospitals. I personally can speak mostly for the Ft. Lauderdale and Plantation areas where I practice most. During just the year that I have been here, I have seen specialists from other medical disciplines adopt blanket policies of not being available to see ANY pregnant woman, irrespective of their degree of illness. In my present hospitals, this affects such medical areas as pulmonary, endocrine, infectious disease, and others at times. The more ill or seemingly likely to sue, the less the likelihood of getting someone to see her. I, myself, sat up with a general obstetrician most of one night while we struggled with a severely ill woman with pneumonia and pulmonary failure while we attempted to get someone appropriate for her illness to see her.

It is not just doctors who deliver babies or those who support them who are impacted. The pregnant woman represents the highest form of threat of litigation in these troubled times, which makes them the lepers of the 21st Century. Yet, these same women hold the keys to our future as a people. We spend billions on the care of the premature newborn who, with better maternal circumstances, care, and assumption of personal responsibility would never have been too early or too small in the first place.

The system needs major review and revision. Meanwhile, we must stop the bleeding of our resources for the benefit of unprincipled trial lawyers who regularly comb the countryside for the sad, the greedy, and the unfortunate, in the hope of winning a huge but unmeritorious award from society's guilt and ignorant good-heartedness. I know. I have worked for over 25 years to bring fairness and scientific accuracy to the role of the expert witness for both sides of the aisle.

I ask for your help in restoring sanity and expunging greed. We must arrest the process before all of our providers have fled, taking the hope of our next generations with them.

After that, we can all sit down and decide what to do about personal irresponsibility on the part of providers and patients alike to start the healing of this great American tragedy.

Sincerely,

Richard P. Perkins
Richard P. Perkins, MD
10622 NW 6th Street
Coral Springs, FL 33071

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared David E. Berloff, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

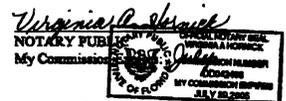
(If you checked b., please provide an explanation here):
Refuse Medicaid etc. - too high litig
Reimbursement too low to justify the
cost.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David E. Berloff

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by David E. Berloff, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Charles Perruccio, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I no longer perform high risk skin cancer surgery - too risky in the current medical-legal climate
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles V. Perruccio

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Charles Perruccio, M.D. who is personally known to me / who did take an oath.

Donna Thomas
NOTARY PUBLIC
My Commission Expires:

Notary Public, Duval County, Georgia
My Commission Expires February 8, 2004



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared
Wendy Perrott M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
No high risk pregnancy
No genetic amniocentesis
Reduced surgeries
Stop taking new patients.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Wendy Perrott

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Wendy Perrott who is personally known to me / who did take an oath.

Parvati S. Coia
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared
DAVID C. PERRY, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
No spine surgery, no cases that involve the spine. I intend to leave the state within one year if my malpractice rate increases year
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Myron M. Persoff

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by DAVID C. PERRY, MD, who is personally known to me / who did take an oath.



Natalie M. Rogers
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
MYRON M. PERSOFF, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic Reconstructive Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I refuse difficult reconstructive cases. Further, I am making plans to leave the state of Florida
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Myron M. Persoff

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Myron M. Persoff, who is personally known to me / who did take an oath.



Myron M. Persoff
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared MARK E. PETRITES, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GENERAL SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1. Stopped doing VASCULAR SURGERY
2. Now special complex abdominal surgeries to tertiary care center.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Mark E. Petrites, M.D.]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Mark Petrites, M.D., who is personally known to me / who did take an oath.

[Signature of Marilyn Gleason]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared Jesse Tom Peurifoy Jr., M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

785 Ohio Ave SE
Clarksdale, MS 38614
642-624-5026

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jesse Tom Peurifoy Jr., M.D., who is personally known to me / who did take an oath.

[Signature of Brian Cecil Gable]
NOTARY PUBLIC
My Commission Expires: Feb 19, 2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF FRANKLIN

BEFORE ME, the undersigned authority, personally appeared DAVID E. PIERCE, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in FRANKLIN County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
cardiology
cardiovascular surgery
emergency medicine
gastroenterology
general surgery
geriatrics
gynecology
hand surgery
internal medicine
neurology
neurosurgery
obstetrics
ophthalmology
oral/maxillo-facial surgery
orthopedics
otolaryngology
pediatrics/pediatric surgery
plastic surgery
psychiatry
pulmonary medicine
radiology
trauma center care - CERTIFIED
thoracic surgery
urology
vascular surgery
other

b. I am the Medical Director of the E.D. of Weems Memorial Hospital in Apalachicola—which has the distinction of being distance-wise one of the most rural hospitals in the state, (farthest from any medical center.) Like many of my colleagues, part of the appeal of emergency medicine to me was and is the fact that a patient's ability to pay is never an issue. This was always the case for most of us (with the exception of a few notable private hospitals,) long before the enactment of COBRA

and EMTALA and Florida's equivalent laws in the late '80s. However, financial issues now threaten the very practice of emergency medicine—with malpractice issues at the forefront.

In my case, I accepted the challenge/invitation to try to bring quality, up-to-date emergency practice to this rural hospital that had all but closed when I took over the E.D. in Sept. 02. (Had I not been willing to front a considerable sum of personal cash, this arrangement would not have happened, and thanks to a current malpractice climate it nearly did not happen.)

In spite of the fact that I have never been sued (or even had an inquiry,) I found that practicing emergency medicine in this rural setting was too high a risk for any insurance company, and was successively turned down by the few remaining companies in Florida still claiming to offer coverage for emergency physicians. I eventually wound up insuring my physicians through the Joint Underwriters Association—the insurer of last resort established for those physicians that have been sued so many times that no one else will insure them. This, by the way, effectively puts a \$750,000. cap on my practice (the highest limit they will give,) any also assures my early retirement should I ever actually be sued, as their rates for physicians who have actually had claims, are beyond anything I could dream of getting out of this practice. As it is, my cost of insurance works out to approximately \$50. per patient visit—interesting economics in a state which reimburses me an average of \$28. for each Medicaid patient I see. Most of my patients here (35-40%), pay nothing at all. I was initially working up to 600 hours per month as my initial plan of taking in a couple of partners (likewise boarded in Emergency Medicine,) was eliminated by the fact that no physicians were interested in taking a chance on a new practice given the current climate. (I had absolutely no inquiries from out of state, in spite of national advertising.)

Specialty follow-up—care for patients that don't warrant immediate E.D. to E.D. transfer is always a problem for a rural hospital, as no specialist is obligated to take my patients. In this region of fisherman and oystermen, Hand Surgery especially is a major issue, and good care is vital to these workers—most of whom are NOT covered by (our also broken) Workmen's Comp. system. Most of the ortho/hand specialists in Tallahassee never want to talk to me due to the payment issues, but I have several in Panama City who have been most helpful in accommodating my no-pay patients. Some of these, however, are now balking at assuming care, and naming the unlimited liability they face, for these patients who will often have less than ideal outcomes, as the reason they are no longer willing, (or will soon be unwilling) to treat these patients.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

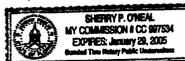
FURTHER AFFIANT SAYETH NAUGHT

[Signature of David E. Pierce, D.O.]
DAVID E. PIERCE, D.O.
(Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by David Edwin Pierce, who is personally known to me / who did take an oath

DL # P600-165-60-143-0

[Signature of Sherry P. O'Neal]
NOTARY PUBLIC
My Commission Expires:



(OVER)

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Summit

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INT. Med.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped doing Echo Cardiograms for office
Stress test
Supra and sublingual
breast imaging

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Aravind Pillai MD
ARAVIND PILLAI MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Aravind Pillai MD, who is personally known to me / who did take an oath.

Lena Ardele
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LAKES

BEFORE ME, the undersigned authority, personally appeared STEVEN E. PILLON M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics & Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Limit Availability to local emergency department.
Limit number of Prenatal patient's
Refer to High Risk Maternal fetal medicine specialist
more frequently
Refer suspicious cases for malignancy to Gynecologist-oncologist.
All consults above are more than 45 minutes away.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Steven E. Pillon MD

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by Steven E. Pillon MD, who is personally known to me / who did take an oath.



Violet V. Lynch
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Jose R. Piner, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped seeing obetric cases with
heart disease due to high risk of litigation.

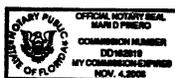
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jose R. Piner

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Jose R. Piner, who is personally known to me / who did take an oath.

Jose R. Piner
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Mark A. Pinsky, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is plastic surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Trauma Patients, ER patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mark A. Pinsky

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by _____, who is personally known to me / who did take an oath.



Jonathan E. Wilbert
NOTARY PUBLIC
My Commission Expires:
10-7-06

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

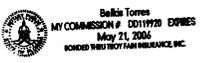
- I am a physician licensed in the State of Florida.
- My area of medical practice is MAXILLOFACIAL SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I HAVE CUT MY PATIENT LOAD BY 75% AND I HAVE STOPPED ALL EMERGENCY ROOM CASES. I NOW ONLY DO 10% OF THE WORK THAT I AM TRAINED TO DO. I HAVE A TENNESSEE MEDICAL LICENSE AND I AM CURRENTLY MAKING PLANS TO RELOCATE THERE.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Mark Roper, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



Received Time Jul.16. 4:34PM

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared ANTHONY T. PIZZO, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Will not see patients under 18 due to possibility of litigation - since I am not a "pediatric board certified" cardiologist. Patient will have to go elsewhere.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Anthony Pizzo, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared Walter J. Plante, who being first duly sworn, deposes and states:

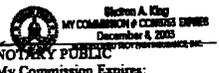
- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Will not do foot ball exams, Am No longer doing Hospital work
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Walter J. Plante, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Ignacio Plettes, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is MIAMI
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
NO T22000 No high risk procedures
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 30th day of July, 2003, by Ignacio Plettes, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Soren Naught, who being first duly sworn, deposes and states:

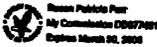
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Primary Med
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am also leaving my medical practice for a different occupation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 26 day of July, 2003, by Soren Naught, who is personally known to me / who did take an oath.



Susan J. Warner
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Charles T. Fails Jr M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Urology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I do not see new patients with high risk problems. I no longer perform high risk procedures such as radical prostatectomy, radical cystectomy etc. Many patients are now finding it difficult to obtain medical care

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Charles T. Fails Jr, MD, who is personally known to me / who did take an oath.

Mary J. Warner
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared Mitchell B Pollak MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Broward County
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
X

4. If you checked "b" above, please provide an explanation here:
I no longer take E.R. call + have drastically reduced the surgical procedures I do so that I could lower my premiums

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Mitchell B Pollak MD, who is personally known to me/who did take an oath.

NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Wayne Pollak M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Cardiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

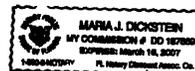
4. (If you checked b., please provide an explanation here):
1. Unassigned E.R. Patients
2. Patients that are uninsured

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Wayne Pollak M.D., who is personally known to me / who did take an oath.

Maria J. Dickstein
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
Richard W. Pomerantz, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pulmonary & Critical Care Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have stopped seeing certain types of patients, stopped doing high risk procedures, and restricted my practice. Specifically:

I no longer see new consultations for women who are pregnant. I also will not see any new patient under the age of 18 years old. Additionally, I will not see consultations for certain physicians who carry no malpractice insurance, solely due to their insurance status. I am credentialed to perform central venous catheters ("central lines") and temporary transvenous pacemakers, but will no longer perform these procedures routinely, unless in a life threatening emergency.

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd day of June, 2003, by Richard W. Pomerantz, who is personally known to me / who did take an oath.

Virginia L. Deighan
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared
David V. Pade MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic & Reconstructive Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Have completely stop taking any insurance based patients and I actively limit my exposure to low risk patients. I no longer admit to skin cancers or trauma patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by David V. Pade, M.D., who is personally known to me / who did take an oath.

Christina Denise Humphreys
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name]
H.M. Pavaon, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Orange & Seminole County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas: NA = not available requires transfer
LA = limited availability - not available on some days

- burns NA
- cardiology available but requires transfer for invasive (PCI)
- cardiovascular surgery NA
- emergency medicine
- gastroenterology NA

AFFIDAVIT OF [Signature], M.D.

07-18-2003

No. 4181 P. 3/4

- general surgery LA
- geriatrics
- gynecology
- hand surgery NA
- internal medicine
- neurology
- neurosurgery NA
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery LA
- plastic surgery
- psychiatry NA
- pulmonary medicine
- radiology

- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

when we are not a trauma center - we do get MVA's, falls & medium type trauma. However if we need a surgeon - surgery is available only on a limited basis and often requires transfer to another facility

AFFIDAVIT OF [Signature], M.D.

07-18-2003

- urology - LA
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

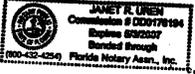
It has had a significant impact on the above - I have observed that specialists have become unavailable to the ED recently, whereas in the past the specialty coverage was excellent. This has resulted in delays, transfers and crowding in the ED. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Wm. Randall Proke, M.D., who is personally known to me / who did take an oath.

Janet R. Dries
NOTARY PUBLIC
My Commission Expires: 5/3/2007



AFFIDAVIT OF Proke, M.D.

07-18-2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared FREDERIC F. PORC ASE SR D.O., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

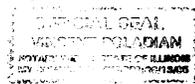
No longer care for ECF Patients
No longer care for Hosp Drs
Restrictive Dismiss Noncompliant Patients Nothing
work with them

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by Frank Filice, who is personally known to me / who did take an oath.



Frank Filice
NOTARY PUBLIC
My Commission Expires: 4/3/05

Page 2 of 2

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Jose Portuondo, MD, who being first duty sworn, deposes and states:

1. I am a physician licensed in the State of Florida
2. My area of medical practice is Emergency Med + Critical Care
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another State or have retired from or quit the practice of Medicine
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked item b., please provide an explanation here):

I have curtailed my Critical Care practice to 1/2 what it used to be. I have started working part-time out of state. I plan to leave in one year after my daughter finishes hi-school.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Jose E. Portuondo MD, who is personally known to me/who did take an oath.

Jose Portuondo
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Roberto G. Posada, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GENERAL SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

GENERAL SURGEONS are Prime target for lawsuits
As stated above (3b) the risk for legal liability increases that much greater
so I have stopped doing high risk procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Roberto G. Posada, who is personally known to me / who did take an oath.



Barbara Ann Cervero
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF USA

BEFORE ME, the undersigned authority, personally appeared John Poser, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped doing any high risk reconstructive surgery plus I found myself \$10,000 med practice much longer I consider retire ment

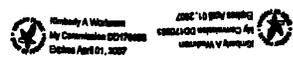
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by John S. Poser, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Scott S. Posga, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped working in the hospital.

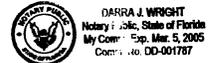
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Scott S. Posga, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



FAXED 7/23/03 2:30:40 PM

JUL-17-03 10:17 PM JOHN.S.POSER.MD

07/25/2003 12:32 954-567-1381
From: 90866 714-989 The M.D. Scott Posga

ZORAN POTPARIC, MD
Date: 7/25/03 Time: 11:46:58 AM

PAGE 01
Page 1 of 3

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared Nicholas S. Patchny, DO, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PHYSIATRY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

DENIAL OF PLI SECONDARY TO ON-SITE ASSISTED LIVING PATIENT VISITS - QUOTES OF 3X CURRENT PLI TO PRACTICE IN A LIMITED CAPACITY IN MY FIELD - WILL LIMIT PATIENT SERVICES TO "FEE FOR SERVICE" ONLY

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Nicholas S. Patchny, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared ZORAN POTPARIC, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by ZORAN POTPARIC, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared REYNOLD POULLET MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): REDUCTION/RESTRICTION
HIGH RISK PROCEDURES
E.R. COVERAGE
GENERAL LIABILITY
GENERAL LIABILITY ACCESS-COVERAGE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Reynold Poullet MD

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by REYNOLD POULLET MD, who is personally known to me / who did take an oath.



Sherette Butler
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Osceola

BEFORE ME, the undersigned authority, personally appeared Charles K Powers Jr MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is family practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

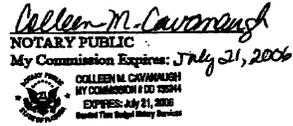
4. (If you checked b., please provide an explanation here):
no longer working in ER
assisting with surgeries
not doing certain surgeries
going to nursing home

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles K Powers Jr MD

The foregoing instrument was acknowledged before me this 17th day of JULY, 2003, by CHARLES K POWERS JR MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Prasanna Prabhu, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Mammography
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Interventional breast procedures were either stopped or limited due to a shortage of surgeons to handle possible complications

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: *Prasanna Prabhu*

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Prasanna Prabhu, MD, who is personally known to me / who did take an oath.

Sharon A. Williams
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Antonio Pezard, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OPHTHALMOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

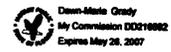
4. (If you checked b., please provide an explanation here):
I HAVE DISCONTINUED MY AFFILIATION WITH ALL HOSPITALS EXCEPT ONE DUE TO THE LIABILITY INVOLVED WITH EMERGENCY PATIENTS ONE-CALL. I AM AWARE OF MANY HOSPITALS IN THE TAMPA BAY AREA WHO DO NOT HAVE OPHTHALMOLOGY COVERAGE FOR THIS REASON.

FURTHER AFFIANT SAYETH NAUGHT

Antonio Pezard MD

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Antonio Pezard, MD, who is personally known to me / who did take an oath.

Dawn Marie Grady
NOTARY PUBLIC
My Commission Expires: 5/26/07



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Francisco H. Prado M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic & Reconstructive Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
The Trial Bar and the Senate Judiciary Committee (integrated by lawyers) are afraid to loose their "HAM"

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Francisco H. Prado

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Francisco Prado, M.D. who is personally known to me / who did take an oath.

Alicia M Lund
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MAcON

BEFORE ME, the undersigned authority, personally appeared RAKESH PRASHAD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERVENTIVE RADIOLOGY / INVASIVE RADIOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- NO PAYING PATIENTS
- NO FREE-CARE (24 HRS - ONE PROGRAM)
- 4 HIGH RISK PTS WHO HAVE NO OTHER OPTIONS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Roshad

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Rakesh Prashad who is personally known to me / who did take an oath.

Rosemary Arthur
NOTARY PUBLIC
My Commission Expires:



FBI Fax -> TO: -> -> JOSE R. PRIETO, MD MHA JH1 1B 2003 05:21:07 171 181

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Jeffrey M. Press, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
1. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I do not see necks, hands, backs due to the associated legal risks. I refer out all complex cases that only go beyond my scope of expertise - I also dropped some Emergency Room coverage due to legal issues!!!

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

JP

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jeffrey M. Press who is personally known to me / who did take an oath.

Denise Larritz
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared JOSE R. PRIETO, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is TAMPA / BRANDON
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

1) Closed one of my offices - will only have one office for ortho care.
2) Limited care to certain insurances

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

JP

The foregoing instrument was acknowledged before me this 17th day of JULY, 2003, by JOSE R. PRIETO, M.D. who is personally known to me / who did take an oath.

Giuse C. Conner
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared RICHARD PROCTOR, D.O., PHARM.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

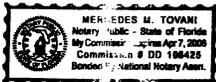
A) MINIMIZED EMERGENCY ROOM COVERAGE
B) RADICALLY DECREASED CARING FOR NURSING HOME PATIENTS
C) STOPPED CARING FOR INDIGENT PATIENTS
D) TREAT ONLY SELECTED PATIENTS WHO ARE LOW RISK

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Richard Proctor, who is personally known to me / who did take an oath.



Mercedes M. Tovani, NOTARY PUBLIC, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared JOHN FOWELL PUCKETT JR, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GYN/OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

* NO LONGER DELIVER BABIES
* NO LONGER DO SURGERY

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John Puckett, who is personally known to me / who did take an oath.

Brenda D. Allen, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Santa Rosa

BEFORE ME, the undersigned authority, personally appeared [Name], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is UROLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Malpractice Insurance has gone to 100 percent in less than two years. I have no malpractice lawsuits and physicians with one lawsuit can not get insurance. I might be forced to early retirement.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Eduardo Puente, who is personally known to me / who did take an oath.

[Signature], NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Alicia Pujol, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Psychiatry
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

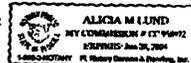
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Alicia Pujol, MD, who is personally known to me / who did take an oath.

[Signature], NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Dickinson

BEFORE ME, the undersigned authority, personally appeared
Thomas J. Pusateri, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OPHTHALMOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

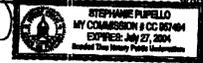
STOPPED DOING HIGH RISK PROCEDURES, ESPECIALLY ON CHILDREN

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Stephan Puppello, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Escambia

BEFORE ME, the undersigned authority, personally appeared
Robert Bradley Pyle, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery, Thoracic Surgery, Vascular Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

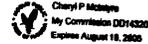
I have discontinued seeing Trauma/Emergency Room Patients and stopped doing high risk Surgeries.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Dr. Robert Bradley Pyle, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared
Paul J. Queltz, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS - gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

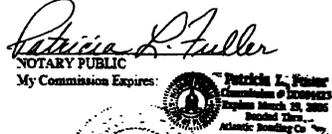
I have stopped obstetrics in Deland, Florida. My pregnancy and my patients are covered. My insurance will not let me stop obstetrics now.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert G. Queltz, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Essex

BEFORE ME, the undersigned authority, personally appeared
Paul J. Queltz, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GAITROENTEROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of JULY, 2003, by Paul J. Queltz, M.D., who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Dr. Warren W. Quinney, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Pediatrics
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

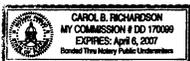
I find that I am Doing increased laboratory; Subspecialty Referrals & X-ray Imaging since because of litigation concerns. This drives up the cost of medicine significantly (10-20%). If the climate of malpractice cases persists I am going to Retire prematurely. The system is "sick" and needs treatment, ultimately our patients "PAY" with unnecessary testing & treatment.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Warren W. Quinney, M.D.

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Warren W. Quinney, M.D., who is personally known to me / who did take an oath.



Carol B. Richardson
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF West Palm Beach

BEFORE ME, the undersigned authority, personally appeared Gerardo Quinonez, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal medicine
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

stopped seeing patients who are confrontational, arthroscopic injections or in any way think they are "high risk"

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Gerardo Quinonez

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Gerardo Quinonez, M.D., who is personally known to me / who did take an oath.

Malaen Pedraza
NOTARY PUBLIC
My Commission Expires:



07/22/2003 TUE 12:51 FAX 3058621359 11:36 JUL 22, 2003

RABEN & FELDMAN TEL NO: 3058544400

001 #57848 PAGE: 2/2

07/21/03 12:40 PM FAX 305 400 8088

REGULATORY STAFF SERVICES - FIDELITY

07/22/2003

Page 2 of 2

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared MANUEL R. QUINTERA, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

High Risk OB deliveries / No OB ultrasound

If there is no doula in the OB suite for providing obstetrical care in the unit - I may be forced to stop providing these services.

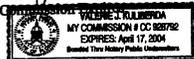
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Manuel R. Quintera

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Manuel R. Quintera, M.D., who is personally known to me / who did take an oath.

Elaine Kostuk
NOTARY PUBLIC
My Commission Expires:



STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared KAREN RABEN, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
- 2. My area of medical practice is Family / A.O.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another State or have retired from or quit the practice of Medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked item b, please provide an explanation here):

Stopped Gynecology.
Stopped urgent care.
Limited hospital care.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Karen Raben

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Karen Raben, M.D., who is personally known to me / who did take an oath.



Elaine Kostuk
NOTARY PUBLIC
My Commission Expires:

Elaine Kostuk
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, DADE COUNTY OF

BEFORE ME, the undersigned authority, personally appeared MARK RABINOWITZ, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

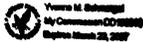
(If you checked b., please provide an explanation here)
No high risk of any kind, 60% OB & GYN.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Mark Rabinowitz, who is personally known to me / who did take an oath.



Virginia M. Schmalz
NOTARY PUBLIC
My Commission Expires: 03/23/07

AFFIDAVIT

STATE OF FLORIDA, PALM BEACH COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Richard Raborn, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
Preparing to leave this practice start moving practice thru retire early

[Signature]

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Richard Raborn, MD, who is personally known to me / who did take an oath.



Virginia Ahron
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, POLK COUNTY OF

BEFORE ME, the undersigned authority, personally appeared GORDON RABOOL, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GERIATRICS
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
RESTRICTED NUMBER OF PATIENTS & I SEE NO TRAUMA

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Gordon Rabool, who is personally known to me / who did take an oath.



Scarlett L. Glover
NOTARY PUBLIC
My Commission Expires: 2-8-07

AFFIDAVIT

STATE OF FLORIDA, HERNANDO, CITRUS COUNTY OF

BEFORE ME, the undersigned authority, personally appeared DR. V. G. RAGHAVAN, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDICS
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):

[Signature]

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by V.G. Raghavan, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA, COUNTY OF DUVAL

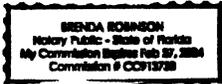
BEFORE ME, the undersigned authority, personally appeared John Rahaim, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here): Lost insurance because company left state, turn down because was a 2.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by John Rahaim, who is personally known to me / who did take an oath.

2/27/04 NOTARY PUBLIC My Commission Expires:



Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared RAMACHANDRAN P. RAJAM, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is NEUROLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here): High risk, high lit.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Ramachandran Rajaram, who is personally known to me / who did take an oath.

Notary Public Seal and Signature



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared SHARLES ESTERLINE, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is NEUROLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here): Do not see Workman's Comp. High Risk or Complex Neurological patients.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Charles Esterline, who is personally known to me / who did take an oath.



Terri Rae O'Neil, Notary Public, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Marion

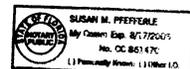
BEFORE ME, the undersigned authority, personally appeared Dantuluri P. Rao M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here): office surgery - skin lesion, skin abscess.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Dantuluri P. Rao, who is personally known to me / who did take an oath.

Notary Public Seal and Signature for Susan M. Pfeifferle



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared SHALLESK ESTERQUI, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b, please provide an explanation here):
DO NOT SEE WORKWOUND CASES: HIGH RISK OR COMPLEX NEUROLOGICAL PATIENTS!

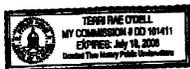
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Shallesk Esterqui, who is personally known to me / who did take an oath.

Joni Rae O'Dell
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Hugo Rams Jr, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida
- My area of medical practice is Gastroenterology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another State or have retired from or quit the practice of Medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked item b, please provide an explanation here):
Stopped seeing pregnant women
- Complicated Emergencies limited

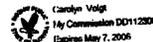
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Hugo Rams, Jr., who is personally known to me/who did take an oath.

Carolyne Voigt
NOTARY PUBLIC
My Commission Expires: May 7, 2006



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Salvador M. Ramirez M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b, please provide an explanation here):

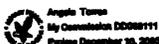
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Salvador M. Ramirez, who is personally known to me / who did take an oath.

