IN THE FIRST DISTRICT COURT OF APPEAL,
OF THE STATE OF FLORIDA

Appellant, Plaintiff,	)	
Curtis M. Gorham	)	**FIRST DISTRICT COURT OF APPEAL**
VS	)	DCA Case No. 1D23-0839
Appellee, Defendants,	)	DCA Case No. 1D23-0358
Dr. Gary H. Lavine, Dr. Emily D. Billingsley,	)	DCA Case No. 1D23-1518
Kendrea Virgil, RN., Lloyd G. Logue, Donna Baird, Joseph R. Impicciche (CEO),	)	L.T. Case No. 22001076CA
Junco Emergency Physicians, Bay County Health System LLC, The State of Florida, PayPal, Inc., USAA FSB, and other	)	Bay County Civil District Court
unknown people such as the orderly and radiology assistant,	)	Date: 9/23/2023
(Medical Expert) Dr. Daniel Cousin.	)	

Plaintiff's Extended Reply Brief., Bay County Health System LLC., Part 1

Plaintiff states that this is case 1D23-0839 and in response to the Answer Brief from Bay County Health System LLC defense counsel.

This Appeal Reply Brief is a Part 1. It all relates to the "conspiracy" and Dr. Billingsley actions, the hospitals agents and acts and omissions.

Plaintiff's Reply Brief To Bay County Health System LLC

Part 1 of the Dr. Billingsley Response Brief ended with lack of informed consent. Plaintiff states that the defense counsel are treating chapter 