Paula Torres
NOTARY PUBLIC
My Commission Expires:



Dr. & Mrs. Christopher G. Rao
30 Castle Hill Way
Stuart, FL 34996

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Christopher G. Rao, MD, FAAFP, who being first duly sworn, deposes and states: #0064920 FL

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b, please provide an explanation here):
Opted out of medicine. My medical carrier left 11/02, no one is writing new policies. If \$250K caps don't pass, I'm going to Louisiana (have license there)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Christopher A. Rao, who is personally known to me / who did take an oath.



Holly Tamow
NOTARY PUBLIC
My Commission Expires: 2-13-04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MALDEN

BEFORE ME, the undersigned authority, personally appeared Krishna Rao M.D. FCCP, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic & Reconstructive Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
My Premiums Went Up Approximately From \$5000 in 1999 to 27000 in 2003. I NEVER HAD A CLAIM.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Krishna Rao

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Krishna Rao MD FCCP, who is personally known to me / who did take an oath.



Sandra L Miller
NOTARY PUBLIC
My Commission Expires: 3/21/04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Jana K. Rasmussen MD, FACS, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic & Reconstructive Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Currently, plastic/reconstructive surgery is not considered "high risk", and yet, in the past 2 years, my malpractice premiums have more than doubled. I am not a "meat market" type of plastic surgeon who has high volume, cuts + runs, I let the ancillary help do all the "dirt" part of patient visits - as such, my income is very dependent on the "external" factors of rising healthcare costs + lower reimbursements. For this reason, I have made the following changes

FURTHER AFFIANT SAYETH NAUGHT

Jana K. Rasmussen MD FACS

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Jana K. Rasmussen MD, who is personally known to me / who did take an oath.

Sandra L Miller
NOTARY PUBLIC
My Commission Expires: 3/21/04

- Stopped Accepting insurance - I will file for patients only.
- Stopped taking medicare patients - I cannot afford to take care of them - reimbursements are less than my time and overhead expended.
- Unfortunately, I am too chicken to go bare (premium due 7/1/03), but I am looking into "asset protection" now, so that I can make that decision next year.
- I am making less than a manager at Macdonalds - it's time to re-think lifestyle

4. continued. Why am I hustling my butt taking on the "wrist" of a physician, when I could move to the Abacos and do nothing but treat skin cancers, lumps + bumps, etc, and make a much more comfortable living without the stress. My husband and I are seriously considering this as an option!!! They would appreciate physicians there without the political hassles!

J. Rasmussen

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Todd Joseph Bane, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Podiatry
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
I am not a high volume podiatrist + difficult specialty to adjust to. I feel I could be a podiatrist in a different state (California) for a living but I don't want to be sued for a (legitimate) but they do be sued

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Todd Joseph Bane

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Todd Joseph Bane, who is personally known to me / who did take an oath.

Mary Kathryn Baskin
NOTARY PUBLIC
My Commission Expires: 12/2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared FAIAZ M. RASUL MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE & GERIATRICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

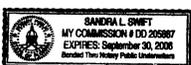
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of JULY, 2003, by FAIAZ M. RASUL, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared ROGER RATH M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OPHTHALMOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

EYE EMERGENCIES (TRAUMA)
COMPLEX EYE DISEASES AND
CURATIVE SURGERIES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 1 day of August, 2003, by Roger Rath, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared MAX F. RATTES MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have reduced the No. of heart
cases. I have cancelled or change
status of hospital admission in the Tampa.
I no longer see Internal medicine patients.

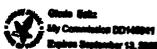
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Max F. Rattes, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ALCOA

BEFORE ME, the undersigned authority, personally appeared Dr. Theresa Ratley, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PEDIATRIC ORTHOPEDICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- stopped doing spine surgery in
children

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Theresa Ratley, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

STATE OF FLORIDA,
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared John Maxwell D. Reddy, who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared Jacqueline Redondo MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is Hand Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
High risk procedures with inherent complications, at risk of being legally liable

4. (If you checked b., please provide an explanation here):
Stopped carrying insurance, stopped seeing high risk patients, stopped working some, auto accidents, my case with litigation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

John Maxwell D. Reddy
Dr. Reddy

Jacqueline Redondo MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John Maxwell D. Reddy, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Dr. Jacqueline Redondo, who is personally known to me / who did take an oath.



Marcia E. Curtis
NOTARY PUBLIC
My Commission Expires:



Felton Williams
NOTARY PUBLIC
My Commission Expires:

101-550 222 8927 JUL-17-2003 08:47 FROM:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

To Jack Crump, MD
Pres. FMA
7/23/03
Diana Reed MD
PO Box 667
Spring Hill TN 37174

BEFORE ME, the undersigned authority, personally appeared Diana Carol Reed, MD (formerly Talpos-Reed) who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- If you checked B, please provide an explanation here:
I moved to Tennessee, have restricted my practice to Locum Tenens work, where malpractice is paid for by receiving firms. I had to go bare on tail coverage for Florida due to exorbitant rates, too. Now I'm being sued by former employer for the tail coverage!
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

Dear Dr Crump:
Enclosed my affidavit regarding leaving the state of Fla. on 6/16/03.
My malpractice rates jumped from \$5300/yr in 2001 in Tenn. to 38,000/yr in 2003 in Fla (Jacksonville).
When I left, the tail coverage was quoted (FPIC) at 33,800 I cannot afford it, so my employer, Dr. Richard Boehme is suing me for it! It just isn't worth it to live in Florida, and put up with sue-ous doctors + patients!
-1- Fight. Diana Reed MD

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Diana Carol Reed, who is personally known to me / who did take an oath.

Deborah Newby
NOTARY PUBLIC
My Commission Expires:

DEBORAH NEWBY, Notary Public
My Commission Expires August 9, 2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____
who being first duly sworn, deposes and states:

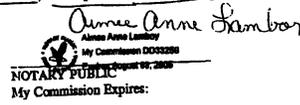
- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I stopped seeing low risk patients
cl. do less procedures in my office and
do no longer carry malpractice insurance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Cheryl Adams, M.D., who is personally known to me / who did take an oath.


 Anne Anne Lombardi
 My Commission Expires: _____
 NOTARY PUBLIC
 My Commission Expires: _____

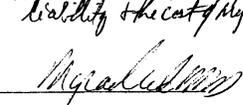
AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Bay

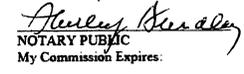
BEFORE ME, the undersigned authority, personally appeared _____
Theresa Reed, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am not assisting in surgery anymore and
am not working on the patients. I have
lost a contract. Also I have limited my practice to low risk
patients and I am not doing any more major procedures
& surgery done like brain tumors or masses. Also I cannot afford
to give free care to indigent due to
liability & cost of my overhead

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Theresa Reed, M.D., who is personally known to me / who did take an oath.


 Shirley F. Hundley
 My Commission Expires: _____
 NOTARY PUBLIC
 My Commission Expires: _____



AFFIDAVIT

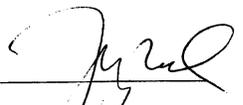
STATE OF FLORIDA,
COUNTY OF Bay

BEFORE ME, the undersigned authority, personally appeared _____
Michael W. Reed, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is DIAGNOSTIC SURGERY (SPINE).
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped seeing Medicare and
limited Medicare. I have stopped some
high risk procedures. I will be forced
to leave the state if this problem persists

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Michael W. Reed, M.D., who is personally known to me / who did take an oath.


 Shirley F. Hundley
 My Commission Expires: _____
 NOTARY PUBLIC
 My Commission Expires: _____



AFFIDAVIT

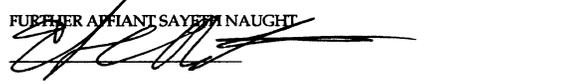
STATE OF FLORIDA,
COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, personally appeared _____
C. R. ESTEY, M.D., who being first
duly sworn, deposes and states:

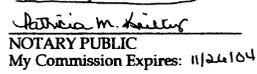
- I am a physician licensed in the State of Florida.
- My area of medical practice is GENERAL / VASCULAR SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED DOING HIGH RISK PATIENTS AND HAS
BEEN FORCED TO INCREASE NUMBERS OF SURGERIES
DUE TO LACK OF SURGEONS IN OUR AREA.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 24th day of JULY, 2003, by C. R. ESTEY, M.D., who is personally known to me / who did take an oath.


 Patricia M. Kelly
 My Commission Expires: 11/26/04
 My Commission Expires: _____
 My Commission Expires: _____



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Michael T. Reilly, who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared Carlos Bejar, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Neurology.

4. (If you checked b., please provide an explanation here):
Can not afford the liability insurance

- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
- a. Moved to another state or have retired from or quit the practice of medicine. a partner Dr J. L. Bell
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

4. (If you checked b., please provide an explanation here):

NO MINOR SURGICAL PROCEDURES; NO OB GYN; NO GASTRIC BYPASS PATIENTS

FURTHER AFFIANT SAYETH NAUGHT

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael T. Reilly

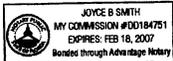
Carlos Bejar

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Michael T. Reilly, M.D., who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Carlos Bejar, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ASCU

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Florida

BEFORE ME, the undersigned authority, personally appeared MAXWELL RENT, who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared Alexis R. Renta, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is POSTGRADUATE OCULOLOGY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is WEST Palm Beach (Pain Medicine).
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Avoid ER calls and cut back on the # of hospitals I work

4. (If you checked b., please provide an explanation here):
No surgical procedures on high risk nerve blocks
No charitable care

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

Maxwell Rent

[Signature]

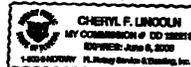
The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Maxwell Rent, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by [Signature], who is personally known to me / who did take an oath.



Laura J. Richards
NOTARY PUBLIC
My Commission Expires:

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Bradford D. Rees, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Neurology, Orthopedic Neurology/Skull Base Surg
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I AM NO LONGER PERFORMING INTRACRANIAL PROCEDURES SUCH AS EXCISIONS OF ACUSTIC NEUROMAS AND MENINGIOMAS. THE ONLY SKULL BASE NEUROSURGERY IN THE AREA (DR. FINZEL) HAS MOVED TO INDIANA DUE TO THIS CRISIS AND THESE SURGERIES ARE NOT BEING PERFORMED IN THE BOCA RATON/PALM BEACH AREA AS A RESULT.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Bradford D. Rees, MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Bradford D. Rees, MD, who is personally known to me / who did take an oath.

Signature of Joanne Neutrhard, Notary Public



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Merrill W. Reuter, MD FACS, who being first duly sworn, deposes and states.

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopaedic Spine Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have stopped doing high risk procedures, and have restricted my practice limiting severely the amount of hospital and ER call that I take.
4. My malpractice premiums in the last year have tripled for less than half the coverage, and now I have a per claim deductible which I have not had ever in the past 15 years of practice.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Merrill W. Reuter, MD FACS

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Merrill W. Reuter, who is personally known to me / who did take an oath.

Signature of Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Donald Ray Revis, Jr, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
Stopped performing high risk procedures
Stopped taking patients in the Emergency Room

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Notary Public

The foregoing instrument was acknowledged before me this 16th day of July, 2003, by Donald Ray Revis, Jr, MD, who is personally known to me / who did take an oath.

Signature of Cynthia S. Peterson, Notary Public



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared

who being first duly sworn, deposes and states

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Thoracic & Cardiovascular Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. (If you checked b., please provide an explanation here):

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

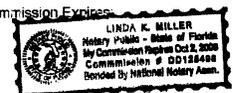
Signature of Notary Public

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Elmore A. Reyer, MD

who is personally known to me / who did take an oath.

Signature of Notary Public

My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LAKE

BEFORE ME, the undersigned authority, personally appeared Steven E Reynolds D.O. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

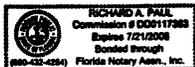
4. (If you checked b., please provide an explanation here):

Have reduced my nursing home responsibility by 90% - I no longer take care of new pts in nursing homes. I quit performing office sigmoidoscopy - pts must now go to endoscopy outpt units

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Steven E. Reynolds, D.O., who is personally known to me / who did take an oath.



[Signature] NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Steven Reynold MD FACP who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

See sheet

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Steven E Reynolds MD who is personally known to me / who did take an oath.

[Notary Seal] NOTARY PUBLIC My Commission Expires: 8-27-04

880 NW 13 Street Boca Raton, FL. 33486 July 21, 2003

To Whom It May Concern;

The Florida Senate Judiciary Committee last week concluded that there is no healthcare crisis in Florida regarding medical liability, malpractice and access to care. As a Board Certified Internist with Certification in Geriatrics the liability crisis has effected my practice dramatically.

- 1. I no longer see patients at nursing home facilities (Skilled Nursing Facilities, Assisted Living Facilities, Independent Living Facilities.) The risk of being sued in that environment is too high. I can't open a newspaper or watch a prime time show without seeing some attorney advertising about elder abuse or medical abuse. My malpractice carrier charges more for doctors doing nursing home work. They charge even more for doctors who act as medical directors of nursing facilities.
2. I no longer see patients involved in accidents of any type. They are referred to the emergency room. I especially do not see on the job injuries.
3. I do no simple suturing
4. I no longer lance simple abscesses or boils in the office
5. I no longer perform flexible sigmoidoscopy for colon cancer screening even without biopsy.
6. I no longer see patients with complaints of back or neck pain
7. I accept no hospital consults on patients with back or neck pain.
8. I accept no hospital consults on accident victims.
9. I no longer prescribe any medications for weight control or weight loss because my insurance carrier considers it high risk.

As a result of the crisis and inability to get affordable insurance I have renewed my application for a NY State license. My children are grown and I can practice anywhere I choose. I am at the peak of my career and I am tired of practicing in a state which ignores my professionalism and dedication to my patients and practice. I am tired of practicing in a state where the legislature dictates what I must study in my free time. I am tired of practicing in a state where seeing complex high risk patients equates to seeing high risk liability patients.



[Signature]

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Jeffrey Rich who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Do not do difficult fracture cases or difficult revision surgery for pelvis / femur or feet of total joint

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Jeffrey Rich who is personally known to me / who did take an oath.

[Signature] NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Marion

BEFORE ME, the undersigned authority, personally appeared Robert Rueda, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I stopped OBSTETRICS AS OF Nov 1, 2003

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

P. C. Rueda

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert Rueda, who is personally known to me / who did take an oath.

Wendy Gonzalez
NOTARY PUBLIC
My Commission Expires:

WENDY GONZALEZ
Notary Public, State of Florida
My Comm. exp. July 18, 2003
Comm. No. CC855855

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

ie: hand injury that need to be transferred from a level I trauma center to hospital several counties away due to lack of specialty coverage. If reattachment was possible this delay in care may prevent attempts at doing so due to the time involved in transfer. Similar problems occur in General surgery, cardiac surgery and OB/Gyn.

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Specialists are reluctant to take call for emergency services due to high liability risk and many are not available when needed. This creates additional risk to patients related to delays in care while we, the

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

M. R. Roll
(Signature)

The foregoing instrument was acknowledged before me this 16th day of July, 2003, by Matthew Rueda, who is personally known to me / who did take an oath.

Matthew Rueda
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared (print name) Matthew C. R. II, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Duval County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

Many people cannot have heart catheterization due to lack of cardiothoracic backup. This puts these patients at unnecessary risk.
Young pregnant women are presenting to Emergency department for delivery due to the decreased number of OB/Gyn MDs & coverage for deliveries and OB services

http://www.fcep.org/affidavit.htm

7/17/2003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF COLUMBIA

BEFORE ME, the undersigned authority, personally appeared Pastor Bias M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I'm drop in delivery babies that leaves only 1 obstetrician in town.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

P. Bias

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Pastor Bias M.D., who is personally known to me / who did take an oath.

Terena G. Stinson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared John Riva M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer see Medicaid unless on call, resigned from one hospital no longer do pancreatic surgery or high risk reoperative patients. Do not go to nursing homes anymore.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by John Riva, who is personally known to me / who did take an oath.
Susan Hale, Notary Public, My Commission Expires July 08, 2006.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared David C. Ritten, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery, Surgical oncology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1) Leave of Absence not covering ER
2) Referral outside of esophageal cancer, pancreatic cancer, gastric cancer, liver cancer and colon cancer spread to liver to Tampa

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by David C. Ritten, MD, who is personally known to me / who did take an oath.
Notary Public, My Commission Expires: [blank]

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared [blank], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurology / Psychiatry.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
no longer see nursing home patients, self referred medical patients, not taking multiple cases PEP or W/C cases - Had to take out a book to cover the cost of malpractice insurance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by M. Rivera, who is personally known to me / who did take an oath.
Michelle Salick, Notary Public, My Commission Expires: [blank]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Sarasota Florida

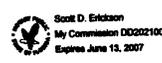
BEFORE ME, the undersigned authority, personally appeared Brian Riegel, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Physical Medicine and Rehabilitation.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
-less / or no procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Brian Riegel, MD, who is personally known to me / who did take an oath.
Notary Public, My Commission Expires: [blank]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared David S. Rice, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Radiation Oncology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): My group (DIT Center Oncology) has stopped participating in the case review with the medical society through the Health Department to liability issues.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by DAVID S. RICE, who is personally known to me / who did take an oath.

Carol A. King, NOTARY PUBLIC, My Commission Expires: [blank]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Anthony S. Rizzo, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Radiation Oncology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Curtailing mammography practice and invasive procedures due to severe malpractice liability exposure.

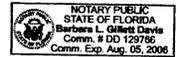
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Anthony S. Rizzo, M.D., who is personally known to me / who did take an oath.

[Signature], NOTARY PUBLIC, My Commission Expires: [blank]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared [blank], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No longer accepting emergency room call, no longer doing spine high level procedure, no longer accepting new workers compensation surgical cases.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by Robert S. Roberts, MD, who is personally known to me / who did take an oath.

Stephen C. Paine, NOTARY PUBLIC, My Commission Expires: [blank]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared John W. Robertson, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gen Surgeon.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): 1) I have stopped all elective vascular surgery. 2) I have stopped most high risk procedures including cholecystectomy, hysterectomy, pancreatectomy. 3) I have stopped treating patients at UF as a resident but can not attend to gastric bypasses with current malpractice in the state!

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by John W. Robertson, MD, who is personally known to me / who did take an oath.

Stephanie A. Puse, NOTARY PUBLIC, My Commission Expires: May 21, 2007



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared
HOWARD N. ROBINSON M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPAEDICS
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I NO LONGER SEE INTRASPINAL INJECTIONS, BUN SCARS, HOSPITALIZED PATIENTS AND TREAT CONDITIONS REQUIRING LENGTHY HOSPITALIZATIONS. I USED TO BE KNOWN FOR HEALING PATIENTS WITH VERY DIFFICULT WOUNDS AND EARLY TREATING SURGERY.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by HOWARD N. ROBINSON, M.D., who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared
Lawrence A. Robinson, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer do many trauma procedures or accident surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Lawrence A. Robinson, who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:
 NOTARIAL PUBLIC
 MY COMMISSION # 0207428 EXPIRES
 October 27, 2005
 SIGNED AND NOTARIAL PUBLIC, INC.

07/18/03 FRI 09:32 FAX 9417942893 GASTRO ASSOC OF MANATEE @001
 FAX TODAY TO 1-850-222-8827
 SEND ORIGINAL TO FMA, 113 E. COLLEGE AVE, TALLAHASSEE, FL 32309

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared
JOHN RODGER M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GASTRO ENTEROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
NO LONGER PERFORM PERMANENTLY ILEUM BILEPSIES - PAPER TO RADIOLOGIST FOR CT GUIDED BIOPSIES ESPECIALLY IN ILLUSTRIAL LOST OF THIS PROCEDURE. NO LONGER DO MEDICINE PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by John D. Rodger M.D., who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF WALKER

BEFORE ME, the undersigned authority, personally appeared
SCOTT A. RODGER M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FRANK MANATEE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
NO LONGER ADMIT TO THE HOSPITAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Scott A. Rodger M.D., who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires: 9-7-05
 Notary I.D. No. 803303
 Commission No: DD055072

Faxed 7-22-03 4:40
 SCOTT A. RODGER, M.D.
 2200 South Bay Street, Unit A
 P.O. Box 1887
 Eustis, Florida 32727-1887

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Angela C Rodriguez, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Pediatrics.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
because the cost of my malpractice insurance is higher than 25% of my projected income and if it continues to increase I would have to leave the state of Florida to practice elsewhere.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by Angela C Rodriguez, MD, who is personally known to me / who did take an oath.



Susan Hale
NOTARY PUBLIC
My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Arturo Rodriguez, M.D who being first duly sworn, deposes and states:

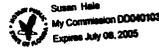
- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Family Medicine.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Plan to stop seeing nursing home patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Arturo Rodriguez, M.D, who is personally known to me / who did take an oath.



Susan Hale
NOTARY PUBLIC
My Commission Expires: 7/8/05

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority personally appeared

ENRIQUE A. RODRIGUEZ-PAZ, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. _____
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:
I HAVE STOPPED EMERGENCY ROOM PATIENT CARE COMPLETELY AND STOPPED DOING HIGH RISK PROCEDURES LIKE TEMPORARY PACEMAKERS AND SURVIVAL CATHETERS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Enrique A. Rodriguez-Paz Who is personally known to me/who did take an oath.

Lucy Galano
NOTARY PUBLIC
My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared

George Rodriguez-Paz, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. _____
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:
1) stopped doing TEE (transesophageal echocardiogram)
2) stop seeing emergency room patients
3) stop seeing any high risk PICA (myocardial perfusion) patients
4) have since seeing pregnant women on consultation

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by George Rodriguez-Paz Who is personally known to me/who did take an oath.

Lucy Galano
NOTARY PUBLIC
My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Jorge Rodriguez Jr M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic, Hand, Micro surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Revision Hip Surgery
Back Surgery
Neck Surgery
Limited Patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by Jorge Rodriguez Jr, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared OPER RODRIGUEZ, P.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

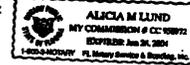
Avoid dealing with reconstructive surgery patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29th day of JULY, 2003, by OPER RODRIGUEZ, P.O., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



08/04/2003 08:19 7274436604
JUL-17-2003 09:47 FROM:

RODRIGUEZ

TO: 7274436604

PAGE 01/01
P. 3/3

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared RICHARD RODRIGUEZ, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GENERAL SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

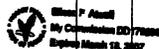
* I NO LONGER DO PANCREATIC HIGH RISK SURGERY,
* I NO LONGER ACCEPT MEDICARE HMO PATIENTS,
* I HAVE BEEN UNABLE TO ATTRACT A
SURGEON TO JOIN MY PRACTICE (UNSPECIFIED
CONCERN HAS BEEN UNPRACTICE CRISIS)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Richard Rodriguez, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared UBALDO S. RODRIGUEZ, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is HAIR CLINIC, FLORIDA
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

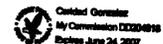
I DO NOT CARRY MALPRACTICE INSURANCE NOW
DUE TO THE HIGH COST AND THEREFORE I HAVE
RESTRICTED MY PRACTICE TO CERTAIN PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23rd day of JULY, 2003, by UBALDO S. RODRIGUEZ, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared James H. Rogers MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Plastic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

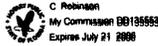
Do not do many high risk procedures anymore and will see Trauma emergency patients
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James H. Rogers

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by James H. Rogers MD, who is personally known to me / who did take an oath.

C Robinson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CITRUS

BEFORE ME, the undersigned authority, personally appeared Ralph W. Rogers, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Surgeon
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

Red's High Risk - ER
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ralph W. Rogers MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Ralph W. Rogers, who is personally known to me / who did take an oath.

Teresa A Davis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BAY

BEFORE ME, the undersigned authority, personally appeared Michael X. Bohan, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

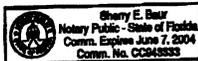
Stopped ER coverage for Bay County Hospital. Granted medical malpractice coverage. Huge increase in use of defense medicine.
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Michael X. Bohan

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Michael X. Bohan, who is personally known to me / who did take an oath.

Sherry E. Best
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF CITRUS

BEFORE ME, the undersigned authority, personally appeared Armando L. Rojas MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB-GYN
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):

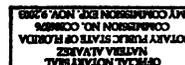
As of 11/04 we will only have 3 OBSTETRICIANS LEFT TO DELIVER APPROXIMATELY 800 BABIES PER YEAR IN CITRUS COUNTY. ACTIVELY PURSUING SALE OF OFFICE AND GIVING UP OB PRIVILEGES
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Armando L. Rojas MD

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Armando L. Rojas MD, who is personally known to me / who did take an oath.

Natere Alvarez
NOTARY PUBLIC
My Commission Expires: 11-9-03



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared
Ayanna Rolette, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatrics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I run a lot more tests + send more patients to specialists than I did before. even if I feel the extra steps are not warranted - to keep everything sued. The cost to the patients has, therefore, gone up substantially. Some in-office procedures I have to perform now.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

A. Rolette

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Ayanna Rolette, who is personally known to me / who did take an oath.

Jeanne Mickelson
NOTARY PUBLIC
My Commission Expires: June 18, 2004



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dillonburgh

BEFORE ME, the undersigned authority, personally appeared
Dr. Gary Ronay, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Given up E.R. call, in hospital consultations, Do not see Prostate or Pediatric Patients, Refer moderately complex and complex cases to A.S.U., severely limit care of indigent patients due to malpractice concerns, decrease the number of days I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

I practice medicine & plan to go part of me if malpractice relief is not forthcoming.

FURTHER AFFIANT SAYETH NAUGHT

G. Ronay

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Dr. Gary Ronay, who is personally known to me / who did take an oath.

Sandra L. Thrasher
Sandra L. Thrasher
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
DANIEL R. RONCHETTA, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is MIAMI
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I stopped because I can not afford the high cost of malpractice insurance.

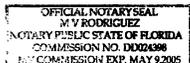
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

D. Ronchetti

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Daniel R. Ronchetti, who is personally known to me / who did take an oath.

M. V. Rodriguez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared
ORESTES ROSABAL, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am severely restricting my coverage of emergency room services. I do not accept high risk malpractice triggers at all. I practice defensive medicine although barely at all times.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

O. Rosabal

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by ORESTES ROSABAL, MD, who is personally known to me / who did take an oath.

Imay Suarez
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared Ralph M. Rosato, M.D., who being first duly sworn, deposes and states:

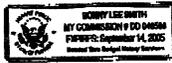
- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer work with physicians that have stopped their malpractice insurance. I have limited my ED call to minimize and may only due to rising costs and decreased insurance payments. I no longer accept insurance as payment.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Ralph M. Rosato, M.D., who is personally known to me / who did take an oath.

Bonny Lee Smith
NOTARY PUBLIC
My Commission Expires: 4-14-2005



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Allen P. Fotenlounim, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OTOLARYNGOLOGY - HEAD/NECK SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- Eliminating high risk procedures
- One partner left the practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by Allen P. Fotenlounim, who is personally known to me / who did take an oath.

Monika B. NPK
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Citrus

BEFORE ME, the undersigned authority, personally appeared Carl W. Rosebrough, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have essentially eliminated doing intraocular surgery (such as cataract surgery) in my practice since Feb 2003 & in large part due to the escalating malpractice crisis.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Carl W. Rosebrough, who is personally known to me / who did take an oath.

Jo-Anne F. Sherouse
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Tam Bay

BEFORE ME, the undersigned authority, personally appeared Allen Rosen, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PULMONARY MEDICINE / CRITICAL CARE MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. I AM CURRENTLY APPLYING FOR LICENSE IN TEXAS
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

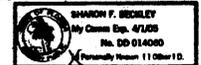
4. (If you checked b., please provide an explanation here):
- PREGNANT PATIENTS
- HIGH RISK / CRITICALLY ILL PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Allen Rosen, who is personally known to me / who did take an oath.

Sharon F. Beasley
NOTARY PUBLIC
My Commission Expires: 4/1/05



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared Seymour R. Rosen M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Ophthalmology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I HAVE RESTRICTED MY SERVICES AT FLORIDA HOSPITAL AND DISCONTINUED EMERGENCY ROOM COVERAGE. I HAVE STOPPED PERFORMING MANY HIGH RISK PROCEDURE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Seymour Rosen M.D., who is personally known to me / who did take an oath.



Bill Hart
NOTARY PUBLIC
My Commission Expires: 4/4/05

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Jackson

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ophthalmology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I HAVE STOPPED DOING LASIK EYE SURGERY BECAUSE OF THE MALPRACTICE RISK

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

Seymour R. Rosen MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Seymour R. Rosen MD, who is personally known to me / who did take an oath.

Bill Rosen 76422540



Juliann Burleson
NOTARY PUBLIC
My Commission Expires: _____

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Allen M. Rosenbaum MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Otolaryngology - Head + Neck Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have changed the patient population that I serve and I have eliminated performing surgeries that in their very nature have a high level of risk

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by Allen M. Rosenbaum MD, who is personally known to me / who did take an oath.

Monika B. Kirk
NOTARY PUBLIC
My Commission Expires: _____
MONIKA B. KIRK
MY COMMISSION # CD 070584
EXPIRES: Oct 2, 2004
NOTARY PUBLIC - FL Henry Kaplan & Brading, Inc.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared Murray Rosenbaum, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiac Electrophysiology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. If you checked "b" above, please provide an explanation here:
No high risk cases. No cases where patients have sued another MD. No cases for patients who seem to be in any way emotionally unstable

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 26 Day of July, 2003, by Jacqueline PLYNTER Who is personally known to me/who did take an oath.

Jacqueline Plynter
NOTARY PUBLIC
My Commission Expires: May 26, 2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Eugene B Rosenberg MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Medical Oncology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
All OB patients, all vasectomies, all PT's coming in without insurance @ high risk.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Almy

The foregoing instrument was acknowledged before me this 7th day of July, 2003, by Abraham Rosenberg MD, who is personally known to me / who did take an oath.

Lesly Kruger
My Commission DD034264
Expires June 17 2008

Lesly Kruger
NOTARY PUBLIC
My Commission Expires:

FAXED
1-17

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF St. Lucie

BEFORE ME, the undersigned authority, personally appeared EUGENE B ROSENBERG MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PULMONARY MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I PRACTICED MEDICINE IN LOUISIANA WHICH HAS A BETTER MALPRACTICE CLIMATE. I MOVED TO FLORIDA TO ASSUME AN ADMINISTRATIVE POSITION. I HAVE HAD DIFFICULTY TO PRACTICE BUT WOULD NEVER DO SO IN THIS UNFAVORABLE SITUATION

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

ESR MD

The foregoing instrument was acknowledged before me this 4 day of August, 2003, by Eugene B Rosenberg MD, who is personally known to me / who did take an oath.

Joan I Corneille
NOTARY PUBLIC
My Commission Expires: 12-10-2005

Joan I Corneille
My Commission DD077534
Expires December 10, 2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared Michael Rosenberg MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No children, no vasectomy, no advanced laproscopy procedures.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Patricia Ann Kibbe

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Michael Rosenberg MD, who is personally known to me / who did take an oath.

Patricia Ann Kibbe
NOTARY PUBLIC
My Commission Expires:

Patricia Ann Kibbe
My Commission DD188644
Expires November 20, 2008

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared LAUREN B. ROSENBERG, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I do not see high risk younger hospitalized patients. All high risk procedures are performed through.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lauren B Rosenberg

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by LAUREN B. ROSENBERG, who is personally known to me / who did take an oath.

Patricia Ann Kibbe
NOTARY PUBLIC
My Commission Expires:

Patricia Ann Kibbe
My Commission DD188644
Expires Dec. 1, 2004
Notary Seal
Notary State of Florida

07/21/2003 13:02 954-457-8624
de Rosenthal

ASSOC. IN. INT. MED PAGE 02

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared
Desiree A. Rosenthal, M.D., who
being first duly sworn, deposes and states:

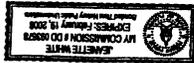
- I am a physician licensed in the State of Florida.
- My area of medical practice is General Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
 - c. Stopped clinical practice altogether.
- (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Desiree A. Rosenthal MD, who is personally known to me / who did take an oath.

Cometis White
NOTARY PUBLIC
My Commission Expires:



P. 1

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Matthew Roselli, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Anesthesiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

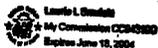
4. (If you checked b., please provide an explanation here):
I have stopped doing pain management and certain types of surgical blocks due to risk of litigation and may consider pursuing alternative.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 31 day of July, 2003, by _____, who is personally known to me / who did take an oath.

Amelia L. Smith
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Andrew S. Ross, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Urology / Urological Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

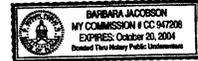
4. (If you checked b., please provide an explanation here):
1) STOPPED DOING COMPLEX BILARY SURGERY
2) STOPPED DOING SPHINCTER PLENUM FOR CHOLELITHIASIS
3) Limited M.D. emergency room call
4) Plan on reducing my hospital emergency consults

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Andrew Ross, who is personally known to me / who did take an oath.

Andrew Ross

Barbara Jacobson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared
D.S. Rotatori, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is plastic surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
difficult wounds, sternal osteomyelitis, breast reduction, hypertrophy, hidradenitis, pediatrics, congenital abnormalities.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by D.S. Rotatori, who is personally known to me / who did take an oath.

D.S. Rotatori
NOTARY PUBLIC
My Commission Expires: 9/14/06



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared William I Roth MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is DERMATOLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped going to Hospitals due to fact that Internists requesting consultations do not carry insurance and I don't want to be deep pocket

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William I Roth MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by William I Roth MD, who is personally known to me / who did take an oath.

Diane C. Canella
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared DAVID L. ROTHMAN MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal medicine
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am no longer a medical director of any nursing facilities (even though I am a ANCC certified MD) I avoid treating high risk patients. I am now self insured.

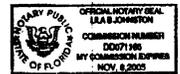
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David Rothman MD

The foregoing instrument was acknowledged before me this 20th day of July, 2003, by David Rothman MD, who is personally known to me / who did take an oath.

David Rothman MD
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Miguel Roura M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Endocrinology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked B, please provide an explanation here):
Stopped caring for gestational diabetes due to fear of malpractice

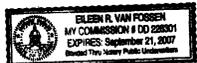
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Miguel Roura

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Miguel Roura, who is personally known to me / who did take an oath.

Ellen S. Rosen
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared ALAN S. ROITMAN, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ORTHOPAEDIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer treat children, perform spinal surgical procedures, treat trauma, or perform joint revision surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Alan S. Roitman

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Alan S. Roitman, M.D., who is personally known to me / who did take an oath.



Judith Castagna
NOTARY PUBLIC
My Commission Expires: Feb. 13, 2006

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared Mark A Rubenstein, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Physical Medicine and Rehabilitation/Spine Management
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

b1. Stopped visiting hospital/setting offices as all money here/extended care/into rehabilitation facilities due to litigation climate and reduce volume to other professional liability sources
b2. Stopped doing certain therapeutic spinal injections due to liability risk (i.e. epidural injections)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mark A Rubenstein

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Mark Rubenstein, M.D., who is personally known to me / who did take an oath.

Suzanne G. Morris
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared JAY J. RUBIN MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEUROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I RELINQUISHED EMERGENCY ROOM / ADMITTING PRIVILEGES, AT Ocala REGIONAL MEDICAL CENTER IN Ocala, FLORIDA. I AM ALSO TRYING TO ACCOMPLISH THE SAME AT THE ONLY OTHER HOSPITAL IN Ocala

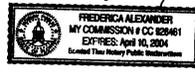
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jay J. Rubin

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by JAY RUBIN, who is personally known to me / who did take an oath.

Frederica Alexander
NOTARY PUBLIC
My Commission Expires: April 10, 2004



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared ELSY RUEKER, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Reduced coverage due to high premium. Will not be any difficult cases.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Elsy Rueker MD

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Elsy Rueker MD, who is personally known to me / who did take an oath.

Barbara H. Huffman
NOTARY PUBLIC
My Commission Expires: 01/06/06



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI DADE

BEFORE ME, the undersigned authority, personally appeared ROBERT RUDAS, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is EMERGENCY MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Medical malpractice insurance unaffordable if available.
Must practice defensive medicine.

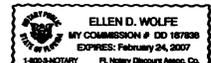
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert Rudas

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by Robert Rudas, MD, who is personally known to me / who did take an oath.

Ellen D. Wolfe
NOTARY PUBLIC
My Commission Expires:



RECEIVED

JUL 17 2003

BY:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF INDIAN RIVER

BEFORE ME, the undersigned authority, personally appeared THEODOR M. RUDOLPH, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is DERMATOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here): Limited in office skin cancer surgery, large surgery flaps in the office for skin cancer surgery, limited BOTOX, chemical peels - NOT performing liposuction

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Theodor M. Rudolph, MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Theodor M. Rudolph, M.D., who is personally known to me / who did take an oath.

Susan E. Nagel, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared JANE E. RUDOLPH, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is obstetrics + gynecology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here): Practicing without medical malpractice insurance, discharging litigious patients, reducing high risk patients

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jane E. Rudolph, M.D.

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by JANE E. RUDOLPH, M.D., who is personally known to me / who did take an oath.

Judith A. Sepka, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Jose L. Ruiz, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here): stopped doing minor surgery due to the insurance was paid to be very high if I perform it.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jose L. Ruiz, MD

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Jose L. Ruiz, MD, who is personally known to me / who did take an oath.

Maria A. Fajardo, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Howard Mark Ruskin, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is NEUROLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here): AVOID SEEING ACUTE BILITIAL PATIENTS WITH NEUROLOGIC PROBLEMS

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Howard Mark Ruskin

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Howard Mark Ruskin, who is personally known to me / who did take an oath.

Susan Lusk, NOTARY PUBLIC, My Commission Expires:



2/22/06

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF OKALOOSA

BEFORE ME, the undersigned authority, personally appeared A. BARNARD RUSSELL, M.D., who being first duly sworn, deposes and states:

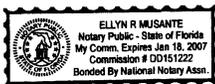
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
8/1989 - I gave up all obstetrics due to impossibly high increase in professional liability insurance.
1/2002 - I gave up all major general and gynecological surgery, I had successfully performed since 1958. Coverage was not obtainable at any price in Florida **continued on attachment** on back
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

a. Barnard Russell, M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by a. Barnard Russell, M.D., who is personally known to me / who did take an oath.



Ellyn Musante, NOTARY PUBLIC, My Commission Expires: 1/18/07

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Flagler

BEFORE ME, the undersigned authority, personally appeared John M. Russell, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

*Have not yet changed my practice significantly, however I will with further reimbursement reductions or malpractice over tort reform, malpractice premiums are increasing at a ridiculous rate and I consider your malpractice on this matter criminally neglect.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Access to care and services will change with your malpractice.

John Russell, M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by John M. Russell, who is personally known to me / who did take an oath.

Lisa Marie Beckett, NOTARY PUBLIC, My Commission Expires:



JUL 29 2003 12:15PM OCMS 4076224614 p. 14
P. 2
From: Sheri Tc MD Out.ash Date: 7/18/03 Time: 9:21:29 AM Page 2 of 2

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lake County

BEFORE ME, the undersigned authority, personally appeared Ronald G. Ryan, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

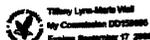
4. (If you checked b., please provide an explanation here):
I do not do Nursing Home procedures or Nursing Home visits even if there is a referral for it.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald G. Ryan

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Ronald G. Ryan, who is personally known to me / who did take an oath. Produced A. Drivers License



Thany Lynn-Marie Wall, NOTARY PUBLIC, My Commission Expires: September 17, 2006

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Alberto Fernandez Sabate, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatrics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Due to the current malpractice crisis, I have decided to restrict the number of high-risk cases I take on.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Alberto Fernandez Sabate, M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Alberto Fernandez Sabate, who is personally known to me / who did take an oath.

Notary Public Seal for Alberto Fernandez Sabate, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MARIANA

BEFORE ME, the undersigned authority, personally appeared Edward D. Sabol MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics & Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1 Stopped Obstetrics
2 Stopped Surgery
Will probably have to stop other practice

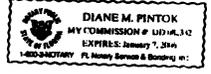
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Edward D. Sabol

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Edward D. Sabol MD, who is personally known to me / who did take an oath.

Diana M. Pindok
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

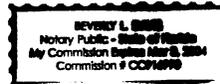
4. (If you checked b., please provide an explanation here):
I have closed my practice effective 10/1/03 and will be the Medical Director of a wellness center. There will be much less exposure to malpractice suits.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Fleur Shirna Sack

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by _____, who is personally known to me / who did take an oath.



Beverly L. Sacks
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Daniel N. Sacks MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

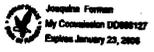
4. (If you checked b., please provide an explanation here):
No longer deliver vaginally after previous cesarean section, limit my surgical practice to easy less risky patients, limit OB to low risk patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Daniel N. Sacks

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Daniel N. Sacks, who is personally known to me / who did take an oath.



Joseph Forman
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF St. Johns

BEFORE ME, the undersigned authority, personally appeared Agnes G. David, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

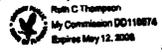
4. (If you checked b., please provide an explanation here):
I have limited my practice to low risk patients ie anyone who needs help over is referred to the Emergency Room.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Agnes G. David

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Agnes G. David, MD, who is personally known to me / who did take an oath.



Ruth C. Thompson
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Carlos B. Saez, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS!
The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Sum?

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Carlos B. Saez, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Ronald Jeff MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Allergy.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I no longer see patient who claim poor health secondary to make exposure in the home. This is because numerous attorneys are used to reject medical records, get in legal battles and I'm of course stuck in the middle between as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald Jeff

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Ronald Henry Jeff, who is personally known to me / who did take an oath.

Carla Cummings
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Eduardo F. Saffile, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Duval County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

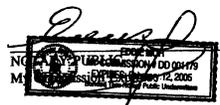
4. (If you checked b, please provide an explanation here):
Stop taking new cases from ER-admissions

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Eduardo F. Saffile

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Eduardo F. Saffile, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Neil Sager, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics & Gynecology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

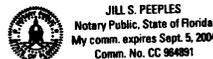
4. If you checked B, please provide an explanation here:

I have practiced OB/Gyn for 27 years & I have spent 10 years in the field of obstetrics & gynecology surgery due to extreme stress & pressure in the field & the high exposure to my patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Neil Sager, who is personally known to me / who did take an oath.



J. S. Peoples
NOTARY PUBLIC
My Commission Expires: 9-5-04

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared David S. Naught, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiovascular Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Now having to drive to Valdosta Georgia to try to make enough money to pay vehicle
 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
no practice
David Naught MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by David S. Naught, M.D., who is personally known to me / who did take an oath.

David S. Naught
 NOTARY PUBLIC
 My Commission Expires:
 Linda S. Runkle
 MY COMMISSION # 0014834 EXPIRES
 July 2, 2007
 BONDED THROUGH FARM INSURANCE, INC.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Durgadas P. Sakalkale, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Physical Med & Rehab.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
stopped seeing certain interventional
pat procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Durgadas Sakalkale, who is personally known to me / who did take an oath.

Christiane Mikhail
 NOTARY PUBLIC
 My Commission Expires: 3/20/07

 CHRISTIANE MIKHAIL
 Commission # 00148171
 Expires 3/20/2007
 Bonded Through Florida Notary Assn., Inc.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared Romas SAKALIAS, M.D, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is INDIAN RIVER COUNTY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer treat spinal cord injuries
Planning to retire this year

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 30th day of July, 2003, by [Signature], who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:

 Jean M. Brock
 My Commission 00022780
 Expires July 17, 2007

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared VIJAY N. SAMANT, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Infectious Disease, Hypertensive Medicine.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by [Signature], who is personally known to me / who did take an oath.

 Patricia A. Pottier
 Commission # 001481011
 Expires Dec. 4, 2003
 Bonded Thru
 Atlantic Bonding Co., Inc.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared Ronald Samans MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

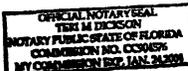
No more In-Patient Hospital Care

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Ronald Samans MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Mohamed Reza Samian, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic & Reconstructive Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

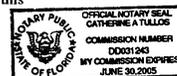
Stopped doing Cosmetic Surgery on pt who have no health insurance

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Catherine A. Tullis, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires: 6/30/05

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Frank Sanchez, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications.

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: [Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Frank Sanchez, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Richard Sandrow, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped Surgery entirely in Dec. '02. Insurance premium increased 200% in 2 years. Never had a suit in 22 years of practice. Could no longer afford insurance

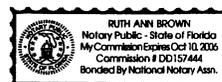
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Richard Sandrow MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Edgar W. Sapp M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY PRACTICE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

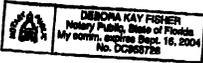
4. (If you checked b., please provide an explanation here):
Decrease office surgery
Decrease - Non-acute
Decrease X-rays in office
Refer more complicated problem out

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Edgar W. Sapp

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Edgar W. Sapp, M.D., P.A., who is personally known to me / who did take an oath.



Debora Kay Fisher
NOTARY PUBLIC
My Commission Expires: September 16, 2004
Debora Kay Fisher

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Howard Saslow M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Emergency Medicine Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

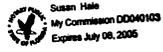
4. (If you checked b., please provide an explanation here):
Have stopped taking Emergency Room
Call at the 2 hospitals that
am on staff

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Howard Saslow

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Howard Saslow, who is personally known to me / who did take an oath.



Susan Hale
NOTARY PUBLIC
My Commission Expires: 7/8/2006

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Russell F. Sassano M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

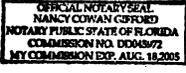
4. (If you checked b., please provide an explanation here):
Have limited extensive reconstructed procedures
such as facial trauma and missile
flaps for breast cancer, especially on
the nose patients.
Have provided seriously malpractice coverage
complexly here to
no test of premiums

FURTHER AFFIANT SAYETH NAUGHT

Russell F. Sassano

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Russell F. Sassano M.D., who is personally known to me / who did take an oath.

Nancy Cowan Gifford
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared (print name) Andrew Sauer, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Duval County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery - pediatric
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

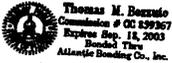
We have had to emergently transfer patients from Jacksonville to Gainesville on repeated occasions due to lack of adequate neurosurgical care locally.

I have personal knowledge of the facts contained in this affidavit and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Andrew Sauer, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared Douglas F. Savage M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurosurgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Complicated Neuro-vascular procedures, such as aneurysm & AVMs, get sent to University Neurosurgeons

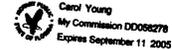
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Douglas Savage, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



FOR Fax -> TO: -> -> Michael Anthony Sc Wed Jul 16 2003 05:41:19 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Robert Savarise, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is _____.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Restricted risky, invasive procedures.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Robert Savarise, who is personally known to me / who did take an oath.

Christiane Mikhail
NOTARY PUBLIC
My Commission Expires: 3/20/07



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Michael A. Scannon, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Dermatology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have discontinued plans for building a new office and stopped any expansion. I no longer see high risk patients and have limited the scope of my practice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

* cancer patients & pts with severe dermatologic conditions



[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Michael A. Scannon MD, who is personally known to me / who did take an oath.

Cynthia J. Kellogg
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HORRIDGE

BEFORE ME, the undersigned authority, personally appeared JOSEPH J. SCARLET, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GEN. SURGERY & FAMILY PRACTICE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine. *effective 8/1/03*
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. *for past year*

4. (If you checked b., please provide an explanation here):
Malpractice insur too expensive not justify any high risk procedures or even moderate risk

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Joseph J. Scarlet MD

The foregoing instrument was acknowledged before me this 18 day of JULY, 2003, by JOSEPH J. SCARLET, MD, who is personally known to me / who did take an oath.



Natalie M. Rogers
Commission # CC 97809
Expires Dec. 12, 2004
Resided Here
Atlantic Bonding Co., Inc.

Natalie M. Rogers
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared FRANK SCARVEY, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is RADIOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

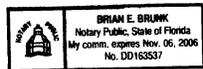
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Frank Scarvey, MD

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by FRANK SCARVEY, MD, who is personally known to me / who did take an oath.

Brian E. Blunk
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared [print name] THOMAS SCHAAR, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in LEE County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

- a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology *See Addendum to Affidavit, Section C*
 - cardiovascular surgery *See Addendum to Affidavit, Section A*
 - emergency medicine *See Addendum to Affidavit, Section B*
 - gastroenterology *See Addendum to Affidavit, Section C*
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics
 - otolaryngology
 - pediatrics/pediatric surgery
 - plastic surgery

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery *See Addendum to Affidavit, Section A*
- urology
- vascular surgery *See Addendum to Affidavit, Section A*
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas Schaar
(Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by THOMAS SCHAAR, MD, who is personally known to me / who did take an oath.

Thomas P. Clark
NOTARY PUBLIC
My Commission Expires:



Thomas P. Clark
MY COMMISSION # CC09995 EXPIRES
November 22, 2003
BONDED BY THE FFA INSURANCE, INC.

Thomas L. Schaar, M.D.
President, South Gulf Coast Emergency Physicians, P.A.
Staffing: Gulf Coast Hospital in Fort Myers, Florida.

A. Our local ability to get a vascular or cardiovascular surgeon to treat a dissecting or ruptured thoracolumbar aneurysms has disappeared due to high liability over the past eighteen months. We now refer these extremely critical patients out of state for repair.

B. Recruiting physicians in Emergency Medicine in Florida has been much more difficult over the past 12 months. This is especially true of experienced, well qualified emergency physicians. For the first time in twelve years I was unable to fill a vacancy for twelve months. I finally filled it with a doctor just out of residency. The reasons for this difficulty recruiting are numerous, but the liability crisis is the most prominent and has affected us in the following ways:

1. In our specialty many groups are now finding tail coverage expense exceeds their accounts receivables, meaning doctors have to pay money to quit if they are to have malpractice coverage for the work they have done. This is now true for our group except for the minimal 250/750 tail coverage. I expect even that tail coverage premium will exceed our AR in twelve months given the current rate of increase.

2. In addition, the discrepancy in the cost of malpractice insurance for Emergency Physicians working for hospitals with sovereign immunity versus those working in situations without sovereign immunity has created a serious disadvantage in the ability of the non sovereign immunity groups, such as ourselves, to recruit and maintain emergency medical staff.

3. The increase in malpractice premium has left fewer dollars for salaries. As we are competing for doctors on a national level we have two choices, fewer hours in order to keep the hourly rate competitive, or less money per hour which cripples our ability to recruit. Whether we have fewer hours because we are competitive, or fewer hours because we can't recruit, the final outcome is more limited access to patients. Practically, this results in longer waits for patients and increased hourly workloads for doctors. Unfortunately both of these consequences lead to increased risk and hence eventually increased premiums. This vicious cycle can only be corrected with tort reform.

C. Many of our "on call" specialists are having similar problems. One solution for them is to reduce the number of hospitals they cover. This reduces access and increases delays to definitive care for many critically ill patients. These specialties have recently quit covering or significantly reduced coverage of our Hospital's ED:

- Cardiology
- Gastroenterology

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Seville

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

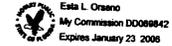
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John Schaar
The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John Schaar, who is personally known to me / who did take an oath.

John L. Orsano
NOTARY PUBLIC
My Commission Expires:



7-21-2003 10:31AM FROM DR ARTHUR SCHATZ 305 935 4113 P. 1
FAX -> TU: -> -> Arthur Jay Schatz, Wed Jul 16 2003 05:31:32 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared ARTHUR J. SCHATZ MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GYNECOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Working completed GYN med. surg.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Arthur J. Schatz

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by DR. ARTHUR J. SCHATZ, who is personally known to me / who did take an oath.

Paul W. Bellinger
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared STEPHEN STUART SCHER, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is GYNECOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

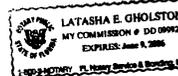
NO LONGER PERFORM SURGERY OR HOSPITAL CONSULTS.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stephen Stuart Scher

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Stephen Stuart Scher, M.D., who is personally known to me / who did take an oath.



Latasha E. Gholston
NOTARY PUBLIC
My Commission Expires: 6/9/05

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Frank E. Schiavone MD, who being first duly sworn, deposes and states:

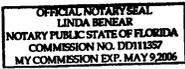
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Dermatology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
limit skin cancer surgery for high risk cases such as melanoma

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Frank Schiavone who is personally known to me / who did take an oath.



Linda Benzer, Notary Public, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Roy H. Schmauss MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

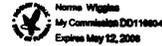
4. If you checked B, please provide an explanation here:
ANY COMPLICATED CASE WILL NOT BE DONE BY MYSELF, I WILL NOT DO ANY MORE CHARITY CASES UNLESS I GET MALPRACTICE BELIEF

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

6. I PERSONALLY KNOW OF THREE PHYSICIANS LEAVING THE STATE

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Norma Wiggins who is personally known to me / who did take an oath.

Norma Wiggins, Notary Public, My Commission Expires: May 12, 2006.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Ruth C. Schobel, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatrics.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer attend newborn deliveries, C/sections, or provide emergency-room care for my patients.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Ruth C. Schobel, M.D., who is personally known to me / who did take an oath.



Adriana Sarmiento, Notary Public, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Michael B. Schoenwald, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Urology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

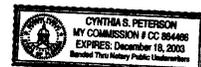
4. (If you checked b., please provide an explanation here):
I will not do complex urologic cancer cases that have a probability of complication or less than 10% success

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Michael B. Schoenwald, M.D., who is personally known to me / who did take an oath.

Michael B. Schoenwald, M.D., Cynthia B. Peterson, Notary Public, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared MARC SCHOR, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ZAPUD Mr Schor
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

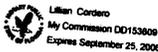
4. (If you checked b., please provide an explanation here):
I stopped taking Emergency Room Call
D) NOT PROVIDE PHO MEDICATION
D) NOT CARE FOR OBST PATIENT
D) NOT CARE FOR PREG NANT PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Mark Schor, who is personally known to me / who did take an oath.

Lillian Cordova
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ST. LOUIS

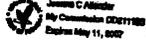
BEFORE ME, the undersigned authority, personally appeared Dr. Paul Schorr, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Practice & Reconstructive Board
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine. I am moving to TEXAS (I have a \$250,000 cap procedures, or have in some other way restricted my practice.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
I won't be on hospital rounds, no call, no inpatient surgical procedure, no emergency on call.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Paul Schorr, who is personally known to me / who did take an oath.

James C. Olander
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Steven Howard Schuster, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Reconstructive
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

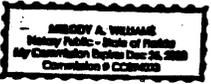
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Steven Howard Schuster, MD, who is personally known to me / who did take an oath.

Marilyn Robinson
NOTARY PUBLIC
My Commission Expires: 10-25-2003



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Steven Howard Schuster, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PLASTIC & RECON. SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
EP coverage, certain types of breast reconstruction after mastectomy, facial fractures, hand surgery, and trauma reconstruction with muscle flaps.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Steven H. Schuster, MD, who is personally known to me / who did take an oath.

Steven Schuster MD

Meryl G. Tester
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Kerry M. Schwartz, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

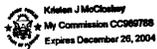
- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS!
The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



K Schwartz, MD

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Kerry M. Schwartz, MD, who is personally known to me / who did take an oath.

- general surgery

- geriatrics

gynecology

hand surgery

- internal medicine

neurology

neurosurgery

obstetrics

- ophthalmology

oral/maxillo-facial surgery

orthopedics

- otolaryngology

pediatrics/pediatric surgery

plastic surgery

psychiatry

- pulmonary medicine

radiology

- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery

AFFIDAVIT

STATE OF FLORIDA,

COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name]

REGAN SCHWARTZ, M.D.
who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in _____ County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology

No. 4244272-1 FLORIDA EMERGENCY PHYSICIANS 5:00PM 2003 JUL 21

- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Some lack of subspecialty consulting to toll call in our emergency department

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Regan Schwartz, MD, who is personally known to me / who did take an oath.

[Signature]

NOTARY PUBLIC

My Commission Expires: 5/3/2007



No. 4244272-2 FLORIDA EMERGENCY PHYSICIANS 5:01PM 2003 JUL 21

No. 4244272-3 FLORIDA EMERGENCY PHYSICIANS 5:01PM 2003 JUL 21

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared ERIC W. SCOTT, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is NEUROLOGICAL SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- No longer handle many intra-cranial cases
- No longer perform Spinal Cord Surgery
- Do not perform imaging on any pediatric cases

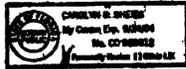
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Eric W. Scott

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Eric W. Scott, who is personally known to me / who did take an oath.

Notary Public Signature: Carolyn B. Sheme



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared John S. Scott, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

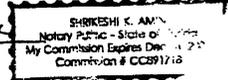
4. (If you checked b., please provide an explanation here):
Altered my practice to a more conservative & defensive approach ordering labs that I would not otherwise have considered necessary and canceling procedures that otherwise could have been performed without more extensive evaluation.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of John S. Scott

The foregoing instrument was acknowledged before me this 14th day of July, 2003, by John S. Scott, who is personally known to me / who did take an oath.

Notary Public Signature: Shrikeshi K. Amin



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Stephen L. Sebastian MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I will only see Medicare, Self pay & Standard Indemnity payees as all others are "disenrolled" due to rise in uninsured income has become more restricted. A surcharge on covered by carriers will soon be imposed.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Stephen L. Sebastian

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Stephen L. Sebastian, who is personally known to me / who did take an oath.

Notary Public Signature: Carol A. Carter



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF P.B.

BEFORE ME, the undersigned authority, personally appeared Ida Sebastian M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gynecology & Related Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Referring - High Risk Gynecology Surgery - needed patients to oncology Surg. ability.
b

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Ida Sebastian M.D.

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Ida Sebastian M.D., who is personally known to me / who did take an oath.

Notary Public Signature: Virginia Allen



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared ADLEY Z. SEDAROS, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PEDIATRIC.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Adley Z. Sedaros]

The foregoing instrument was acknowledged before me this 24th day of JULY, 2003, by ADLEY Z. SEDAROS, M.D., who is personally known to me / who did take an oath.

[Signature of Margie Anderson]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared SOHAIR L. SEDAROS, M.D. who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FAMILY PRACTICE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Sohair L. Sedaros] 7-24-03

The foregoing instrument was acknowledged before me this 24th day of JULY, 2003, by SOHAIR L. SEDAROS, M.D., who is personally known to me / who did take an oath.

[Signature of Margie Anderson]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF OKALOOSA

BEFORE ME, the undersigned authority, personally appeared Franklin B. Segal, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology + Pain Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

stop doing pain medicine + post operative pain blocks.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Carolyn E. Johnson]

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by FRANKLIN B. SEGAL, MD, who is personally known to me / who did take an oath.

[Signature of Carolyn E. Johnson]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SALM BEACH

BEFORE ME, the undersigned authority, personally appeared SCOTT SEIDNER, MD who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is CARDIOLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature of Virginia L. Deighan]

The foregoing instrument was acknowledged before me this 22nd day of JULY, 2003, by SCOTT SEIDNER, MD, who is personally known to me / who did take an oath.

[Signature of Virginia L. Deighan]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Kenneth Selbst, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- No difficult patients, rather OB: Pts. only,
no difficult surgical
- everyone with breast complaints is referred to a
"specialist", but many tests - waiting thousands
of dollars

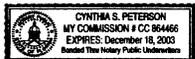
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of
July, 2003, by Kenneth Selbst, M.D. who is
personally known to me / who did take an oath.

[Signature]
CYNTHIA S. PETERSON
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF SEMNOLE

BEFORE ME, the undersigned authority, personally appeared
STEVEN SELZNICK, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

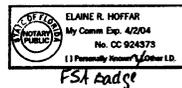
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of
July, 2003, by Steven Selznick, who is
personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 4/02/04

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared
Harry Sandzischew, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Vascular and General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of
July, 2003, by Harry Sandzischew, MD who is
personally known to me / who did take an oath.

[Signature]
Lynette L. Utzke
My Commission Expires December 17, 2006
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Okaloosa

BEFORE ME, the undersigned authority, personally appeared
Peter K. Senchal, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

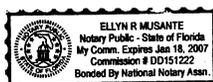
Due to higher insurance rates I have been
forced to stop assisting on major surgery
and stop performing vasectomies in my
office.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature] Pt. K. Senchal, MD

The foregoing instrument was acknowledged before me this 18th day of
July, 2003, by Peter K. Senchal, MD, who is
personally known to me / who did take an oath.



[Signature]
ELYNN R. MUSANTE
NOTARY PUBLIC
My Commission Expires: 1/18/07

Fax 850-222-8527

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DIVAL

BEFORE ME, the undersigned authority, personally appeared GREGORY J SENGSTOCK, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is NEUROLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
Have minimized charitable patients, low pay of no pay patients, stopped ordering tests (angiograms) that expedite care and patients have to wait in hospital for completion of workups which increases overall cost of medicine

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 03 day of JULY, 2003, by Gregory J Sengstock who is personally known to me / who did take an oath.

Vicki L. Carney
NOTARY PUBLIC
My Commission Expires: 9-21-2005



Jul 17 03 09:42a RAMIREZ MD PR 407 649 9299 P. 1
FAX -> TO: -> -> All FAX Numbers Med Jul 16 2003 05:34:59 PM EDT

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared ROBERT N. SERRAS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ophthalmology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
liability insurance rates are too high to allow certain office minor surgery & laser procedures to be performed & have reduced my patient load accordingly

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
Robert N. Serras M.D.

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by ROBERT N. SERRAS, M.D. who is personally known to me / who did take an oath.

John C. Holt
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared LUIS H. SERENTILL, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
- 2. My area of medical practice is GENERAL SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another State or have retired from or quit the practice of Medicine
- b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice

4. (If you checked item b; please provide an explanation here):
THE EXPECTATION OF THE PUBLIC IS ONE IN WHICH, LIKE IN TV NO PROBLEMS WILL ARISE FROM SURGERY, WHEN IN MANY CASES THE OUTCOME HAS NOTHING TO DO WITH THE SURGEON'S ABILITY - MEDICINE IS NOT AN EXACT SCIENCE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Luis H. Serentill, who is personally known to me / who did take an oath.

Emilio F. Collazo
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Hani D. Seifem MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS!
The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT


The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Hani Seifem, MD who is personally known to me / who did take an oath.

Kimberly J. McCloskey
My Commission Expires December 28, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Sevier

BEFORE ME, the undersigned authority, personally appeared JANE STYLES MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatrics.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

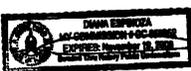
I plan to leave the State of Florida to practice medicine in the UK. I have had to stop carrying malpractice insurance because the premiums would have been equal to 50% of my projected income.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jane Styles MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Jane Styles MD, who is personally known to me / who did take an oath.



Dawn Ripstein
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

LAWRENCE J. SHAFFER, M.D.
8270 ELIZABETH STREET
ORLANDO, FLORIDA 32827

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Emergency Med.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Moving to Charleston, SC

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lawrence J. Shaffer MD

The foregoing instrument was acknowledged before me this _____ day of _____, 2003, by _____, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared Ashish Shah, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

High risk patients with multiple medical problems who have had very close follow up with their doctor and who need me the most

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Judith Anne Goodwill

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Ashish Shah, who is personally known to me / who did take an oath.

Judith Anne Goodwill
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared KARVA SHAH, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Physical Medicine & Rehab - Pain management.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Decreased, and very selective in doing pain procedure techniques

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Karva Shah MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Karva Shah MD, who is personally known to me / who did take an oath.

Johann D. Lee
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Nikhita Shah, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Endocrinology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Emergency Room call
noncomplaint pt

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

N. Shah

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Nikhita Shah, who is personally known to me / who did take an oath.

Judith M. Kurjack
NOTARY PUBLIC
My Commission Expires:


AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Eric Shapiro, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is orthopedic surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

high charging damages, privileges @ hospital due to ER coverage (hand) + increased liability.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

E. Shapiro

The foregoing instrument was acknowledged before me this 23 day of JULY, 2003, by ERIC SHAPIRO, M.D., who is personally known to me / who did take an oath.

Linda M. Jendroski
NOTARY PUBLIC
My Commission Expires:



FROM : MOLLUZZO MD ... FRX NO. : 9545708557 Jul. 17 2003 10:05AM P1
JUDITH FURNESS SHAW, Wed Jul 16 2003 05:49:19 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Arvind Sharma MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is UROLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED DOING VASECTOMIES.

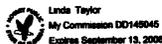
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Arvind Sharma MD

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Arvind Sharma MD, who is personally known to me / who did take an oath.

Linda Taylor
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared John D. Blum MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is J.P.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

1) Stopped seeing patients of Dr. that dose not meet criteria
2) Do not see some of a that do not have malpractice insurance

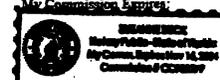
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John D. Blum MD

The foregoing instrument was acknowledged before me this 11th day of July, 2003, by John D. Blum MD, who is personally known to me / who did take an oath.

Suzanne Bruck
NOTARY PUBLIC
My Commission Expires:



FAX TODAY TO 1-850-222-8827
SEND ORIGINAL TO FMA, 113 E. COLLEGE AVE, TALLAHASSEE, FL
32309

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared
BABAK SHEIKH M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is orthopaedic surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer see high risk patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Babak Sheikh

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by Babak Sheikh, M.D., who is personally known to me / who did take an oath.

Rita Gayle Lee
NOTARY PUBLIC
My Commission Expires:

RITA GAYLE LEE
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD170752
EXPIRES 01/03/2007
BONDED THROUGH 1/1/2007

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ASTRO ENTENOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
We provide free care to indigent patient. However, in these days of budget cuts, we cannot please any more risk into our lives

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Hope Prandine

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by ROSABELLA SHEK, who is personally known to me / who did take an oath.

Hope Prandine
NOTARY PUBLIC
My Commission Expires:

HOPE PRANDINE
Commission # DD0166788
Expires 4/7/2009
Banded Through
850-222-8254 Florida Notary Assn., Inc.

FMA Fax -> TO: -> -> All FMA Members Wed Jul 16 2003 05:47:05 PM EDT

FILE No.619 07/17 '03 16:22 ID:INTERMEDIC ADMIN FAX:8416299783 PAGE 3/ 3
FMA Fax -> TO: -> -> All FMA Members Wed Jul 16 2003 05:47:05 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
Stephanie Shell, D.O., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have chosen not to see nursing home patients in this state and am considering giving up hospital privileges in the future due to increased liability.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stephanie Shell

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Stephanie Shell D.O., who is personally known to me / who did take an oath.

Susan Hale
My Commission DD040108
Expires July 08, 2006

Susan Hale
NOTARY PUBLIC
My Commission Expires: 7/8/2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
Stephanie D. Shell, D.O., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer perform obstetrics or do any type of nursing home work. No longer perform wellborn exams. No longer provide other Community School physical examinations for fear of litigation.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stephanie Shell

The foregoing instrument was acknowledged before me this _____ day of _____, 2003, by _____, who is personally known to me / who did take an oath.

Stephanie Shell
NOTARY PUBLIC
My Commission Expires:

DAVID R. WELLES
Commission # DD077871
Expires 7/20/09
Banded Through
850-222-8254 Florida Notary Assn., Inc.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared
Charles Shenker MD
who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Int Med Pulmonary.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
will not do invasive procedures
bronchoscopy
thoracic catheter
avoid ER consult
avoid obstetric patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Charles Shenker MD

The foregoing instrument was acknowledged before me this 15th day of July, 2003, by Charles Shenker MD, who is personally known to me / who did take an oath.

Theresa L. Caruso



NOTARY PUBLIC
My Commission Expires: 5/1/04

Bruce D. Shephard, M.D., P.A.

Obstetrics • Gynecology • Infertility

Diplomate, American Board of
Obstetrics and Gynecology

July 17, 2003

I am an OB/GYN who has been delivering babies in Tampa for 25 years. I have recently stopped accepting pregnant patients with insulin diabetes, severe high blood pressure or sickle cell disease. This restriction in my practice is due to the current liability insurance crisis - with my liability insurance rate high already, I cannot chance even the threat of a suit which could push it higher still and could put me out of business.

Bruce D. Shephard M.D.

Signed before me this 17th of July, 2003.



Iris B. Alcantara
Iris B. Alcantara

4302 N. Habana Avenue • Suite 300 • Tampa, Florida 33607
(813) 876-2496 • (813) 87-OBGYN

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Santa Rosa

BEFORE ME, the undersigned authority, personally appeared
Laine F. Sheppard M.D., who
being first duly sworn, deposes and states:

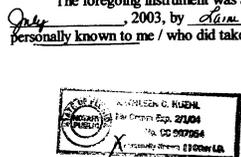
- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Laine F. Sheppard M.D.

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by Laine F. Sheppard MD, who is personally known to me / who did take an oath.



Kathleen C. Bruhl
NOTARY PUBLIC
My Commission Expires: 02-01-04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinalos

BEFORE ME, the undersigned authority, personally appeared
Lee Swette DO, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
of LAST
avoid trauma related injuries
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Lee Swette DO

The foregoing instrument was acknowledged before me this 19 day of July, 2003, by Vincent Poladian, who is personally known to me / who did take an oath.



Vincent Poladian
NOTARY PUBLIC
My Commission Expires: 8/13/06

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared
John H. Shim M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Spinal Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I stopped performing high risk surgeries such as scoliosis, failed back syndrome, T-joints. I also stopped caring for vertebrae compression patients.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John H. Shim, MD., who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 10/09/04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Paul D. Shirley MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PT/PTO/PM/PLS.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
THE PAIN / ER CALL
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 12 day of July, 2003, by Paul D. Shirley MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Steve Shirley, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Certain interventional procedures were not performed due to a shortage of surgeons to handle possible complications. Especially angioplasties and complex vascular interventions.
- I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: [Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Steve Shirley, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared
CHRISTINE Z. SHOUB, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ANESTHESIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
AS OF APRIL 2003, MY MEDICAL MALPRACTICE INSURANCE COST INCREASED 50% FOR THAT RATE I REDUCED MY PRACTICE AND NO LONGER TREAT CHRONIC PAIN PATIENTS. ALSO, I NO LONGER HAVE COVERAGE IN SIX (6) FL. COUNTIES.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by CHRISTINE Z. SHOUB, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF CITRUS

BEFORE ME, the undersigned authority, personally appeared MARJORIE B. SHUKLA, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics / Inf'd care.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
e.g. pregnant patients, high risk ptes

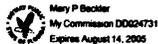
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

CITRUS PULMONARY CONSULTANTS
8816 WEST NORVELL BRYANT HWY
CRYSTAL RIVER, FL 34429

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by MARJORIE B. SHUKLA, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Alan R. Siegel, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pain Management
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Patients whom I consider to be "high risk" or for whom I cannot routinely predict a good outcome are advised to seek care elsewhere.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Alan R. Siegel, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority personally appeared Lynette Sieracki, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Infectious Diseases
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked "b" above, please provide an explanation here):
infectious diseases is a very high risk specialty due to critical condition of the patients & I have to selectively work to see "less sick" patients in order to avoid lawsuits

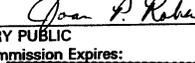
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Lynette Sieracki, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared FRANKIE R. SIFLE, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS & GYNICOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
a) NO LONGER RECEIVING HIGH RISK PATIENTS
b) LIMITED NUMBER OF OBSTETRICAL PATIENTS
c) CONTINUED PRACTICING OUTSIDE STATE OF FLORIDA (E. SUBURBAN) DOES NOT SUIT ME.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Frankie R. Sifle, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared [print name] Salvatore Silvestri, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Orange County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery

http://www.fcen.org/affidavit.htm

Salvatore Silvestri 7/17/2003

- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)
decreased availability of neurosurgeons almost caused the trauma center to close and actually still threatens the trauma center closing

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

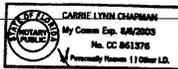
Salvatore Silvestri (Signature)

http://www.fcen.org/affidavit.htm

7/17/2003

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Salvatore Silvestri, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires: 8/18/03



http://www.fcen.org/affidavit.htm

7/17/2003

JUL 30. 2003 3:26PM; -> -> John Donald Shelgr Wed Jul 16 2003 02:19:22 PM P. 2

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared David B. Simmons, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GASTRO ENTEROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I used to perform large volume balloon dilation for achalasia which has a higher complication rate than other procedures I perform. I have stopped performing this procedure due to malpractice suits.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David B. Simmons Dr. Simmons

The foregoing instrument was acknowledged before me this 30th day of July, 2003, by David B. Simmons, M.D., who is personally known to me / who did take an oath.

Judith M. Baker NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Tracy Simon, MD, being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Diagnostic Radiology / mammography
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped doing stereotactic breast biopsies & am now self insured - quote from Florida insurance for 700,000 / 300,000 coverage with over \$150,000/yr for my specialty

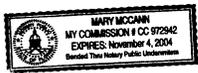
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Tracy Simon

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Tracy Simon, who is personally known to me / who did take an oath.

Notary Public Signature and Commission Expires



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

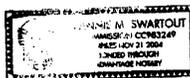
Applied for leave of absence from hospital (JFK Medical Ctr, Palms West Hospital, Wittington Regional Medical CTR; Bethesda Memorial)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Dr. Mark A. Jimmy

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by, who is personally known to me / who did take an oath.



Notary Public Signature and Commission Expires



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Mark J. Simon, MD, being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Diagnostic Radiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

The liability insurance crisis has impacted our radiology group in several ways: 1) It has impeded our efforts to hire additional radiologists. Over local medical school grads are seeking positions out of state. 2) Our group found it necessary to self insure due to high liability insurance premiums associated with their reinsurance.

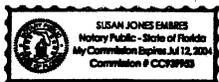
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Mark J. Simon

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Mark J. Simon, MD, who is personally known to me / who did take an oath.

Notary Public Signature and Commission Expires



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared RICHARD B. SIMON, MD, being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OPHTHALMOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED SEEING PREMATURE INFANTS FOR SUSPECTED RETINOPATHY OF PREMATURITY BOTH IN THE NEONATAL ICU AND IN MY OFFICE

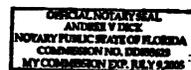
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Signature of Richard B. Simon

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Richard Simon, MD, who is personally known to me / who did take an oath.

Notary Public Signature and Commission Expires



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared Richard J. Simon MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Fracture neck, complex revision knee and shoulder surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard J. Simon MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Dr. Richard Simon, who is personally known to me / who did take an oath.



Deborah A. Davis
NOTARY PUBLIC
My Commission Expires: 11-30-2004

7 2 591627084980423165 P 2 (NR1)

FROM

FTH Fax -> TO: -> -> All FTH Members Wed Jul 16 2003 05:59:02 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Robert Simon, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped treating most children at his many day camps to my maintaining a patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



Tashanna J. Hunter

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. Robert D. Simon, who is personally known to me / who did take an oath.

Tashanna Hunter
NOTARY PUBLIC
My Commission Expires: Sep 3, 2006

FTH Fax -> TO: -> -> All FTH Members Wed Jul 16 2003 05:59:02 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Helen Sinclair, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

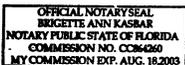
4. (If you checked b., please provide an explanation here):
Stopped providing hospital care for my patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Helen Sinclair MD.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Helen Sinclair MD, who is personally known to me / who did take an oath.



Brigitte Ann Kasbar
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Stanley Sinclair MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

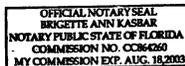
4. (If you checked b., please provide an explanation here):
1) Stopped providing hospital care for my patients.
2) Am seriously considering early retirement within one year.
3) Have no medical practice in summer.

FURTHER AFFIANT SAYETH NAUGHT

Stanley Sinclair MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Stanley Sinclair MD, who is personally known to me / who did take an oath.

Brigitte Ann Kasbar
NOTARY PUBLIC
My Commission Expires: Aug. 18, 2003



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared
RONALD SINGAL, M.D., who being
first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Stopped offering high risk surgical services for Advanced Glaucoma & Advanced Cataract.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this
21st day of JULY, 2003, by
RONALD SINGAL, M.D.,
who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 3/18/07



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF OKALOOSA

BEFORE ME, the undersigned authority, personally appeared
John D. Sites, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

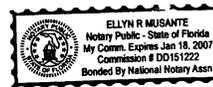
I have been forced to stop assisting on major surgery procedures on my own patients due to higher insurance rates. I no longer perform vasectomies and other procedures in my office as well.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of
July, 2003, by John D. Sites, M.D., who is
personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 1/18/07

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared
Clyde L. Skene, Jr., M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics and Gynecology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I am also actively pursuing my options of re-locating my practice to another state

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of
July, 2003, by CLYDE L. SKENE, M.D., who is
personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared
Ernst Skidmore, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another ^{location in} state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I stayed in the state but moved from a much larger metropolitan area (Orlando) to a smaller area (Port Charlotte). The larger population centers have higher litigation rates and the hospitals have more complex emergencies which offer higher chances of being named in medical malpractice suits.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 31 day of
July, 2003, by Ernst Skidmore, M.D., who is
personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: Sept. 6, 2003

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Stanley Scott, D.O., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Dermatology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped doing Hair Transplants due to high malpractice liability insurance premiums.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by Stanley Scott, D.O., who is personally known to me / who did take an oath.

NOTARY PUBLIC
Melanie Y Ramirez
My Commission # DD171426
Expires: Dec 12, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Kenneth D Slack MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Kenneth D Slack MD, who is personally known to me / who did take an oath.

Melanie Y Ramirez
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PAIM BENCH

BEFORE ME, the undersigned authority, personally appeared
William S. Slonka M.D., F.A.C.S., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Ear, Nose & Throat.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Any procedure with greater than a 5% risk of complications

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by William Slonka, MD, who is personally known to me / who did take an oath.



Virginia Adams
NOTARY PUBLIC
My Commission Expires: Nov 3, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MIAMI - DADE

BEFORE ME, the undersigned authority, personally appeared
RALPH SLONKA, MD, who being first
duly sworn, deposes and states:

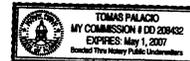
- I am a physician licensed in the State of Florida.
- My area of medical practice is INTERNAL MEDICINE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of JULY, 2003, by RALPH SLONKA M.D., who is personally known to me / who did take an oath.



Tomas Palaco
NOTARY PUBLIC
My Commission Expires:

also faxed 7/17/03

Ralph Slonka MD

AFFIDAVIT

2003 July 17/17/03

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared Roberta Slonim M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Int. Med - Primary Care.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I am avoiding li. risks pts and have stopped doing procedures that I am well trained in out of fear - also I am refusing new pts.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Roberta Slonim M.D.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Roberta Slonim M.D., who is personally known to me / who did take an oath.



Notary Public Seal for Tomas Palaco, My Commission Expires: May 1, 2007.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared James W. Smith Jr. D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

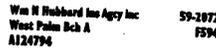
4. (If you checked b., please provide an explanation here): no house calls, no school/sports physicals for free, stopped hospital care, no risk procedures or complex patients - refer to university. Do not carry malpractice insurance since 11/03.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James W. Smith Jr., D.O. P.A., 6635 Forest Hill Blvd West Palm Beach, FL 33413

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by James W. Smith Jr. D.O., who is personally known to me / who did take an oath.



Notary Public Seal for James A. Violante, My Commission Expires: [blank].



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared LeRoy A. Smith, who being first duly sworn, deposes and states:

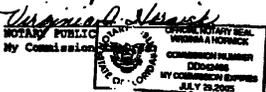
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHO PEDIATRIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): - GONE ON LEAVE OF ABSENCE - UNABLE TO PRACTICE IN THIS ENVIRONMENT

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 30th day of July, 2003, by LeRoy A. Smith, M.D., who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ST. JOHNS

BEFORE ME, the undersigned authority, personally appeared R. Gregory Smith, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is FACIAL PLASTIC, MAXILLOFACIAL & COSMETIC SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): - STOPPED TAKING EMERGENCY ROOM CALL FOR TRAUMA - STOPPED DOING MAJOR HOSPITAL PROCEDURES - STOPPED PERFORMING CERTAIN OFFICE SURGERY PROCEDURES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

R. Gregory Smith, MD

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert Gregory Smith, MD, who is personally known to me / who did take an oath.

Notary Public Seal for Karen Gayle Harris, My Commission Expires: [blank].



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared Stephen E. Smith, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ophthalmology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Do not do LASIK or any refractive surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Stephen E. Smith, M.D., who is personally known to me / who did take an oath.

Notary Public Signature: Peter A. Ode-Newton, My Commission Expires 9/7/2005, No. CC 848200.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Escambia

BEFORE ME, the undersigned authority, personally appeared William E. Smith Jr. M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is orthopedic surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

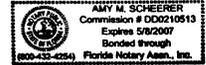
4. (If you checked b., please provide an explanation here): Limiting Medicare patient access. Reimbursement too low for high cost of insurance. No Medicaid. Limiting scope of spine surgery practice. Moving more of my practice to Annmore, AL.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Amy Scherer, who is personally known to me / who did take an oath.

Notary Public Signature: Amy M. Scherer, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared EDWARD N. SMOLAR

who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is endocrinology/metabolism.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
(If you checked b., please provide an explanation here): I stopped seeing complicated cases; I limited office hours by 50%.

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by EDWARD N. SMOLAR, who is personally known to me / who did take an oath.



Notary Public Signature: Betsy K. Stevens, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name] Jeffrey S. Smarini, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery

- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

we have involvement or no course in the above field,

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
(Signature)

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by Jeffrey S. Amanton, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 4/1/2005

ELIZABETH S. PATTERSON
Notary Public, State of Florida
My comm. exp. Apr. 1, 2005
Comm. No. DD 014157

<http://www.fcpep.org/affidavit.htm>

7/17/2003

10/10 FAX

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

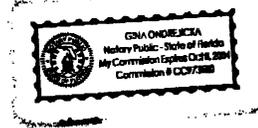
BEFORE ME, the undersigned authority, personally appeared Matthew J. Soff, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gastroenterology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
large biopsies are sent to surgeons rather than be removed through the colonoscope. Difficult patients with complex conditions are being turned away!!
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
Matthew J. Soff MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Matthew J. Soff MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Natalie Soff MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have no liability insurance I cant find another well-trained associate, I have limited my high risk cases

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Natalie Soff MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: Nov. 8, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hidalgo

BEFORE ME, the undersigned authority, personally appeared Ashok Sanni MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
I do not take care of complicated trauma. At the first sign of patient decompensation, I stop receiving them.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
Ashok Sanni

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Ashok Sanni MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA, COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared

DAVID SCORLASH M.D., who being first duly sworn, deposes and states:

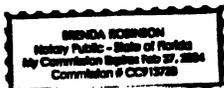
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
any high risk pt. and/or pt. with risky labular will be out of my practice.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David Scorlash

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by DAVID SCORLASH, who is personally known to me / who did take an oath.

2/27/04
NOTARY PUBLIC
My Commission Expires:



Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared Maria Cristina Sobr, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatrics.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Will not accept high risk patients -

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

M. Cristina Sobr

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Maria Cristina Sobr, who is personally known to me / who did take an oath.
FDL 5300-543-61-524-0



JASON P. HALL
MY COMMISSION # DD 022864
EXPIRES MAY 6, 2005

Jason P. Hall
NOTARY PUBLIC
My Commission Expires: 06/04/05

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Joseph Spadaro, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

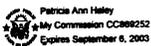
- Decreased Case Load - stopped consulting
- Certain pt. types - stopped accepting consults
- Decreased hospital activity in stopped in call

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Joseph Spadaro

The foregoing instrument was acknowledged before me this 31 day of July, 2003, by Joseph Spadaro, MD, who is personally known to me / who did take an oath.



Patricia Ann Haley
NOTARY PUBLIC
My Commission Expires: Sept. 6, 2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SEMINOLE

BEFORE ME, the undersigned authority, personally appeared MARK A. SPEARS, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

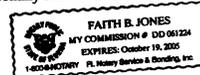
DISCONTINUED OFFERING HIGHER RISK TESTING/PROCEDURES.
DISCONTINUED ACCEPTING HOSPITAL CONSULTS FOR NEW PATIENTS.
DISCONTINUED CARRYING FOR SPECIFIC TYPES OF HIGHER RISK PATIENTS IN THE HOSPITAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mark A. Spears

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Mark A. Spears, who is personally known to me / who did take an oath.



Faith B. Jones
NOTARY PUBLIC
My Commission Expires: Oct 19, 2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared David Spizman, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

1) Cut back on the number of patients at S.W.F.
2) Have not been able to hire additional office staff
3) Considering dropping certain capitated plans
4) No longer perform pelvic exams.

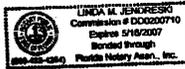
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT.

David Spizman

The foregoing instrument was acknowledged before me this 22 day of JULY, 2003, by DAVID SPIZMAN, D.O. who is personally known to me / who did take an oath.

Linda M. Jendreck, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared CARL SPIRITZA, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Not seeing Hospital Patients
Terminating: High risk patients
Referring: Procedures to Specialists
Issuing: More Referrals

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Carl Spiritza

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by CARL SPIRITZA, who is personally known to me / who did take an oath.



Bonnie L. Pearce, NOTARY PUBLIC, My Commission Expires: 4-27-04

FTH Fax -> TO: -> Douglas Jay Sprung Wed Jul 15 2003 05:35:33 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Hernando

BEFORE ME, the undersigned authority, personally appeared R.W. Springstead, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
I do not do high risk procedures such as hip and knee replacement anymore. I do not do spine surgery. I no longer do hand surgery. I may not be able to purchase malpractice insurance next year because of this premium.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by R.W. Springstead, who is personally known to me / who did take an oath.

Joyce M. Fortner, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

DOUGLAS J. SPRUNG, M.D., POINT 100 BUILDING, 100 E. SYBELIA AVE., #250, MAITLAND, FL 32751

BEFORE ME, the undersigned authority, personally appeared Douglas Jay Sprung, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Gastroenterology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped ERCP; Stopped Caring for Hepatitis C and Cirrhosis.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Douglas Jay Sprung

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Douglas Jay Sprung, who is personally known to me / who did take an oath.

Bonnie L. Pearce, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leke

BEFORE ME, the undersigned authority, personally appeared Kenneth Stark, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Rheumatology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped employing Nurse practitioners seeing patients because of increase in my risk for him to work with me.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ken Stark

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Ken Stark, who is personally known to me / who did take an oath.



Katie L. Cowart
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF John Deed

BEFORE ME, the undersigned authority, personally appeared Hope Starkman, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Neurology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

no medic aid no uninsured hospital

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John Deed

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Hope Starkman, MD, who is personally known to me / who did take an oath.



Virginia Alborn
NOTARY PUBLIC
My Commission Expires: Nov. 8, 2004

07/25/2003 18:05 FAX 15616599009 GOLDCAST ORTHOPEDICS 40022/002
07/17/03 05:32:58 Florida Orthopedic-15616599009 10:48B PAGE 002

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Walm Beach

BEFORE ME, the undersigned authority, personally appeared Donald P. Baczek, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

My partner quit doing surgery because he wasn't doing enough volume to justify the extra 60k per year. He is in Europe so can not speak for himself at this time.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Donald P. Baczek, MD

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Donald P. Baczek, MD, who is personally known to me / who did take an oath.

Elizabeth M. Martin
NOTARY PUBLIC
My Commission Expires: 3/12/07



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Shasta

BEFORE ME, the undersigned authority, personally appeared Jeanette Dorothy Hursey, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is FAMILY MEDICINE
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

WHILE STILL IN FLORIDA.

4. (If you checked b., please provide an explanation here):

STOPPED EMERGENCY ROOM CALL STOPPED NURSING HOME SERVICES STOPPED IN PATIENT PATIENT CARE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jeanette Hursey

The foregoing instrument was acknowledged before me this 31 day of July, 2003, by Jean Michael Stager, who is personally known to me / who did take an oath.

Jeanette Dorothy Hursey
NOTARY PUBLIC
My Commission Expires: 2-10-07



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SUMTER

BEFORE ME, the undersigned authority, personally appeared [Signature], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped practicing obstetrics and decreased my limits of coverage

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Kathleen A. Steepy, who is personally known to me / who did take an oath.

Tracy J. Adams, Notary Public, My Commission Expires: Jul 13, 2007

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Jeffrey Stein MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Plastic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Hand & Nail Surgery, Hand Surgery, Breast Reconstruction, Emergency Room

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Jeffrey Stein MD, who is personally known to me / who did take an oath.

Maribeth Addona, Notary Public, My Commission Expires: Jul 13, 2007

Maribeth Addona, Notary Public, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Joel Stein, DO, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice / OSTEOPATHIC MANIPULATIVE MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
More Invasive Procedures
Referrals = Income for our practice & escalating medical costs

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Joel Stein, who is personally known to me / who did take an oath.

ELAINE R. HOFFAR, Notary Public, My Commission Expires: 4/2/04

[Signature], Notary Public, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Jeremy D. Steinbaum, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped performing gastric bypass surgery due to increasing malpractice insurance costs

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Jeremy D. Steinbaum, who is personally known to me / who did take an oath.

Judy L. Cardozo, Notary Public, My Commission Expires: May 28, 2002

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Janice C STEWART, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OBSTETRICS AND Gynecology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

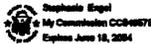
4. (If you checked b., please provide an explanation here):
DECREASED THE AMOUNT OF GYN ONCOLOGY SERVICES I PROVIDE. I PERFORM VERY FEW (LESS THAN 3 PER YEAR) VAGINAL BIRTHS AFTER C-ESECTION SECTION. I DO NOT PERFORM ANY SURGERY THAT I FEEL HAS A CHANCE OF A POST OPERATIVE COMPLICATION.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by _____, who is personally known to me / who did take an oath.

Stephanie Engel
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Jane Steinberg MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Dermatology + Cosmetic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped Liposuction + Blepharoplasty
I am going bare now. I was misrepresented by an Ins. Co. that I had coverage when I don't for certain procedure.

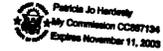
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jane Steinberg MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Jane Steinberg, M.D., who is personally known to me / who did take an oath.

Patricia Jo Hardesty
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared
KENNETH STEINBERG MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Expressive Review of Procedures with potentially high complication rate will no longer be undertaken.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22nd day of JULY, 2003, by _____, who is personally known to me / who did take an oath.

Connie Crist
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared
DR. CHARLES STEWART, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Do not do Knee Revisions
Avoid ER call
Avoid Sports coverage of H.S. Sport

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of JULY, 2003, by DR. CHARLES STEWART, who is personally known to me / who did take an oath.

John E. Hornberger
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Carlos E. Stincer, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Psychiatry.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here)
Stopped seeing emergency room patients, suicidal patients, Stopped doing Electroconvulsive Therapy

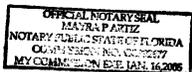
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

A E Stincer

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Carlos E. Stincer, MD, who is personally known to me / who did take an oath.

Marya P. Ortiz
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Amos Stoll, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neuro surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have specifically stopped performing carotid endarterectomy operations due to liability issues

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Amos Stoll

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Amos Stoll, MD, who is personally known to me / who did take an oath.

Teresa Allen
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF St. Lucie

BEFORE ME, the undersigned authority, personally appeared William A. Stalzer, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopaedic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

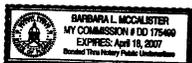
4. (If you checked b., please provide an explanation here):
TRAUMA - complicated Trauma Repairs

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William A. Stalzer

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by William A. Stalzer, MD, who is personally known to me / who did take an oath.



Barbara L. McAlister
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared Ross G. Stone, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is orthopaedic surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped Performing Orthopaedic Reconstruction & repair Trauma Staged Spinal Surgery Staged Reconstructive Hand Surgery, and may stop Trauma Surgery

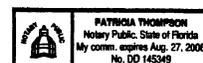
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ross G. Stone

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Ross G. Stone, MD, who is personally known to me / who did take an oath.

Rosalie J. Davis
NOTARY PUBLIC
My Commission Expires: 27 Aug 2006



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared GEORGE M. STORPER, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ORTHOPEDIC SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED TAKING EMERGENCY ROOM CALL AND RESTRICT SOME OR OPERATING ON HIGH RISK CASES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 4 day of JULY, 2003, by George M. Storper MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Henry M. Storper, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

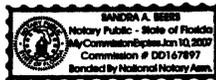
4. (If you checked b., please provide an explanation here):
Reduced High Risk Practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
Henry M. Storper, M.D.

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Henry M. Storper, M.D., who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC Sandra A. Beers
My Commission Expires:
January 10, 2007

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Ernest J. Strasser MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Plastic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped hand trauma, Reimplantation, chronic ulcers, free flaps, Burns

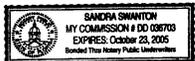
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Ernest J. Strasser MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared BARRY STREET, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Orthopedic
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. (If you checked b., please provide an explanation here):

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by BARRY STREET MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: Sandra Zeiger
Commission FDD 166554
Expires: Dec 28, 2006
Bonded Title
Atlantic Bonding Co., Inc.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared
Jon E. Strubmayer, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Facial Plastic & Reconstructive Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped seeing New patients while this crisis is occurring

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Jon E. Strubmayer, MD, who is personally known to me / who did take an oath

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared
Gloria M. Suarez MD, who being
first duly sworn, deposes and states:

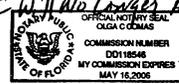
- I am a physician licensed in the State of Florida.
- My area of medical practice is UROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Too High Risk for Malpractice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

As of Today I will no longer be able to pay for Malpractice Insurance. *[Signature]*



The foregoing instrument was acknowledged before me this 17 day of July, 2003, by George M. Suarez, who is personally known to me / who did take an oath.

Thursday, July 17, 2003 America Online: GMSuarezMD

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared
DR. JOSE M. SUAREZ, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Psychiatry
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stop seeing patients in the hospital. Stop seeing patients in the hospital.

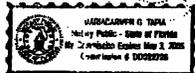
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by DR. JOSE M. SUAREZ, who is personally known to me / who did take an oath

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared
ROBERT J. SUBBIANDE MD, FACE, who
being first duly sworn, deposes and states:

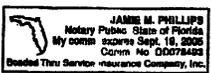
- I am a physician licensed in the State of Florida.
- My area of medical practice is PHYSIOLOGICAL
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Had to stop malpractice coverage due to unaffordable rise over last 3 yrs + this has raised under 100k on top of other payments + for 1/2 yr. But possibly covers for 1/2 yr + continue services. Patients have inevitably left. Frustrated in this environment. Personally know of several experienced physicians for the patients of Manatee County. This is a crisis!!! *[Signature]*

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robert Subbiande, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Ronald Sussman, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is FAMILY PRACTICE.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
MINOR SURGERY SUCH AS SIGMOID Biopsy, ENDOMETRIAL Biopsies

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald Sussman

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Ronald Sussman, D.O., who is personally known to me / who did take an oath.

Nancy C. McHale
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Jamie Surratt, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Interventional Mammography.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Interventional breast procedures were either stopped or limited due to a shortage of surgeons to handle possible complications

5. I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: *Jamie Surratt MD*

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Jamie Surratt, MD, who is personally known to me / who did take an oath.

Alissa Williams
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared John O. Susac, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is NEUROLOGY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped Seeing Emergency Room PATIENTS and inpatient Hospital patients. I should be glad, and am welcome to testify also about the so-called medical errors that

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John O. Susac

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by John O. Susac, who is personally known to me / who did take an oath.

Deborah B. Bennett
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Alissa Sussman, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Neurology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Less hospital work, more 2nd opinions, less time with patients.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Alissa Sussman

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Alissa Sussman, MD, who is personally known to me / who did take an oath.



Virginia Abram
NOTARY PUBLIC
My Commission Expires: Nov 8, 2004

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared
JAMES THOMAS SWETH, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is General Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
 1) Discontinued my participation as a TRAUMA surgeon at the Volusia Central Health Trauma Center
 2) Limited # pts. evaluated for breast diseases.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

J. Thomas Sweth, M.D.
 The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by James Sweth, who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



850-222-8827

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Sarasota

BEFORE ME, the undersigned authority, personally appeared
G. Michael Swor, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB/GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

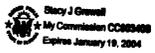
4. (If you checked b., please provide an explanation here):
I am Board Certified and trained and experienced in high risk gynecology, breast, and obstetric but do not do either because of the risk of liability and the cost of malpractice insurance.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
my office neighbor quit medical practice but you because of the medical legal climate.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
 The foregoing instrument was acknowledged before me this 16 day of July, 2003, by G. Michael Swor, M.D., who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



FAKED

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Essex

BEFORE ME, the undersigned authority, personally appeared
Marie A. Swedloff, MD

- who being first duly sworn, deposes and states:
- I am a physician licensed in the State of Florida.
 - My area of medical practice is Neurology.
 - Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

(If you checked b., please provide an explanation here):
No more pediatric patients; if we are unable to obtain 1st tier insurance next year we more research projects - eg. stroke trials.

4. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Marie A. Swedloff, MD

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Marie A. Swedloff, MD, who is personally known to me / who did take an oath.



[Signature]
 NOTARY PUBLIC
 My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Robin A. Sykes, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Plastic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped offering procedures to patients in riskier categories (those with long medical problems) and have been regularly turning away or discouraging procedures on patients who I feel are more likely to sue in case of any type of problem with surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
(1-2 patients per week, I guess)

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Robin A. Sykes MD, who is personally known to me / who did take an oath.

[Signature]
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared [print name] Theodore J. Szymanski, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
- burns
- cardiology
- cardiovascular surgery
- emergency medicine
- gastroenterology
- general surgery
- geriatrics
- gynecology
- hand surgery
- internal medicine
- neurology
- neurosurgery
- obstetrics
- ophthalmology
- oral/maxillo-facial surgery
- orthopedics
- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry

AFFIDAVIT

STATE OF FLORIDA COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared MARK SZYMANSKI, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatric Orthopedics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped doing a number of procedures including most hand surgery and tumor surgery on children. I see patients from all over the State of Florida.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Mark Szymanski, MD, who is personally known to me / who did take an oath.

Notary Public Signature: Alan H. Robinson, My Commission Expires: December 2, 2006

Affidavit of: [Print Name] Theodore J. Szymanski, MD Page 2 of 2

- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)
- thoracic surgery
- urology
- vascular surgery
- other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary) Access to general surgeons was extremely limited for patients in our region. We were made to transfer patients to different facilities around the county in order for the patients to receive proper care.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Theodore J. Szymanski, MD (Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Theodore J. Szymanski, who is personally known to me / who did take an oath.

Notary Public Signature: Suzette L. Eckloff, My Commission Expires: March 27, 2004

Suzette L. Eckloff NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Santa Rosa

BEFORE ME, the undersigned authority, personally appeared
Peter Szymoniak, who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Insurance cancelled

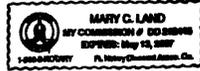
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Peter M. Szymoniak, who is personally known to me / who did take an oath.

Mary C. Land
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared
Maxine C. Tabas MD, who being first
duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Dermatology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

At present, I am simply considering no longer seeing patients dermatology. In addition we are no longer covering high risk dermatology conditions such as pemphigus, toxic epidermal necrolysis, etc.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Maxine Tabas MD, who is personally known to me / who did take an oath.



Mary L. Fox
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
FRAN TASELINSKY, who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ortho
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No longer seeing high-risk ortho pts. No longer doing orthopaedic procedures. No longer treating ortho trauma. Referrals to hospital.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by FRAN TASELINSKY, who is personally known to me / who did take an oath.



My Commission Expires:

[Signature]

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF INDIAN RIVER

BEFORE ME, the undersigned authority, personally appeared
M. CHRIS TALLEY, who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPAEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I NO LONGER TREAT High RISK TRAUMA PATIENTS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

M. Chris Talley, MD

The foregoing instrument was acknowledged before me this 23 day of JULY, 2003, by personally known to me / who did take an oath.

Sheila L. Samanco
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Clay

BEFORE ME, the undersigned authority, personally appeared Ana Tamayo M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB/GYN LIMITED TO GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Complex Gyn Surgeries Substant (very fibroids, Gynec Oncology) I have decided my #1 date number of surgery already.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ana Tamayo MD

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Ana Tamayo M.D., who is personally known to me / who did take an oath.

Cynthia S. Peterson
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared NUMA J. Tamayo, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is IM - Endocrinology
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
(Internal medicine) After practicing IM and Endocrinology I plan to limit it to Endocrinology only. After using 3-4 running home principles we limit it to one. All because of the liability crisis.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Aramp

The foregoing instrument was acknowledged before me this 31 day of July, 2003, by Marita Annis, who is personally known to me / who did take an oath.



Marita Annis
NOTARY PUBLIC
My Commission Expires:

FFN Fax -> TO: -> -> Raul E. Tamayo, MD Wed Jul 16 2003 05:30:33 PT EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Sumner

BEFORE ME, the undersigned authority, personally appeared Raul E. Tamayo M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Int. Medicine
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
don't admit to hospital

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Rafael

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by RAUL E. TAMAYO MD, who is personally known to me / who did take an oath.

Cheryl A. Hinkle
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Clay

BEFORE ME, the undersigned authority, personally appeared Wael Tamim, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiothoracic Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am reluctant to see high risk patients in the field of Cardiothoracic Surgery

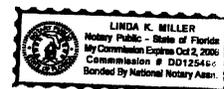
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

W. Tamim

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Wael Tamim MD, who is personally known to me / who did take an oath.

Linda K. Miller
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared Myra Tane... who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Very difficult cases such as emergency room traumas and advanced cancer cases have a high risk for a poor outcome -> which has a high risk for a lawsuit
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Myra Tane

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Myra Tane... who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared... who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is CARDIOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
PREGNANT WOMEN
F.R. CALL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard E. Immenbaum MD

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Richard E. Immenbaum... who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared RAFAEL A. Tapia... who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stop seeing patients in the hospital
Stop seeing patients in the nursing home
Don't take the state care units and patients with cancer, heart and renal patients.

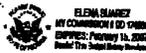
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Rafael Tapia

The foregoing instrument was acknowledged before me this 17 day of June, 2003, by DR. Rafael Tapia... who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Hugo A. Tapia... who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Nephrology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stop seeing kidney disease
Stop receiving patients for dialysis

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Hugo A. Tapia

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Dr. Hugo Tapia... who is personally known to me / who did take an oath.



Debra Hamilton NOTARY PUBLIC My Commission Expires: April 4, 2004

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ESCAMBIA

BEFORE ME, the undersigned authority, personally appeared
Scott Tapper MD (Douglas Tapper MD), who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPAEDIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I NO LONGER PERFORM TOTAL STOPPED THESE IN THE YEAR 2002
I CAME UP MY FREE CEEBROU PALSY CLINIC FOR BICILLERON IN PENNSYLVANIA
BECAUSE OF LIABILITY CONCERNS AND BECAUSE THE COST OF MY LIABILITY INSURANCE MADE ME SPEND THIS TIME SEEING PATIENTS.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Scott Tapper MD, who is personally known to me / who did take an oath.

Jaime Rojas
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Martin

BEFORE ME, the undersigned authority, personally appeared
S. Scott Tapper, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I NO LONGER CARRY MALPRACTICE INSURANCE
BECAUSE I DO NOT TREAT EMERGENCY PATIENTS,
NOR DO I TREAT HIGH RISK PATIENTS. A FURTHER WANT
OF MY PATIENT AND EDUCATION - DOING BOARD CERTIFIED IN
GENERAL SURGERY + VASCULAR SURGERY

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by S. Scott Tapper, MD, who is personally known to me / who did take an oath.

Linda Susan Baughey
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Alachua

BEFORE ME, the undersigned authority, personally appeared
DARRELL TARRANT, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is NEPHROLOGY (RENAL MEDICINE)
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped doing renal transplant dialysis
Stopped seeing renal transplant patients
Stopped providing primary care to dialysis patients
I plan to retire several more years

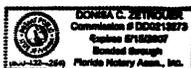
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Darrell Tarrant

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Darrell Tarrant, who is personally known to me / who did take an oath.

Donna C. Stroud
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Willsborough

BEFORE ME, the undersigned authority, personally appeared
Albert Tawil, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice and Geriatrics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have been in practice for 39 years. I work 10-12 hours days Monday to
Thursday and three years ago I hired another physician to see my office
patients on Fridays. My office patient load is 35 or so patients daily.
My new malpractice carrier, EPIC informed me that they would not provide
vicarious malpractice coverage for the acts of Oscar Garcia M.D. because
I have personal knowledge of the facts contained in this affidavit, and if
called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Albert Tawil MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Albert Tawil, MD, who is personally known to me / who did take an oath.



Cheryl A. Silvers
NOTARY PUBLIC
My Commission Expires:

he did not carry the amount of insurance that I do (one million dollars). Dr Garcia could not afford to increase his coverage, I could not afford to pay his increase and so I have closed my office on Fridays, am being increasing selective about taking any new patients and plan to drop my participation in Medicaid (I have already limited both my Medicaid and Blue Cross Health Options to no new patients).

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared MAYNARD TAYLOR, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is PLASTIC SURGERY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

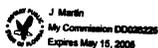
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Maynard Taylor

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by MAYNARD TAYLOR, who is personally known to me / who did take an oath.



J. Martin
NOTARY PUBLIC
My Commission Expires:

TOTAL P.01

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared WALTON R. TAYLOR M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is INTERNAL MEDICINE.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

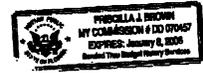
4. (If you checked b., please provide an explanation here):
flexible immunologic CD4 over 350
250 in 2002
relying to see when I consider high risk patients
(ie. ordering any form of treatment to my community)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Walton R. Taylor

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by WALTON R. TAYLOR, M.D., who is personally known to me / who did take an oath.



Priscilla Brown
NOTARY PUBLIC
My Commission Expires: 01-04-2006

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORDE

BEFORE ME, the undersigned authority, personally appeared ANGEL E. TEJEDA, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OBSTETRIC - INTERNAL MED.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer providing services to obstetric patients

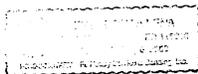
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Angel Tejada

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by ANGEL TEJEDA, who is personally known to me / who did take an oath.

J. Martin
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF FLORISSIA

BEFORE ME, the undersigned authority, personally appeared G.E. TELESK MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is ORTHOPAEDIC SURGERY.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
DISCONTINUED ER. TRAUMA COVERAGE
DISCONTINUED HIGH RISK PROCEDURES
& JOINT REPLACEMENTS AND CASES
THEY DON'T HAVE EXCELLENT RECOVERY POTENTIAL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

G.E. Telesh

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by G.E. TELESK MD, who is personally known to me / who did take an oath.



Beth K. Crawford
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

Before Me, the undersigned authority, personally appeared Allen
Teman, MD, who being first duly sworn, deposes and states:

I am a physician licensed in the State of Florida (License
#59790).

My area of medical practice is adult neurology.

Due to the current professional liability insurance crisis and
the unfavorable litigation climate in Florida, I have stopped
seeing certain types of patients, transferred patients away from
my care who require high risk procedures, and have restricted my
practice in order to lower my liability risk potential.

I turn away high risk patients from my office practice.
I discourage hospital consultative work since the risk/benefit
ratio does not favor seeing hospitalized patients.
I refuse hospital consultations except from reputable physicians
whom I have worked with for years.
I take as little ER call duty as possible, and one hospital
allowed me to drop my ER call duty when I threatened to drop my
hospital privileges.
I refuse hospital consultations on any patient who might pose a
liability risk.

I have personal knowledge of the facts contained in this
affidavit, and if called upon as a witness, could testify
thereto.

The foregoing instrument was acknowledged before me this 23rd day
of July, 2003, by Allen Teman, MD, who is personally known to me.

[Signature]
NOTARY PUBLIC
My commission Expires:



Allen Teman MD
Allen Teman MD

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared LEON TERMIN MD
who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PATHOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

- Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
4. (If you checked b, please provide an explanation here):
I NO LONGER DO INVASIVE PROCEDURES INCLUDING
NEEDLE BIOPSIES, BONE MARROW ASPIRATIONS,
MD BIOPSIES + NO LONGER EXAMINE OUTPATIENT
PAP SMEARS.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of July,
2003, by LEON TERMIN, MD, who is personally known to me / who did
take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF charlotte

BEFORE ME, the undersigned authority, personally appeared
Lalita Thette, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

High Risk, liabilities

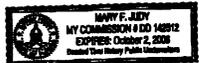
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of
July, 2003, by Lalita Thette, who is
personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



[Handwritten note]
11/20/04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Volusia Beach

BEFORE ME, the undersigned authority, personally appeared
Ben R. Hubbard M.D., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

No emergency room coverage.
Considering leaving state.

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by
Ben R. Hubbard M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: Oct. 29, 2005



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared
Dr Basil Theodotou MD, neurosurgeon, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurological Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have curbed evaluation and treatment of pediatric patients and workmen's comp. almost completely. I no longer am on health plans that require malpractice insurance. I avoid treatment of complex spine and brain problems.
Patients with other problems are avoided: Obesity, emphysema, extreme age, etc.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

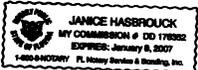
FURTHER AFFIANT SAYETH NAUGHT

Florida Drivers license:
T330-063-53-090-0

Basil Theodotou

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Basil Theodotou, M.D., who is personally known to me / who did take an oath.

Janice L Hasbrouck
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Charles S. Theofilos MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurosurgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

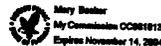
4. (If you checked b., please provide an explanation here):

No longer performs brain surgery. No longer performs extremely complex spine cases.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by CHARLES S. THEOFILOS, who is personally known to me / who did take an oath.



Mary Becher
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared
Dr. Jeff Thill, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Urology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Stopped Kidney transplantation due to excessive penis
stopped seeing adult Medicaid due to liability
issues

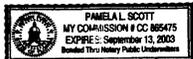
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jeff Thill

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jeffrey Thill, MD., who is personally known to me / who did take an oath.

Pamela L. Scott
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
Patrick Robert Thomas, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is RADIATION ONCOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

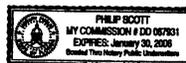
Currently do locum tenens only

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Patrick Thomas

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by PATRICK THOMAS, who is personally known to me / who did take an oath.



Philip Scott
NOTARY PUBLIC
My Commission Expires: 1/20/05

AFFIDAVIT

STATE OF FLORIDA,
 COUNTY OF Manatee

BEFORE ME, the undersigned authority, personally appeared
Thomas Thomas Weibe, who
 being first duly sworn, deposes and states:

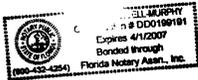
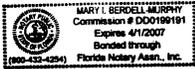
- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped seeing babies
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Thomas Thomas Weibe, who is personally known to me / who did take an oath.

Mary L. Berdell
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
 COUNTY OF Lake

BEFORE ME, the undersigned authority, personally appeared
Valerie B. Thomas MD, who
 being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatrics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Stopped seeing medical patients in office
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Dr. Valerie Thomas, who is personally known to me / who did take an oath.

Jennifer E. Elkins
 NOTARY PUBLIC
 My Commission Expires: 7-8-04



AFFIDAVIT

STATE OF FLORIDA,
 COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Debra Thomas-Weibe MD, who being first
 duly sworn, deposes and states:

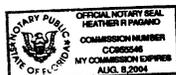
- I am a physician licensed in the State of Florida.
- My area of medical practice is Ophthalmology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I refer all high risk cataract surgery to another surgeon who is willing to do them. I have been sued twice, lost my medical practice, forced to use TPA for a year, I was investigated, fined and have considered retiring at age 53. (Previous age)
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Debra Thomas-Weibe, who is personally known to me / who did take an oath.

Heather R. Pagano
 NOTARY PUBLIC
 My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
 COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Isaac Thompson, who being first duly sworn,
 deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Drop my liability insurance
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Isaac Thompson, MD, who is personally known to me / who did take an oath.

Isaac Thompson
 NOTARY PUBLIC
 My Commission Expires: Aug 8, 2004



STATE OF FLORIDA,
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared [print name]
Robert L. Thomas, D.O., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in DUVAL County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - burns
 - cardiology
 - cardiovascular surgery
 - emergency medicine
 - gastroenterology
 - general surgery
 - geriatrics
 - gynecology
 - hand surgery
 - internal medicine
 - neurology
 - neurosurgery
 - obstetrics
 - ophthalmology
 - oral/maxillo-facial surgery
 - orthopedics

http://www.fcep.org/affidavit.htm

7/18/2003

Page 2 of 2

- otolaryngology
- pediatrics/pediatric surgery
- plastic surgery
- psychiatry
- pulmonary medicine
- radiology
- trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

thoracic surgery

urology

vascular surgery

other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

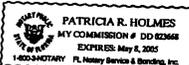
Call coverage has drastically decreased. Physicians retiring early 20 to high malpractice insurance. Much more difficult to get follow up with specialties (i.e. those checked above)

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert L. Thomas, D.O.
(Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Robert L. Thomas, D.O., who is personally known to me / who did take an oath.



Patricia R. Holmes
NOTARY PUBLIC
My Commission Expires:

http://www.fcep.org/affidavit.htm

7/18/2003

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared
Stephen W. Thompson MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetrics & Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have withdrawn from Medicine with the high expense of practice due to large malpractice insurance. The malpractice rates fall below my "break even" analysis.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stephen W. Thompson

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Stephen W. Thompson, who is personally known to me / who did take an oath.

Madene C. Ticknor
NOTARY PUBLIC
My Commission Expires Apr. 26, 2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared William H. Thompson M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Why take excess risk to help patients if the liability is excessive.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

William H. Thompson M.D.

The foregoing instrument was acknowledged before me this 12th day of July, 2003, by William H. Thompson M.D., who is personally known to me / who did take an oath.

Amalee A. Olive
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Robert L. Thornberry, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robert L. Thornberry, MD

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Robert L. Thornberry, MD, who is personally known to me / who did take an oath.

Bonnie Ann Warren
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Osceola

BEFORE ME, the undersigned authority, personally appeared D. Paul Thorne, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No longer doing nursing home visits. No surgical assisting.

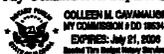
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

D. Paul Thorne

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by D. Paul Thorne, who is personally known to me / who did take an oath.

Colleen M. Gowan
NOTARY PUBLIC
My Commission Expires: July 21, 2006



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Escambia

BEFORE ME, the undersigned authority, personally appeared Troy M. Tippet M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurosurgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped doing Pediatric Neurosurgical and certain high risk spinal and cranial procedures

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Troy M. Tippet

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Troy M. Tippet, M.D., who is personally known to me / who did take an oath.

Lois A. Beattie
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Howard

BEFORE ME, the undersigned authority, personally appeared
PAUL E. TOCCI M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have temporarily stopped seeing patients due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida. I have stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Paul E. Tozzi


The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Paul E. Tozzi, M.D., who is personally known to me / who did take an oath.
[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Anthony Toledo, who being first
duly sworn, deposes and states:

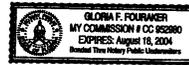
- I am a physician licensed in the State of Florida.
- My area of medical practice is Diagnostic Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

1) Limited number of mammograms
2) Limited interventional procedures due to lack of surgical backup

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 19 day of July, 2003, by Anthony Toledo, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared
Thomas C. Tolle, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Spine Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped evaluating patients who have a high chance of Post Op complications. Stopped some work due to poor reimbursement - Can't pay high malpractice rates if retained at low levels - Some considering practicing without malpractice insurance

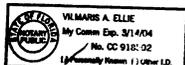
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Thomas C. Tolle

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Thomas C. Tolle, MD, who is personally known to me / who did take an oath.

Vilmaris A. Elie
NOTARY PUBLIC
My Commission Expires: 8/31/04



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Robert E. Tome, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

1) I stopped admitting patient to hospital
2) I'm in the process of limiting my pediatric practice to children older than 5 yrs old.
3) I stopped going to nursing homes.

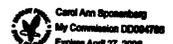
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 16th day of JULY, 2003, by ROBERT E. TOME, MD, who is personally known to me / who did take an oath.

David Ann Spensberg
NOTARY PUBLIC
My Commission Expires:



fixed 7/20/03

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared AUREA R. TOMESKI, MD FACP, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida
2. My area of medical practice is Internal Medicine / Home / MC
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked b., please provide an explanation here) I have restricted my practice and no longer accept high-risk patients

5. I have personal knowledge of the facts contained in the affidavit, and if called upon as a witness, could testify thereto

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by personally known to me / who did take an oath

CARMELITA R. TELAN NOTARY PUBLIC - STATE OF FLORIDA COMMISSION # CC02000001 EXPIRES AUGUST 31, 2004

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared Dr. Tanner, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pulmonary medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I no longer see Workman Compensation. I have reduced my malpractice coverage from 1 million / 3 million to 250k / 750k

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Michael P. Tanner, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:

LISA LICHTA Notary Public - State of Florida My Commission Expires Apr 12, 2004 Commission # CC27373

7-23-2003 3:40PM FROM

RECEIVED JUL 23 2003

07/25/03 FRI 10:46 FAX

OOC ADM

003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LADE

BEFORE ME, the undersigned authority, personally appeared LEONARD M. TOMESKI, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Radiation Oncology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): NO LONGER SEE OR TREAT CHILDREN WITH CANCER

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Leonard M. Tomeski, who is personally known to me / who did take an oath.

Mary Lewiss Commission # CC 948917 Expires Aug. 5, 2004

Mary Lewiss NOTARY PUBLIC My Commission Expires: Aug 5 2004

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared TAMARA LOPELUSKI, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatric Orthopedics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Have stopped Emergency Room coverage in 3 major hospitals

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Tamara Lopeluski, who is personally known to me / who did take an oath.

Bill Hart My Commission Expires April 04 2004

Bill Hart NOTARY PUBLIC My Commission Expires: 4/4/05

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared
Victor E. Toro, who
being first duly sworn, deposes and states:

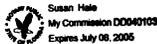
BEFORE ME, the undersigned authority, personally appeared
Yamir Lopez M.D., who being first
duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is _____
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
Discontinued Nursing Homes. Do not do procedures on high risk patient. Stopped seeing high risk (medically uninsured) at the office. Planning to retire within 1 year instead of cutting down practice as I planned initially.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Yamir Lopez M.D., who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 7/6/2005

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Radiology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
Intracranial embolization and thrombolysis High Risk Surgery
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by VICTOR TORO, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 3/31/2006

P. 02

FAX NO. 6861878

JUL-18-2003 FRI 03:40 PM EXRBA

If you know of a physician who has left the state or has restricted his or her practice, please forward a copy of the affidavit to him/her immediately and urge them to send it in immediately.

DON'T MISS THIS CHANCE TO SEND YOUR MESSAGE TO THE FLORIDA SENATE.

In essence, I am being ^{forced} to stay home until a decision is expected to come Mid August 2003. Today, I am at -\$4803. If I am forced to join JUA at \$21,000 with tail at ~\$27,000 then I will be -\$53,000 in debt. I may be forced to quit completely and not return.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Susan Toro, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
Susan Toro P.O., who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
4. If you checked B, please provide an explanation here:

Effective 8-1-2003 I am on an emergency leave of absence due to lapse in my coverage (malpractice) after being dropped by Farmer's Insurance. Next Page

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared James TRACY, DPM, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PODIATRY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by James Tracy, DPM, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Lee

BEFORE ME, the undersigned authority, personally appeared Dawn Tracie M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped doing any prenatal care and have stopped seeing children under 4 year of age. I also no longer deliver babies.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Alicia M Lind, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



Jul 24 03 12:44p

Oak Hill Med Staff

352-597-3093

p. 1

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Bay

BEFORE ME, the undersigned authority, personally appeared Quang T. Tran MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Heart & Neck Sur
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

(1) will not provide surgery for facial & parotid tumors
(2) will not perform skull base surgery
(3) will not perform intracranial surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

(4) will not perform cosmetic and facial reconstruction surgery in-state.
[Signature] (TRAN)

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Maddeline W. Smith, who is personally known to me / who did take an oath.

Maddeline W. Smith 07-11-03
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hernando

BEFORE ME, the undersigned authority, personally appeared Deborah M Tracy, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology / Pain Mgmt.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

a. Moved to another state or have retired from or quit the practice of medicine.

b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped practicing anesthesiology because of enormous expenses including malpractice declining reimbursement with large lawsuit for \$2000,000 pending.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 27th day of July, 2003, by Deborah Tracy, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:

[Signature]



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF P.B.

BEFORE ME, the undersigned authority, personally appeared
Rudolfo Trigo, who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
reduced hours, stopped seeing high risk patients
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by
Rudolfo Trigo, MD, who is personally known to me / who did take an oath.



Virginia Alford
NOTARY PUBLIC
My Commission Expires: Nov. 8, 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MOTION

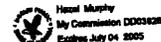
BEFORE ME, the undersigned authority, personally appeared
LANCE P. TRIGG, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is RADIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have decreased the number and scope of interventional radiology procedures and am considering dropping mammography altogether.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of
July, 2003, by LANCE P. TRIGG, MD, who is
personally known to me / who did take an oath.

Clawd Murphy
NOTARY PUBLIC
My Commission Expires: 7/14/05



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MANATEE

BEFORE ME, the undersigned authority, personally appeared
CRAIG A. TRIGUEIRO, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GENERAL PRACTICE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I DO NOT RESPOND TO CARDIAC ARRESTS OR OTHER "CODE" SITUATIONS IN THE HOSPITAL. I TRY TO AVOID BEING THE ADMITTING DOCTOR ON MY PATIENTS. I HAVE LOST THE ABILITY TO REFER MY PATIENTS TO ONE OF THE BEST SURGEONS IN THE AREA BECAUSE HE MOVED OUT OF FLORIDA BECAUSE OF THE MALPRACTICE CRISIS.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT



The foregoing instrument was acknowledged before me this 17 day of
July, 2003, by Craig Triguero, who is
personally known to me / who did take an oath.

Betty M. Triguero
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared
Thomas W. Triffa, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Mammography/Radiology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of
July, 2003, by Thomas W. Triffa, M.D., who is
personally known to me / who did take an oath.

Joelle J. Alford
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PINELAS

BEFORE ME, the undersigned authority, personally appeared Gerald Tuitt, who being first duly sworn, deposes and states:

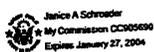
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pediatric Neurosurgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No longer performing the HIGH RISK TRISK procedures. ON CERTAIN PARTS OF THE AN, SPINAL CORD AND PERIPHERAL NERVE. PATIENTS TRISK SORT OUT OF STATE.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Gerald Tuitt, personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires: 1/27/04.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Stephen L. Tunstall, MD, who being first duly sworn, deposes and states:

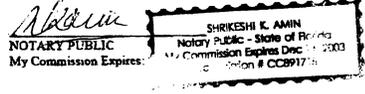
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): My wife's physician Dr. Julian Allen has done a great job on her husband, taken great care of her. Now he is stopping cases for patients with breast problems because of the liability environment.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature] S. Tunstall 904-387-4030

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Stephen L. Tunstall, MD, who is personally known to me / who did take an oath.



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Stephen L. Tunstall, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Anesthesiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

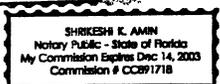
4. (If you checked b., please provide an explanation here): I order tests that increase costs and potentially increase patient risk not because they are medically necessary but because an attorney will demand fees for not doing everything.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature] S. Tunstall 904-387-4030

The foregoing instrument was acknowledged before me this 14th day of July, 2003, by Stephen L. Tunstall, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires: [Signature]



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared Josefina Tur, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is general medicine.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

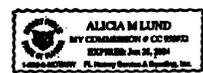
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Josefina Tur, MD, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires: [Signature]



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Escondido

BEFORE ME, the undersigned authority, personally appeared
KIRBY L. TURNAGE (MD 61702), who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I am severely limiting Medicaid patients, offering higher risk procedures in Florida and turning away more & more complex unknown; complex patients for fear of being sued & the liability that I must make more money to pay my malpractice

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 13 day of July, 2003, by Kirby L. Turnage, MD, who is personally known to me / who did take an oath.

Jean M. Karadin
NOTARY PUBLIC
My Commission Expires:

JEAN M. KARADIN
Notary Public-State of FL
Comm. Exp. Dec. 21, 2006
Comm. No. DD 154197

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared
John B. Turner MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

To avoid risk of any attempt to sue me, which attempt in of itself would certainly result in my insurance carrier either dropping me or increasing my rates beyond my ability to pay, I have stopped seeing patients in the hospital & drop any patient immediately who breathe a whiff of liability to talk.

FURTHER AFFIANT SAYETH NAUGHT

Of course, insurance rates go up because of the lawyers, frivolous suits & huge jury awards!

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by JOHN B. TURNER, who is personally known to me / who did take an oath.

FL. D/L #656-462-44-142-0

Official Seal
JOHN B. TURNER
Notary Public, State of Florida
My Comm. expires May 31, 2007
Comm No DD181647

John B. Turner
NOTARY PUBLIC
My Commission Expires:

Further, unless the \$250,000 cap goes through, I and other doctors like me will be leaving Florida. I wonder what Mr King's doctors plan to do!

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared
JOHN C. TURSE M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GASTRONTERO
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

(a) No further performance of: liver biopsies; Polypectomy ablations, or high risk colonoscopy
(b) Surgery pts. I feel may be high risk for litigation and either won't see them or discontinue from practice.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by John C. Turse M.D., who is personally known to me / who did take an oath.

Ausann Divisillis
NOTARY PUBLIC
My Commission Expires:

BERNARD H. VORLON
Commissioner of Notaries
Notary Public - State of Florida
Elected through
Florida Notary Assn., Inc.
1-800-432-6269

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared
Diana Turgas, who being
first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have decreased certain office procedures and saved to pursue expanding my scope of practice such as not being able to add OB or gyn procedures.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Diana R. Turgas MD, who is personally known to me / who did take an oath.

Kelly D. Hardin
NOTARY PUBLIC
My Commission Expires:

OFFICIAL NOTARY SEAL
KELLY D. HARDIN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. DD087720
MY COMMISSION EXPIRES: 22/2006

Fax to 850 222 8827

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF NOSSAU

BEFORE ME, the undersigned authority, personally appeared
Donald B. Underwood, M.D., who being
first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Family Practice.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- 4. If you checked B, please provide an explanation here:

Decreased in office procedures

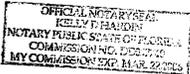
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Donald B. Underwood

The foregoing instrument was acknowledged before me this 11th day of July, 2003, by Donald B. Underwood, M.D. who is personally known to me / who did take an oath.

Harold M. Unger
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared
C. Richard Underwood, M.D., who being first
duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Practice.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Not seeing high risk patients
Scale up Emergency Room Call

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard Underwood

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by C. Richard Underwood who is personally known to me / who did take an oath.

Kathleen A. Phelps
NOTARY PUBLIC
My Commission Expires:



Aug 02 03 10:19p
FAX -> TO: -> -> Stephen Wise Unger Jul 16 2003 05:50:17 PM EDT

P. 1

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
STEPHEN WISE UNGER, who being first
duly sworn, deposes and states:

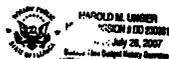
- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General & Vascular Surgery.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- 4. (If you checked b., please provide an explanation here):
I have been forced to go bare & as a result:
Stopped seeing second opinion consults
Stopped doing non-complaint patients
Stopped doing procedures with high possibility of complications
Do not take care of argumentative or previously litigious patients
- 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Harold M. Unger

The foregoing instrument was acknowledged before me this 2nd day of August, 2003, by STEPHEN W. UNGER, M.D. who is personally known to me / who did take an oath.

Harold M. Unger
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Calhoun

BEFORE ME, the undersigned authority, personally appeared
Cesar Unger, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is _____.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED GIVING CARE TO
NUMEROUS PROBLE PATIENTS.

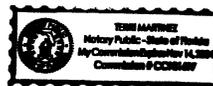
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Cesar Unger

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by _____ who is personally known to me / who did take an oath.

Cesar Unger
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PEARL RIVER

BEFORE ME, the undersigned authority, personally appeared ROSEAN WILSON, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY MED.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED HIGHLY LITIGIOUS PRACTICES - PATIENT CARE.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 14 day of July, 2003, by Rosean Wilson, who is personally known to me / who did take an oath.

[Signature]
KATHY VAN DYKE
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared PAUL L. URBAN, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiac cath. & angioplasty.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

My malpractice ins has tripled

4. (If you checked b., please provide an explanation here):

NO pregnant patients. Stopped high risk self-pay patients to shoulder. (less "charity" care. PA ordered more tests, likely unnecessary, to cover my posterior.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Paul Urban, who is personally known to me / who did take an oath.

[Signature]
Paul Urban
ROSEMARY ARTHUR
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PEARL RIVER

BEFORE ME, the undersigned authority, personally appeared ROSEAN WILSON, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is FAMILY MED.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED HIGHLY LITIGIOUS PRACTICES - PATIENT CARE.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 14 day of July, 2003, by Rosean Wilson, who is personally known to me / who did take an oath.

[Signature]
KATHY VAN DYKE
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF SEMIOLA

BEFORE ME, the undersigned authority, personally appeared LISA A. LITSON MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatrics
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Lisa A. Litson MD, who is personally known to me / who did take an oath.

[Signature]
Linda Crum
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, personally appeared ROBERT G. VALENTINE, JR., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Pain Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

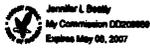
4. (If you checked b., please provide an explanation here): I HAVE ELIMINATED MOST INTRADISCAL PROCEDURES AND NEURODESTRUCTIVE TREATMENTS SINCE MOVING TO FLORIDA. I AM CURRENTLY SEEING A JOB OUTSIDE FLORIDA ACTIVELY!

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Robert G. Valentine MD, who is personally known to me / who did take an oath.



Notary Public My Commission Expires: May 6, 2007

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Monroe

BEFORE ME, the undersigned authority, personally appeared Kelly Vate, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OB/GYN
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): No longer doing Obsterics

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Dr Valle, who is personally known to me / who did take an oath.



Notary Public My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared JOHN A. VAN HOUTEN, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPAEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

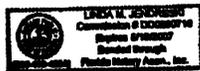
4. (If you checked b., please provide an explanation here): P LIMIT E.P. CATH - PLEA MORE CATH OUT OR MORE TEST AND AM FACING FORCED RETIREMENT IN AUGUST YEAR (AT AGE 67)

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 31 day of July, 2003, by JOHN A. VAN HOUTEN, M.D., who is personally known to me / who did take an oath.

Notary Public My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared Barbara Van Winkle, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedics
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): some childrens fractures & certain lumps re tumors present more risk for treatment than it ben tolerance for subsequent concerns

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 29th day of July, 2003, by Barbara Van Winkle, who is personally known to me / who did take an oath.

Notary Public My Commission Expires: 10-11-03



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brow

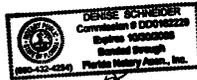
BEFORE ME, the undersigned authority, personally appeared STEVEN VAREZ M.D. 561-964-1627, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is UROLOGY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
UNABLE TO CARE FOR PREGNANT PATIENTS UNABLE TO CARE FOR EXCESSIVELY HIGH-RISK PATIENTS.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 31 day of July, 2003, by Steven Varez, who is personally known to me, who did take an oath.

Notary Public My Commission Expires: 10/30/2006



AFFIDAVIT

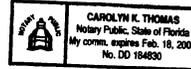
STATE OF FLORIDA, COUNTY OF Columbia

BEFORE ME, the undersigned authority, personally appeared T. M. VASEO, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
1. Changed Local Hospital staff category from Active to Courtesy (with 24v Emergency Room call requirements).
2. Stopped doing high risk general surgical and emergency type procedures.
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Carolyn K. Thomas, who is personally known to me / who did take an oath.



Notary Public My Commission Expires: [Signature]

PH Fax -> TO: -> -> Erwin M. Uasquez-L Med Jul 16 2003 05:49:14 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INT. MED / CARDIOVASCULAR.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here):
- AVOID INTERVENTIONAL CARDIOLOGY (non-suit, pack)
- AVOID HIGH RISK PATIENTS WITH POOR OUTCOMES
- UNABLE TO GET PATIENTS REWARD OR PAINMENTS TO THE PRACTICE
- PLANNING RETIREMENT PREMATURELY

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
I think that all physician in this environment to practice serves ill patient specially focusing ill patient complicated cases and extensive families ready to complain of pain and suffering

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by _____, who is personally known to me / who did take an oath.

Notary Public My Commission Expires: [Signature]

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pinellas

BEFORE ME, the undersigned authority, personally appeared M. ANDRE VASU M.D., who being first duly sworn, deposes and states:

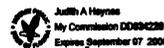
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is CRANIAL SURGERY.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- 4. (If you checked b., please provide an explanation here):
Its who clearly will suffer Complications as determined by pre operative evaluation

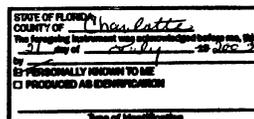
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 31 day of July, 2003, by M. A. Vasu, who is personally known to me / who did take an oath.



Notary Public My Commission Expires: 9-7-05 [Signature]



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared David R. Naught M.D. who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Obstetric - Gynecology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
We have closed the Friday Trauma Program in Orange because of the high cost of malpractice insurance and the risk involved in covering the Trauma Program. I have also stopped seeing Medicaid patients. I have also stopped calling in most prescriptions.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT over the phone and instead send the patients to the ER for any after hours problems.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by David R. Naught M.D. who is personally known to me / who did take an oath.



S. S. S.
NOTARY PUBLIC
My Commission Expires:

ID: WINTER PARK UNCLDGY PAGE: 002 R=334

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

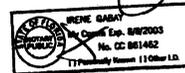
BEFORE ME, the undersigned authority, personally appeared Bernabe Vazquez M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another State or have retired from or quit the practice of Medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice
- (If you checked item b, please provide an explanation here):
I do not take emergency room call because I AM AFRAID THAT THESE PATIENTS WILL TRY TO SUE ME.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Bernabe Vazquez M.D. who is personally known to me / who did take an oath.

Bernabe Vazquez M.D.
NOTARY PUBLIC
My Commission Expires: 8-8-03



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Suzel M. Vazquez, who being first duly sworn, deposes and states:

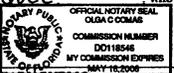
- I am a physician licensed in the State of Florida.
- My area of medical practice is Basiatric Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Suzel M. Vazquez M.D.

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Suzel M. Vazquez who is personally known to me / who did take an oath.



S. S. S.
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Essex

BEFORE ME, the undersigned authority, personally appeared Frank J. Vazquez, D.O., who being first duly sworn, deposes and states:

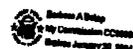
- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
I have had to relocate 600 miles away from my previous practice, have had to pay for two medical malpractice policies, stop seeing additional medical patients, and have had to see more patients per hour as a result of Florida's medical malpractice issues.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Frank J. Vazquez

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by Frank J. Vazquez who is personally known to me / who did take an oath.

Richard A. DeJoy
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida
- My area of medical practice is: OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a Moved to another state or have retired from or quit the practice of medicine.
 - b Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
No High risk Obstetrics (Diabetic/Hypertensive/Chronic Medical)
No High risk Gyn Surgery
Considering Strongly Changing Careers
Physician
Heart
Rate

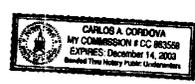
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
F/ Lic# ME435

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Angel P. Vega who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MANASSA

BEFORE ME, the undersigned authority, personally appeared George Vega MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Radiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a Moved to another state or have retired from or quit the practice of medicine.
 - b Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped doing high risk interventional procedures. Would stop reading mammography if contractually allowed. Will probably leave state if rates rise again.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
George Vega MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by George Vega, M.D. who is personally known to me / who did take an oath.

[Signature]
Wanda J. Henderson
NOTARY PUBLIC
My Commission Expires: January 17 2004

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Collier

BEFORE ME, the undersigned authority, personally appeared CAROLAN VERDEJA, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is radiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a Moved to another state or have retired from or quit the practice of medicine.
 - b Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
do no longer accept new Affix retires except for flow
2 have cancelled on ER call for hospital. I will accept
some diabetic patients, and will have several units
ER calls (for radiology only) - enough to not leave my
weekend coverage

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Carolyn Verdesca who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires: 6/30/2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared _____ who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a Moved to another state or have retired from or quit the practice of medicine.
 - b Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
- Have stopped accepting late prenatal care OB
- Terminated of b. if they don't keep more than 2-3 appointments
- Stopped accepting well pay OB's
- Stopped doing high risk OB care
- Stopped operating on high risk gyn pts.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by ANA VERDEJA, M.D. who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 6/29/07



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared
GEORGE L. VECCARA, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is cardiovascular disease.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

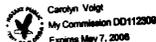
Practice no longer does interventional cardiology

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by George L. Veccara, MD, who is personally known to me / who did take an oath.

Carolyn Voigt
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF WILCOUGH

BEFORE ME, the undersigned authority, personally appeared
BARRY WILKINSON, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is GYN/OB/GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

- ORDER MORE TESTS THAN I WOULD OTHERWISE DO TO THE NEED TO PRACTICE DEFENSIVE MEDICINE
- IF THE CLIMATE DOES NOT IMPROVE IN THE PROFESSIONAL LIABILITY AREA FOR MD'S, I WILL QUIT MY SURGICAL PRACTICE AND RETIRE EARLY AND PLAN TO CHANGE MY TYPE OF WORK TO ADMINISTRATIVE MEDICINE
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Barry Wilkinson, MD, who is personally known to me / who did take an oath.

Sherry Smith
NOTARY PUBLIC
My Commission Expires:



Received Tino Jul. 16. 5:37PM

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF PBC

BEFORE ME, the undersigned authority, personally appeared
ANIL G. VERMA, M.D., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is CARDIOLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

STOPPED SEEING TRAUMA OBSTETRICS, High Risk Interventions [PCI]

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Anil Verma, MD, who is personally known to me / who did take an oath.

Virginia Alvin
NOTARY PUBLIC
My Commission Expires: Nov. 8, 2004



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF POLK

BEFORE ME, the undersigned authority, personally appeared
_____ who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB-GYN.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

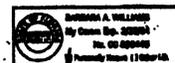
Stopped obstetrics as of 1-02-03. Stopped high risk gyn surgery

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Barbara A. Williams, who is personally known to me / who did take an oath.

Barbara A. Williams
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared SAGEW VETICHIRA, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PULMONARY, CRITICAL CARE & SLEEP
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

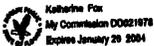
4. (If you checked b., please provide an explanation here):
It was very difficult to get insurance. Cost of the insurance has gone up exponentially this year.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Christina
VERMILION
The foregoing instrument was acknowledged before me this 18 day of July, 2003, by SAGEW VETICHIRA, MD, who is personally known to me / who did take an oath.

Kate Fox
NOTARY PUBLIC
My Commission Expires: 1/26/04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Sumter

BEFORE ME, the undersigned authority, personally appeared John Paul Weber, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Ophthalmic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have stopped seeing high risk patients. And I no longer perform refractive surgeries - I am 39 - I am not retired or semi-retired. If things worsen, I will leave this state. You have no choice.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John Paul Weber
The foregoing instrument was acknowledged before me this 29 day of July, 2003, by John Paul Weber, MD, who is personally known to me / who did take an oath.

Michelle Smith-Lewis
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared CRISTOBAL E. VIERA, M.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is DADE Co.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

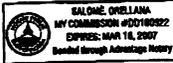
4. (If you checked b., please provide an explanation here):
All these patients are referred to Miami Dade's new system and the thought within the state of Florida the state becomes high premium jurisdiction.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Salome Orellana
The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Cristobal E. Viera, M.D., who is personally known to me / who did take an oath.

Salome Orellana
NOTARY PUBLIC
My Commission Expires: March 18, 2007



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Pasco

BEFORE ME, the undersigned authority, personally appeared Donald K. Verlich, M.D., who being first duly sworn, deposes and states:

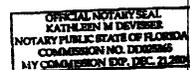
1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Board Certified Family Practice; Certified Hyperbaric
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply): Board Certified in Quality Assurance and Utilization Management
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Resigned from full-time Family Practice Medicine. I am now doing Chronic Wound Care and Hyperbaric Medicine on part time basis.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Donald K. Verlich, M.D.
The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Donald K. Verlich, who is personally known to me / who did take an oath.



Kathleen M. DeVries
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared
Jose R. Vigoreaux, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Practice restricted to non acute care

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Dr. Vigoreaux
Dr. Vigoreaux

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Jose R. Vigoreaux, M.D., who is personally known to me / who did take an oath.

Judith M. Baker
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Hector Vila Jr., M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Anesthesiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I moved to Florida two years ago from South Carolina and have limited my practice to being a State employee where I have a \$200,000 cap (sovereign immunity). I have not entered private practice because of the liability cost and risk.

FURTHER AFFIANT SAYETH NAUGHT

Hector Vila Jr.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Hector Vila, Jr. M.D., who is personally known to me / who did take an oath.



Lela Wilson
NOTARY PUBLIC
My Commission Expires: 9/25/2006

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared
Jorge J. Villalba, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Child Psychiatry
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped providing services to developmentally delayed adults & children in state sponsored group homes. Closed private practice.

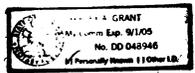
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jorge J. Villalba

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Jorge Villalba, who is personally known to me / who did take an oath.

Shirley A. Grant
NOTARY PUBLIC
My Commission Expires: 9/05



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared
Daniel A. Vincent, Jr., MD, who being first
duly sworn, deposes and states:

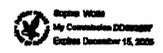
- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedics / Hand & Wrist Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
My family has practiced medicine in Florida for 4 generations, and yet I must now consider moving to another state for economic reasons. Between rising malpractice costs and shrinking reimbursements, medical practice in Florida is extremely difficult. Colleagues in other southern states pay half as much for malpractice coverage.

FURTHER AFFIANT SAYETH NAUGHT

Daniel A. Vincent, Jr.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Daniel A. Vincent, Jr., MD, who is personally known to me / who did take an oath.



Shirley A. Grant
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Jerome B. Vincent M.D., who being first duly sworn,
deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PRIMARY CARE / INTERNAL MEDICINE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

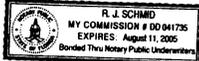
WE STOPPED EMERGENCY ROOM CALL AT LOCAL HOSPITALS. THIS NOT ONLY APPEARED "PLAIN" PATIENTS, BUT ALL THE INADVERT PATIENTS THAT DOCTORS LIKE MYSELF PROVIDE FREE HEALTH CARE TO THE POOR (THIS IS THE MOST HEAVY BURDEN ON THE STATE OF FLORIDA) (SEE BELOW)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto. JPM Vincent has the decision on file!

FURTHER AFFIANT SAYETH NAUGHT

Jerome B. Vincent M.D.

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Jerome B. Vincent M.D. who is personally known to me / who did take an oath.



R.J. Schmid
NOTARY PUBLIC
My Commission Expires:

@ All 'high' risk patients are referred to local specialists to reduce liability. They in turn has been referring these patients to Advanced centers like Univ. Miami, Shands in Gainesville etc where there is a long waiting list because of the sudden 'surge' in referrals from the community.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared
Moses A. Pirelles, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is OB GYN
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

stopped accepting obstetric patients as of 7/03

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by James, who is personally known to me / who did take an oath.



Judith Mohand
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Florida, St. Johns

BEFORE ME, the undersigned authority, personally appeared
Albert F. Volk, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgeon
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped seeing medical; No Pediatric Elbow fractures; No high risk fractures, trauma No joint revisions; No in office surgery.

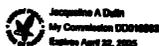
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Albert F. Volk

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Jacqueline A. Dulin, who is personally known to me / who did take an oath.

Jacqueline A. Dulin
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF MARTIN

BEFORE ME, the undersigned authority, personally appeared
JAMES VOPAL MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

CONSIDERING CLOSING PRACTICE + MOVING TO ALA. WHEN MY DAUGHTER GRADUATES FROM HIGH SCHOOL - GOES TO OUT OF STATE COLLEGE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

James Vopal MD

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Barbara Warner, who is personally known to me / who did take an oath.

Barbara A Warner
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Rebecca Wagaman MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OB-GYN.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

closed midwife practice - decreased pay to employed doctors resulting in leaving to practice in California
I quit OB refers 3 OB physicians

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Rebecca Wagaman

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Rebecca Wagaman MD, who is personally known to me / who did take an oath.

Melanie Y. Ramirez
NOTARY PUBLIC
My Commission Expires:



07/21/2003 11:58 FAX 941 637 9000

GORDON WANG MD

003

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared Gordon Wang MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is FAMILY PRACTICE.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped accepting new patients due to the real and constant threat of being sued for something completely out of my control

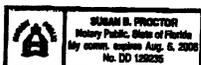
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Gordon Wang MD

The foregoing instrument was acknowledged before me this 1st day of July, 2003, by Gordon Wang, who is personally known to me / who did take an oath.

Melanie Y. Ramirez
NOTARY PUBLIC
My Commission Expires: 8.6.04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared John L. Walker M.D. F.A.C.C., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Cardiology.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Stopped seeing uninsured patients at Halder Medical Center

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

John L. Walker MD

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by John L. Walker, who is personally known to me / who did take an oath.

Marilyn C. Bick
NOTARY PUBLIC
My Commission Expires:



JUL 22, 2003 2:39PM

JUPITER MED ADMIN

NO. 5991 P. 1

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Douglas J. Warsett MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Pediatrics.
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

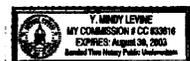
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Douglas J. Warsett

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Douglas J. Warsett, who is personally known to me / who did take an oath.

Y. Mindy Levine
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF LEON

BEFORE ME, the undersigned authority, personally appeared
KENNETH R. WASSON, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PULMONARY MEDICINE AND CRITICAL CARE
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kenneth R. Wasson

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Kenneth R. Wasson, who is personally known to me / who did take an oath.

Linda J. Fronczak
NOTARY PUBLIC
My Commission Expires:

Linda J. Fronczak
MY COMMISSION # 00187442 EXPIRES
July 22, 2006
SUNSHINE INSURANCE GROUP, INC.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared
Barry Waters, MD, who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Rheumatology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Do not see hospital patients unless they are referred by other physicians. Do not treat back or joint problems. Do not prescribe narcotics except in special circumstances.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Barry Waters, MD

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Barry Waters, who is personally known to me / who did take an oath.

Linda Rudnet
Commission #0214359
Expires: May 21, 2007
Bonded thru
Atlantic Bonding Co., Inc.

Linda Rudnet
NOTARY PUBLIC
My Commission Expires: 5-21-07

indeed refer to Pain management
Am contemplating no longer seeing Pediatric Rheum patients

FPA Fax -> TO: -> -> All FPA Members Wed Jul 16 2003 05:39:53 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared
Raymond S. Waters, MD, who being first
duly sworn, deposes and states: 727-869-7997

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiac Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
- b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

stopped all endovascular surgery all aortic arch surgery, stopped doing pulmonary at two hospitals. I lost my medical license in December 2002, and cannot get any insurance at all, at any price. My partner, Dr. DeSantis, (Both of us 21 yrs in practice) offers 100,000/yr for 250,000 coverage - FPIC. I have never had a paid claim in my entire practice. I am moving to N.C. where I can get 1 million coverage for 225,000/yr.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Raymond S. Waters, MD, who is personally known to me / who did take an oath.

Kathy Louise Owen
My Commission 00289895
Expires May 26, 2004

Kathy Louise Owen
NOTARY PUBLIC
My Commission Expires: 5-26-04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
Curtis J. Weaver, M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- A) Moved to another state or have retired from or quit the practice of medicine.
- B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Restricted hospital exposure
I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS!
The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kristen J. McCloskey
My Commission 00287788
Expires December 28, 2004

Kristen J. McCloskey

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Curtis J. Weaver, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Orange

BEFORE ME, the undersigned authority, personally appeared STEPHEN WELBY, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is CRITICAL CARE SURGERY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

1) Stopped Emergency Services Coverage
2) Trauma Center & 24-hour Residency
3) Stopped accepting some Trauma Patients

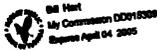
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Stephen F. Welby

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Stephen Welby, D.O., who is personally known to me / who did take an oath.

Boo Hart
NOTARY PUBLIC
My Commission Expires: 4/4/05



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared _____, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is OPHTHALMOLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I WILL NOT DO ANY HIGH RISK PROCEDURES.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Scott Welby

The foregoing instrument was acknowledged before me this 18 day of July, 2003, by Dr. Scott Welby, who is personally known to me / who did take an oath.

Alvin L. Prescott
NOTARY PUBLIC
My Commission Expires: 06/03/07



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Volusia

BEFORE ME, the undersigned authority, personally appeared JOEL M. WEINBERGER, D.O., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is FAMILY PRACTICE
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice. I have performed over 1000 new normal A-GUT tests

4. (If you checked b., please provide an explanation here):

DROPPED PEDIATRIC PRIVILEGES AT THE HOSPITAL LOCALITY + USE HOSPITALISTS TO DO ALL CHILD PATIENTS. STOPPED GOING TO NURSING HOMES + DOING TESTS ONLY PRESENT

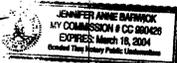
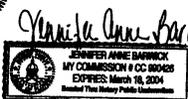
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Joel M. Weinberger

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by JOEL M. WEINBERGER, D.O., who is personally known to me / who did take an oath.

Jennifer Anne Barwick
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared ERIC WEINER MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is INTERNAL MEDICINE
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

closed practice to new patients, receive chart review before any are accepted. I am taking my patients who are considered good with risk of malpractice with respect to my specialty. I am only accepting private patients with other needs.

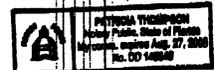
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Eric Weiner

The foregoing instrument was acknowledged before me this 30 day of July, 2003, by ERIC WEINER MD, who is personally known to me / who did take an oath.

Janice J. ...
NOTARY PUBLIC
My Commission Expires: 2/15/2006



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority personally appeared

Neal J. Weinreb, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Neurology/Med Oncology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- If you checked "b" above, please provide an explanation here:
I have restricted my practice to an area in which I have special expertise - Lymanne Storage Disease, and no longer care for patients with CANCER -
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Neal J. Weinreb, M.D.

The foregoing instrument was acknowledged before me this 22nd day of July, 2003, by Neal J. Weinreb, M.D. Who is personally known to me/who did take an oath.

Diane McFarland
NOTARY PUBLIC
My Commission Expires: 5/2/03



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Dade Beach

BEFORE ME, the undersigned authority, personally appeared David Weinstein, M.D., who being first duly sworn, deposes and states:

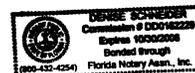
- I am a physician licensed in the State of Florida.
- My area of medical practice is UROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way, restricted my practice.
- (If you checked b., please provide an explanation here)
I no longer see prostate patients. I no longer see prostatic patients. I no longer do major surgery on patients with other significant illnesses.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

David Weinstein, M.D.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by David Weinstein, MD, who is personally known to me/who did take an oath.

Danni Selmer
NOTARY PUBLIC
My Commission Expires: 10/30/2006



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority personally appeared

MITCHELL D. WEINSTEIN, D.O., FACOS, who being first duly sworn, deposes and states:

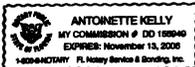
- I am a physician licensed in the State of Florida.
- My area of medical practice is UROLOGY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
YES
- If you checked "b" above, please provide an explanation here:
Not doing radical cancer procedures
Not doing penile implants
Not doing simultaneous stone treatments
Not doing laparoscopy for
Any complicated case will avoid.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Mitchell D. Weinstein

The foregoing instrument was acknowledged before me this 23rd day of July, 2003, by Mitchell D. Weinstein, D.O. Who is personally known to me/who did take an oath.

Antonette Kelly
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Broward

Before me, the undersigned authority, personally appeared Jonathan R. Weiser, M.D., who being first duly sworn, deposes, and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC AND RECONSTRUCTIVE SURGERY.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice - please provide explanation
I will no longer see any high risk patients - all are transferred to a tertiary facility where the physicians are covered by several companies - I require patients' husbands or all patients prior to surgery for breast reduction.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Jonathan R. Weiser, M.D.

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Jonathan R. Weiser, M.D., who is personally known to me/who did take an oath.

Antonette Kelly
Notary Public
My Commission Expires: 11/12/2006



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared
RANDY S. WEISMAN, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PULMONARY / CRITICAL CARE.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
STOPPED SEEING MEDICANT PATIENTS WHO ARE ILL IN THE HOSPITAL.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of JULY, 2003, by RANDY WEISMAN, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
DAVID WEISS MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PERIATRICS.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

- If you checked B, please provide an explanation here:
 - 1) No longer attending to my patients in E.R.
 - 2) No longer admitting my own patients to the hospital using a hospitalist through University Florida
 - 3) Significantly limiting phone advice to parents of sick children. E-mail asking them to come to office or sending the children to ER after hours
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of JULY, 2003, by DAVID WEISS, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared
STEVEN WEISS MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is medial oncology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have limited my obstetric-gynecologic consultations

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22nd day of JULY, 2003, by STEVEN WEISS, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF WILSON

BEFORE ME, the undersigned authority, personally appeared
WENDY WEISS, D.O., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Have reduced my private practice and starting working part time as a salaried employee of local healthcare coal of providers.

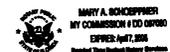
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 22 day of JULY, 2003, by MARY A. SCHAPPEL, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 4-7-06



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Alameda

BEFORE ME, the undersigned authority, personally appeared Dr Douglas Weissman, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida. Gastroenterology
- 2. My area of medical practice is _____
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

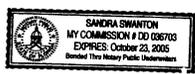
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 15 day of July, 2003, by Dr Douglas Weissman, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Jeffrey Weitzman, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is Internal Medicine - Geriatrics
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

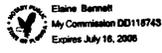
4. (If you checked b., please provide an explanation here):
1) "Screen" new patients more carefully
2) Canceled about 40% of (affordability of insurance) to procedure in SWS
3) Decreased choice of consultants in Jacksonville (MD's have left the city recently)

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Jeffrey Weitzman, who is personally known to me / who did take an oath.

[Signature] 7/16/03
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared Jeffrey S. Wenger, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is General Surgery
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Have limited emergency room patient care as well as high risk GI procedures. Stating, have stopped

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Jeffrey S. Wenger, MD, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF INDIAN RIVER

BEFORE ME, the undersigned authority, personally appeared JOANNE W. WERNICKI, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
- 2. My area of medical practice is DIAGNOSTIC RADIOLOGY
- 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
CONSIDERED LIMITING SERVICES WHICH INVOLVE HIGH RISK PROCEDURES BECAUSE OF MALPRACTICE INSURANCE COSTS / RISKS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT
[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Joanne W. Wernicki, who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Indian River

BEFORE ME, the undersigned authority, personally appeared PETER G. WERNICKI, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopaedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
I no longer perform trauma/emergency surgeries which are or may be high risk
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Peter Wernicki, who is personally known to me / who did take an oath.

Notary Public Signature: SHEILA L. SAMARCO, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared DOUGLAS WEST, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Internal Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
Stopped seeing High Risk patients
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature: Douglas West, MD]

The foregoing instrument was acknowledged before me this 17 day of June, 2003, by Douglas West, who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI

BEFORE ME, the undersigned authority, personally appeared DON W. WERNICKI, M.D., who being first duly sworn, deposes and states:

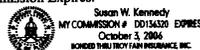
- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
We no longer accept all patients who request to be seen - established the new specialist high risk patients, leaving them to get care at ER's in other areas
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature: Don W. Wernicki - M.D.]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Don W. Wernicki, who is personally known to me / who did take an oath.

Notary Public Signature: Susan W. Kennedy, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared F. IMOGENE WHITE, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is OBSTETRICS & GYNECOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
4. (If you checked b., please provide an explanation here):
A) ONLY WILL SEE PATIENTS AT ONE HOSPITAL,
B) WILL NOT ALLOW PATIENTS WITH PREVIOUS C-SECTIONS TO HAVE TRIAL OF LABOR, THEY MUST HAVE REPENT C-SECTIONS
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature: F. Imogene White]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Imogene B. Morelli, who is personally known to me / who did take an oath.



Notary Public Signature: Veronica B. Morelli, NOTARY PUBLIC CC 955007, My Commission Expires: 8/28/04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Sharon Louise White-Finley, D.O., J.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I quit doing Alcohol detox - treatment in treatment. I quit seeing new cases, I quit going to nursing homes to care for my patients. I now need to speak an L.A. in carrier as APC is dropping my coverage Sept 15 2003. I have practiced for 16 years without a lawsuit. I can not afford to buy my "tail".

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto. FURTHER AFFIANT SAYETH NAUGHT

Sharon Louise White-Finley, D.O., J.D.

The foregoing instrument was acknowledged before me this 21 day of July, 2003, by Sharon White-Finley, D.O., who is personally known to me / who did take an oath.



Cynthia S. Peterson, NOTARY PUBLIC, My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Dr. Graham F. Whitefield, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Orthopedic Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

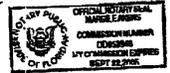
- 1) NO LONGER PERFORM SPINE SURGERY
2) NO LONGER TAKE EMERGENCY ROOM CALL

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto. FURTHER AFFIANT SAYETH NAUGHT

Sharon F. Whitefield, M.D.

The foregoing instrument was acknowledged before me this 31 day of August, 2003, by Graham F. Whitefield, who is personally known to me / who did take an oath.

Sharon F. Whitefield, NOTARY PUBLIC, My Commission Expires: 04/22/05



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared Douglas W. White, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

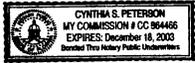
4. (If you checked b., please provide an explanation here): Stop doing these services

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto. FURTHER AFFIANT SAYETH NAUGHT

Douglas W. White, M.D.

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Douglas White, M.D., who is personally known to me / who did take an oath.

Cynthia S. Peterson, NOTARY PUBLIC, My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared JODD WINE, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is General Surgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

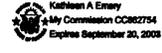
4. (If you checked b., please provide an explanation here):

I Am Also Currently Application For Medical License IN OTHER STATES. I PLAN TO WAIVE IF THE CURRENT INSURANCE CRISIS IN FLORIDA IS NOT RESOLVED.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto. FURTHER AFFIANT SAYETH NAUGHT

Jodd Wine, M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Jodd Wine, M.D., who is personally known to me / who did take an oath.



Kathleen A. Emery, NOTARY PUBLIC, My Commission Expires: Sept 20, 2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Jackson River

BEFORE ME, the undersigned authority, personally appeared
Alena Wijechitako M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is _____
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

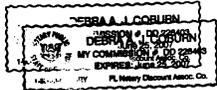
4. (If you checked b., please provide an explanation here):
I am at risk if I do high risk procedure
through various ways there

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.
A. WJETILLEKE, M.D.
F.A.A.P., P.A.
777 37th St. Suite B-102
VERO BEACH, FLORIDA 32960

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24 day of July, 2003, by Alena Wijechitako, MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Sarasota

BEFORE ME, the undersigned authority, personally appeared
Richard J. Wilhelm, M.D., who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida
- My area of medical practice is General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice

4. (If you checked b., please provide an explanation here):
In addition to the changes in my practice status noted above, because charitable organizations can continue rendering professional medical services only with liability protection, I have been forced to totally stop donating my professional services to all these organizations because of the prohibitive cost of malpractice coverage which neither I nor these organizations can afford. As a result thousands of needy patients are being denied services. This is, indeed a "crisis" in these patients' lives!!

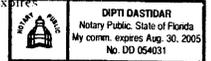
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by RICHARD J WILHELM, who is personally known to me / who did take an oath
PRODUCED FL DL W445-750-20-030 (EXP 01-30-04)

[Signature]
NOTARY PUBLIC
My Commission Expires:
Sarasota, FL



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Osceola

BEFORE ME, the undersigned authority, personally appeared
John Wilker MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Going to nursing homes, stopped DENVERIES

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by John Wilker, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 7/21/06



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Polk

BEFORE ME, the undersigned authority, personally appeared
E.H. Willard III, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Cardiology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
invasive cardiac procedures
Temporary pacemakers ect

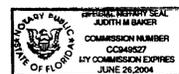
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by E.H. Willard III, M.D., who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
H. Kenneth Williams, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is general surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Am unable to perform bariatric surgery, as are of
equation. Need from a patient care standpoint
I personally know 5 surgeons actively seeking to
leave the state, one of which was leaving by 7/31/03.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

H. K. Williams

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by H. K. Williams, who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:
Yoni J. Peterson

Jul. 17 2003 04:01PM P2 FRM NO.: 9042792095 FROM : Dr. Har-19an

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared
John V. Williams, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

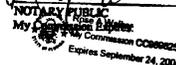
4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 27 day of July, 2003, by John V. Williams, who is personally known to me / who did take an oath.



Aug 04 03 12:42p The Heritage At Deerwood 904 641 8053 P-1

Fax -> TO: -> -> Mark Moncrief Will Wed Jul 16 2003 05:43:11 PM EDT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Marcus R. Williams, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Internal Medicine - General.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

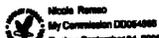
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 4th day of August, 2003, by Marcus R. Williams, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Bay

BEFORE ME, the undersigned authority, personally appeared
Mark Moncrief Williams, MD, FACS, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped taking emergency room call and other
traumatic related problems because of respective concerns.
I have also stopped performing certain orthopedic
surgical procedures associated with high risk such
as fracture surgery and total joint replacement.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

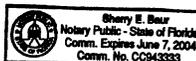
FURTHER AFFIANT SAYETH NAUGHT

Mark M. Williams, MD, PA
320 East 19th Street
Panama City, FL 32405

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Mark M. Williams, MD, PA, who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared [print name] SAMUEL WILLIAMS, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Charlotte County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:

- ? burns
? cardiology
? cardiovascular surgery
? emergency medicine PHYSICIANS IN GENERAL ARE RELUCTANT TO HELP CARE FOR EMERGENCY PATIENTS DUE TO HIGH RISK
? gastroenterology NO ON-CALL SYSTEM
? general surgery DIFFICULTIES WITH SURGICAL CASES
? geriatrics
? gynecology
? hand surgery LOST 1 WEEK OF COVERAGE MONTHLY
? internal medicine
? neurology
? neurosurgery DECREASED COVERAGE
? obstetrics LOCAL PHYSICIANS COMPLETELY DROPPING O.B. PORTION OF THEIR PRACTICE
? ophthalmology MANY DROP SMILE PRIVILEGE IN ORDER TO AVOID ER CALL
? oral/maxillo-facial surgery
? orthopedics
? otolaryngology
? pediatrics/pediatric surgery
? plastic surgery DECREASED COVERAGE (STOPPED HELPING WITH HAND INJURIES)

http://www.fcep.org/affidavit.htm

7/17/03

- ? psychiatry
? pulmonary medicine
? radiology
? trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

TRAUMA CARE HAS CLEARLY BEEN STRAINED BOTH AT OUR HOSPITALS AND IN THE TRAUMA CENTERS WE REFER TO.

- ? thoracic surgery
? urology
? vascular surgery
? other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

PATIENTS ARE ALREADY SUFFERING DUE TO THIS CRISIS, BUT IT WILL GET WORSE UNLESS THERE IS SOME PROTECTION FOR PHYSICIANS CARING FOR EMERGENCIES.

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Samuel Williams (Signature)

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Samuel Williams, MD, who is personally known to me / who did take an oath.

Linda Taylor NOTARY PUBLIC My Commission Expires:



http://www.fcep.org/affidavit.htm

7/17/03

CARDIOVASCULAR IMAGI 968652493 07/17/03 01:05pm P. 001
FTH Fax -> ID: -> -> Bruce Gregory With Mail Jul 16 2003 05:42:54 PM EDT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF OKALOOSA

BEFORE ME, the undersigned authority, personally appeared Bruce G. Wilford, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurosurgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- [] a. Moved to another state or have retired from or quit the practice of medicine.
[X] b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have stopped all high risk procedures such as spine surgery, + head + spine trauma.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Bruce G. Wilford, M.D., who is personally known to me / who did take an oath.

Notary Public My Commission Expires: 11-19-04

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared William H. Willis, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Cardiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- [] A) Moved to another state or have retired from or quit the practice of medicine.
[X] B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

I have found it necessary to perform additional diagnostic test, increase the length of hospital inpatient time and consult other specialties as a way to minimize my liability exposure. It is becoming increasingly difficult to find quality specialty consultants and primary care physicians to refer my patients to. Our group made the decision to cover only one hospital system in the Orlando area as a way to further decrease our liability exposure. We are in CRISIS! The patients and citizens of Florida deserve quality healthcare.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Notary Public My Commission Expires December 28, 2004

[Signature]

[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by William H. Willis, MD, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Richard C. Wilson, D.O., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pediatric Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I have restricted my treatment of pediatric cases and diabetic patients, and all high risk surgery.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard C. Wilson, D.O.

The foregoing instrument was acknowledged before me this 25th day of July, 2003, by Richard C. Wilson, D.O., who is personally known to me / who did take an oath.



NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared KEVIN L. WINSLOW M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Reproductive endocrinology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
Surgeries on high risk individuals

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kevin L. Winslow

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Kevin L. Winslow, M.D., who is personally known to me / who did take an oath.

Mary Kathryn Barkodie
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Robin Sorrells, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Family Practice
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
1) stopped doing Obstetrics
2) stopped doing flexible sigmoidoscopy
3) stopped doing vasectomies
4) no longer do inpatient care or Nursing Home Care

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Robin Sorrells

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Robin Sorrells, M.D., who is personally known to me / who did take an oath.

NOTARY PUBLIC
My Commission Expires:

JUL-25-2003 13:25 FROM:FIRM

9843995645

TO:650 222 8827

P.2/2

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared KEVIN L. WINSLOW M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Reproductive endocrinology
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - A) Moved to another state or have retired from or quit the practice of medicine.
 - B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:
Surgeries on high risk individuals

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Kevin L. Winslow

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Kevin L. Winslow, M.D., who is personally known to me / who did take an oath.

Mary Kathryn Barkodie
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared [Signature], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is NEUROLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am no longer seeing high risk obstetric patients and high risk strokes.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by [Signature], who is personally known to me / who did take an oath.

[Signature]
NOTARY PUBLIC
My Commission Expires: 5/30/05

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Hillsborough

BEFORE ME, the undersigned authority, personally appeared Peter Wisniewski, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

Refer all non-complicated ob or gyn cases to specialists.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by Peter Wisniewski, who is personally known to me / who did take an oath.

ELAINE R. HOFFAR
My Comm Exp. 4/2004
No. CC 924373
FSA Badge

[Signature]
NOTARY PUBLIC
My Commission Expires: 4/2/04

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Sarasota

BEFORE ME, the undersigned authority, personally appeared EDWARD G. WITKOWSKI, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is orthopedic Surgery
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I no longer see pediatric complex orthopedic problems. I order more x-rays + tests just to be safe and this costs all of us more health care dollars.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by EDWARD G. WITKOWSKI, MD, who is personally known to me / who did take an oath.

HERLYN WADE
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared FREDERICK N. WITTLIN, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Medical Oncology + Hematology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I will no longer see pregnant patients with hematologic problems

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Signature]
FREDERICK N. WITTLIN

The foregoing instrument was acknowledged before me this 31st day of July, 2003, by FREDERICK N. WITTLIN, who is personally known to me / who did take an oath.

[Signature]
OFFICIAL NOTARY SEAL
JAMES L. MACK
COMMISSION NUMBER
EDWARDS
MY COMMISSION EXPIRES
OCT. 19, 2006

NOTARY PUBLIC
My Commission Expires: Oct. 19, 2006

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Broward

BEFORE ME, the undersigned authority, personally appeared FRED WITTEN R.D., who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Medical Oncology & Hematology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
will stop seeing obstetric patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Dr. Fred Witten, who is personally known to me / who did take an oath.

Julianne Loch
NOTARY PUBLIC
My Commission Expires: 10/2003

OFFICIAL NOTARY PUBLIC
JULIANNE LOCH
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. 1181325
MY COMMISSION EXPIRES 10/2003

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Lara E. Wladyke, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Practice
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I am a 52 year old female with 15 years of experience in primary care medicine and have been practicing here in Jacksonville, Florida for 9 1/2 years and because of the quadrupling of cost for mal practice insurance from \$4,000 to 22,000 a year with no change ever filed against me, I have had to quit my primary care practice and provide only urgent care at this time. If the job was I would reform similar to California's reform. Florida will lose all of its best physicians

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Lara E. Wladyke MD, who is personally known to me / who did take an oath.

Lara E. Wladyke, MD
NOTARY PUBLIC
My Commission Expires: 7/7/2005

OFFICIAL NOTARY PUBLIC
LARA FARNAT
COMMISSION NUMBER
DD034415
MY COMMISSION EXPIRES
JULY 7, 2005

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Dade

BEFORE ME, the undersigned authority, personally appeared Atzik L. Wolf MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
I do not do cases that involve a possible lawsuit - I only will speak on lawsuits or their family members

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Atzik L. Wolf, who is personally known to me / who did take an oath.

Patricia C. Handler
NOTARY PUBLIC
My Commission Expires: 4/17/04



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Miami-Dade

BEFORE ME, the undersigned authority, personally appeared Bernd Wollschlaeger, MD, who being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Family Medicine
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

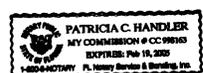
4. (If you checked b., please provide an explanation here):
Gynecology: no pap smear endometrial biopsy
Pediatrics: newborn child care
Internal Medicine: intravenous treatment in practice

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 16 day of July, 2003, by BERND WOLLSCHLAEGER, who is personally known to me / who did take an oath.

Patricia C. Handler
NOTARY PUBLIC
My Commission Expires: 4/17/04



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Leon

BEFORE ME, the undersigned authority, personally appeared Andrew WONG, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is ORTHOPEDIC SURGERY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I refuse to do complex re-do total joint replacement, and complex fracture repair

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Andrew M. Wong (Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by Andrew M Wong who is personally known to me / who did take an oath.

NOTARY PUBLIC My Commission Expires: (Signature)

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared RONALD L. WOODWARD, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is RADIOLOGY/NEURORAD
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): 1) Moved retirement date from 2006 to Dec 2003 2) COMPLETELY RETIRING FROM ACTIVE PRACTICE INSTEAD OF JUST LIMITING PRACTICE

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Ronald L. Woodward (Signature)

The foregoing instrument was acknowledged before me this 21st day of July, 2003, by RONALD L. WOODWARD, MD, who is personally known to me / who did take an oath.



NOTARY PUBLIC My Commission Expires: 5/23/06 (Signature)

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared [print name] GEORGE WOODWARD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is emergency medicine.
3. I practice emergency medicine and/or trauma care in a hospital in Duval County.
4. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):

- a. Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
burns
cardiology
cardiovascular surgery
emergency medicine
gastroenterology
general surgery
geriatrics
gynecology
hand surgery
internal medicine
neurology
neurosurgery
obstetrics
ophthalmology
oral/maxillo-facial surgery
orthopedics
otolaryngology
pediatrics/pediatric surgery
plastic surgery

- psychiatry
pulmonary medicine
radiology
trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- thoracic surgery
urology
vascular surgery
other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary) The current crisis has limited the availability of the general surgeon which has had a chain reaction on nearly all other specialties some the general surgeon is everyone's backup

I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

(Signature)

The foregoing instrument was acknowledged before me this 19th day of July, 2003, by George Woodward, MD who is personally known to me who did take an oath.

NOTARY PUBLIC My Commission Expires: (Signature)

ELIZABETH S. PATTERSON Notary Public, State of Florida My comm. exp. Apr. 1, 2005 Comm. No. DD 014153

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF St. Louis

BEFORE ME, the undersigned authority, personally appeared Ronald H. Woody, M.D., who being first duly sworn, deposes and states:

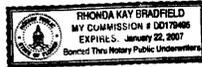
- I am a physician licensed in the State of Florida.
- My area of medical practice is radiation oncology.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
will no longer do implants, prostate brachytherapy, or high risk brachytherapy, no longer see medical or fertility patients, no HR and no dependent work
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Handwritten Signature]

The foregoing instrument was acknowledged before me this 28 day of July, 2003, by Ronald Woody, MD, who is personally known to me / who did take an oath.

[Handwritten Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Charlotte

BEFORE ME, the undersigned authority, personally appeared [print name] Gary Wright MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is emergency medicine.
- I practice emergency medicine and/or trauma care in a hospital in Charlotte County.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have directly experienced the following concerning the provision of emergency and/or trauma care in my institution or region (check all that apply):
 - Specialty coverage for emergency and/or trauma care in my hospital has compromised provision of emergency and/or trauma care in the following specialty areas:
 - ? burns
 - ? cardiology
 - ? cardiovascular surgery
 - ? emergency medicine
 - ? gastroenterology
 - ? general surgery
 - ? geriatrics
 - ? gynecology
 - ? hand surgery
 - ? internal medicine
 - ? neurology
 - ? neurosurgery
 - ? obstetrics
 - ? ophthalmology
 - ? oral/maxillo-facial surgery
 - ? orthopedics
 - ? otolaryngology
 - ? pediatrics/pediatric surgery
 - ? plastic surgery

<http://www.fcep.org/affidavit.htm>

7/17/03

- ? psychiatry
- ? pulmonary medicine
- ? radiology
- ? trauma center care - CERTIFIED (provide specifics if applicable - attach additional pages if necessary)

- ? thoracic surgery
- ? urology
- ? vascular surgery
- ? other

b. Related to the above, describe how the current professional liability crisis and the unfavorable litigation climate in Florida has affected access to specialty care for emergency and/or trauma patients at your institution or in your region. (attach additional pages if necessary)

Few Specialists are willing to see ED patients because of the increased liability

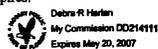
I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

[Handwritten Signature]
(Signature)

The foregoing instrument was acknowledged before me this 20 day of July, 2003, by Gary Wright, MD, who is personally known to me / who did take an oath.

[Handwritten Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared Dennis Wulfeck, MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Interventional Mammography.
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
Interventional breast procedures were either stopped or limited due to a shortage of surgeons to handle possible complications
- I have personal knowledge of the facts contained in this affidavit and, if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Physician's signature: *[Handwritten Signature]*

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Dennis Wulfeck, MD, who is personally known to me / who did take an oath.

[Handwritten Signature]
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF MIAMI BEACH

STATE OF FLORIDA, COUNTY OF DUVALL

BEFORE ME, the undersigned authority, personally appeared CONRAD V. WYMAN, JR. M.D., who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared DANIEL S. WYMAN M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PEDIATRICS
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is PEDIATRICS/CRITICAL CARE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- A) Moved to another state or have retired from or quit the practice of medicine.
B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

4. If you checked B, please provide an explanation here:

RESIGNED HOSPITAL PRIVILEGES

Have had to alter surgical referral patterns due to availability of quality physicians and leaving the state

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

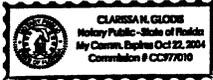
FURTHER AFFIANT SAYETH NAUGHT

[Signature]

[Signature]

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Conrad V. Wyman, Jr. M.D., who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Daniel S. Wyman, who is personally known to me / who did take an oath.



Charissa N. Mlodis, NOTARY PUBLIC, My Commission Expires:



Gayle Ford, NOTARY PUBLIC, My Commission Expires: 2/9/2004

AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF DADE

STATE OF FLORIDA, COUNTY OF MIAMI

BEFORE ME, the undersigned authority, personally appeared GONZALO F. YANEZ M.D., who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared [Name], who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is MIAMI AREA
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Medical Oncology + Hematology
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

- a. Moved to another state or have retired from or quit the practice of medicine.
b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

4. (If you checked b., please provide an explanation here):

DO NOT COVER ER. Sent many pt. to another physician or Jackson. No INSURANCE. TOO EXPENSIVE.

Office Cancer Chemotherapy Bone Marrow Aspiration + Biopsies

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

GONZALO F. YANEZ M.D. P.A., 7765 SW 67 AVE, SUITE 120, MIAMI FLA 33173

[Signature]

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Gonzalo F. Yanez, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this day of 2003, by [Name], who is personally known to me / who did take an oath.



Betsey Ortega, NOTARY PUBLIC, My Commission Expires: June 16, 2006.

NOTARY PUBLIC, My Commission Expires:

MEMORIAL HOSPITAL JACKSONVILLE

STATE OF FLORIDA,
COUNTY OF DUVAL

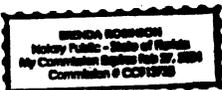
BEFORE ME, the undersigned authority, personally appeared
MORTEZA G. YAVARI M.D., who
being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is UROLOGY - UROLOGY ONCOLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):
SELF INCURRED AT PRESENT TIME - UNABLE TO PRACTICE AT ST. VINCENT, BAPTIST, ST. LUKE'S & BECHER HOSPITAL. ONLY MEMORIAL HOSPITAL ACCEPTS MY SELF INSURANCE.
- I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by M/M 7/18/03, who is personally known to me who did take an oath. MORTEZA YAVARI, MD

2/2-7/04
NOTARY PUBLIC
My Commission Expires:



Brenda Robinson

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Charles F. Veugelé MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is: General Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I have not practiced at all the last 2 1/2 months in Florida. I have obtained a license in Texas - as I have been doing business elsewhere. I do not plan to Florida. It will be in a restricted practice as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

SHERRY WESSELHOFF
NOTARY PUBLIC, STATE OF FLORIDA
My Commission expires May 15, 2007
Commission No. DD 212933

Sherry Wesselhoff
NOTARY PUBLIC
My Commission Expires: 5/15/07

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Dr. Charles Veugelé, who is personally known to me / who did take an oath.

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Bruce M. Yergin, MD, who being first
duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is Pulmonary Medicine
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.
- (If you checked b., please provide an explanation here):

I am not seeing high risk patients if at all possible. Multiple additional consultations of multiple additional diagnostic testing is being done on new patients in order to cover for potential litigation. This is driving up the costs of health care.

FURTHER AFFIANT SAYETH NAUGHT

Bruce M. Yergin

The foregoing instrument was acknowledged before me this 11 day of July, 2003, by Bruce M. Yergin, MD, who is personally known to me / who did take an oath



Elizabeth M. Henry
NOTARY PUBLIC
My Commission Expires: 9-17-04

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared
Edward Young, MD, who being
first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is ORTHOPEDIC SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - Moved to another state or have retired from or quit the practice of medicine.
 - Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.
- (If you checked B, please provide an explanation here):

LIMITING ER CALL COVERAGE. STOPPED PERFORMING HIGH RISK SURGERIES. STOPPED SEEING HIGH RISK PATIENTS SUCH AS MULTITRAUMA, REVISION JOINT REPLACEMENT PATIENTS, ETC. WILL LIKELY SELF INJURE WITHIN 1 YEAR. MY MA PRACTICE INSURANCE 2003 495K 2004 160K FOR 500K 1.5M COVERAGE. THIS IS INSANE. I WILL LEAVE FLORIDA BY 2004 IF RATES ARE THAT BAD!!

FURTHER AFFIANT SAYETH NAUGHT

The foregoing instrument was acknowledged before me this 23 day of July, 2003, by Edward Young, MD, who is personally known to me / who did take an oath.

Terri Bolobash
NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Seminole

BEFORE ME, the undersigned authority, personally appeared Timothy Goebel, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Nephrology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- ☐ A) Moved to another state or have retired from or quit the practice of medicine.
☑ B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

Limited medical patients in office, limited procedures kidney biopsies, catheter placements

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Timothy Goebel

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Timothy D. Youcil, who is personally known to me / who did take an oath.

Handwritten signature of Christini W. Jackson, Notary Public



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Zhi Yu, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is North side of Jacksonville.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- ☐ A) Moved to another state or have retired from or quit the practice of medicine.
☐ B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Paula Pollard

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Zhi Yu, who is personally known to me / who did take an oath.



Handwritten signature of Paula Pollard, Notary Public

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Nassau

BEFORE ME, the undersigned authority, personally appeared James M. Zaenglein, MD, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Diagnostic Radiology.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- ☐ a. Moved to another state or have retired from or quit the practice of medicine.
☑ b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

I have been performing high risk procedures at a community hospital (Fernandina Beach) for seven years. I had to pay \$120,000 in malpractice insurance last year. By providing services here, patients don't have to travel to Jacksonville. My partner and I can no longer provide these services. I hope to retire as early as possible, or move to another state.

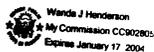
5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of James M. Zaenglein, MD

The foregoing instrument was acknowledged before me this 24th day of July, 2003, by James M. Zaenglein, M.D., who is personally known to me / who did take an oath.

Handwritten signature of Wanda J. Henderson, Notary Public



AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Duval

BEFORE ME, the undersigned authority, personally appeared Arnold A. Zeal, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida.
2. My area of medical practice is Neurosurgery.
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):

- ☐ A) Moved to another state or have retired from or quit the practice of medicine.
☑ B) Stopped seeing certain types of patients, stopped doing high-risk procedures, or have in some other way restricted my practice.

4. If you checked B, please provide an explanation here:

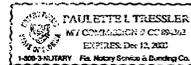
- 1. Stopped Doing Pediatric Cases
2. Limited Certain Other Cases - Thoracic Drains, certain other complex cases
3. Am part 2 wks alone. I have referred 4 cases out of Jacksonville, one out of state

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Handwritten signature of Arnold A. Zeal, MD FACS

The foregoing instrument was acknowledged before me this 28th day of July, 2003, by Arnold A. Zeal, M.D., who is personally known to me / who did take an oath.



Handwritten signature of Paullette Tressler, Notary Public

RECEIVED
JUL 17 2003
BY:

AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF BROWARD

STATE OF FLORIDA,
COUNTY OF CITRUS

BEFORE ME, the undersigned authority, personally appeared Donald Zelman, who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared Nicholas Zelman MD, who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is PLASTIC & RECONSTRUCTIVE SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is UROLOGY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

4. (If you checked b., please provide an explanation here):

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

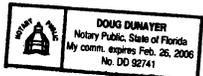
FURTHER AFFIANT SAYETH NAUGHT

Donald Zelman (D.D.)

[Signature]

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Donald Zelman, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Nicholas Zelman MD, who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC
My Commission Expires:



[Signature]
NOTARY PUBLIC Chas C-F
My Commission Expires: 06-22-05

AFFIDAVIT

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Palm Beach

STATE OF FLORIDA,
COUNTY OF Folk

BEFORE ME, the undersigned authority, personally appeared Jack Zelman MD, who being first duly sworn, deposes and states:

BEFORE ME, the undersigned authority, personally appeared Stan Zemanekwicz, M.D., who being first duly sworn, deposes and states:

- I am a physician licensed in the State of Florida.
- My area of medical practice is VASCULAR SURGERY
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

- I am a physician licensed in the State of Florida.
- My area of medical practice is Orthopedic Surgery
- Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):

4. (If you checked b., please provide an explanation here):
TRIVIAL LAW SUITS

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

FURTHER AFFIANT SAYETH NAUGHT

[Signature]

[Signature]
Stan Zemanekwicz, M.D., PhD

The foregoing instrument was acknowledged before me this 29 day of July, 2003, by Jack Zelman MD, who is personally known to me / who did take an oath.

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by Stan Zemanekwicz, M.D., who is personally known to me / who did take an oath.



[Signature]
NOTARY PUBLIC Linda Glandt
My Commission Expires 1/1/2005
Commission # 010724
Athletic Reading Co., Inc.

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Palm Beach

BEFORE ME, the undersigned authority, personally appeared ANGELA DHALAK, who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida. My area of medical practice is OB/GYN. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply): a. Moved to another state or have retired from or quit the practice of medicine. b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I am considering dropping OB altogether. I have to change my practice of OB, so that will not be stated.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Xiao-Mei Zeng

The foregoing instrument was acknowledged before me this 17 day of July, 2003, by XIAO-MEI ZENG, who is personally known to me / who did take an oath.

ANGELA DHALAK, NOTARY PUBLIC, STATE OF FLORIDA, COMMISSION # C00918

NOTARY PUBLIC My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Nelson, Ron Zide, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida. 2. My area of medical practice is: Intensive Care. 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply): a. Moved to another state or have retired from or quit the practice of medicine. b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Obsterical patients children and IV on at age

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Nelson, Ron Zide, M.D.

The foregoing instrument was acknowledged before me this 22 day of July, 2003, by Nelson, Ron Zide, who is personally known to me / who did take an oath.

Alice Faye Hannah, NOTARY PUBLIC, My Commission Expires:

ALICE FAYE HANNAH, MY COMMISSION # CC 99018, EXPIRES February 13, 2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared Brian S. Ziegler, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida. 2. My area of medical practice is: Orthopedic Surgery. 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply): a. Moved to another state or have retired from or quit the practice of medicine. b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): I no longer perform high risk procedures, especially with regard to trauma, due to the excessive liability risk it incur.

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Brian S. Ziegler, M.D.

The foregoing instrument was acknowledged before me this 17th day of July, 2003, by Brian S. Ziegler, who is personally known to me / who did take an oath.

Hara Mitchell Gordon, NOTARY PUBLIC, My Commission Expires:

Hara Mitchell Gordon, MY COMMISSION # 005848 EXPIRES October 23, 2005

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF ESCAMBIA

BEFORE ME, the undersigned authority, personally appeared RICHARD A. ZIEMBA, M.D., who being first duly sworn, deposes and states:

- 1. I am a physician licensed in the State of Florida. 2. My area of medical practice is: INTERNAL MEDICINE. 3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply): a. Moved to another state or have retired from or quit the practice of medicine. b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here): Retired at age 66 because of increasing liability insurance costs. Planned doing part time primary care medicine but was unable to get liability insurance. My license was suspended after 18 months and my federal or state (unemployment) will result in a quit for 5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Richard A. Ziemba, M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Richard Ziemba, who is personally known to me / who did take an oath.

Rebecca A. Rodabaugh, NOTARY PUBLIC, My Commission Expires:

Rebecca A. Rodabaugh, MY COMMISSION # 005812 EXPIRES July 14, 2005

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF Brevard

BEFORE ME, the undersigned authority, personally appeared
Peter M. Zies, MD, who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is DERMATOLOGY
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Stopped taking PLVA patients

5. I have personal knowledge of the facts contained in this affidavit, and if called upon as a witness, could testify thereto.

FURTHER AFFIANT SAYETH NAUGHT

Peter M. Zies

The foregoing instrument was acknowledged before me this 25 day of July, 2003, by Peter M. Zies, MD, who is personally known to me / who did take an oath.



Lisa Jo Kaplan
NOTARY PUBLIC
My Commission Expires:

AFFIDAVIT

STATE OF FLORIDA,
COUNTY OF ESCAMBIA

BEFORE ME, the undersigned authority, personally appeared
RICHARD A. ZIEMBA, M.D., who
being first duly sworn, deposes and states:

1. I am a physician licensed in the State of Florida.
2. My area of medical practice is INTERNAL MEDICINE
3. Due to the current professional liability insurance crisis and the unfavorable litigation climate in Florida, I have (check all that apply):
 - a. Moved to another state or have retired from or quit the practice of medicine.
 - b. Stopped seeing certain types of patients, stopped doing high risk procedures, or have in some other way restricted my practice.

4. (If you checked b., please provide an explanation here):
Retired at age 66 because of increasing liability insurance costs. Desired doing part time Primary Home medicine but insurance carriers will not write M.M. insurance as long as they target N.Y. and any hedge or broker (whatever) at age 66 insurance will result in a suit for "negligent or abuse".

FURTHER AFFIANT SAYETH NAUGHT

Richard A. Ziemba, M.D.

The foregoing instrument was acknowledged before me this 18th day of July, 2003, by Richard Ziemba, who is personally known to me / who did take an oath.

Rebecca A. Rodabaugh
NOTARY PUBLIC
My Commission Expires:

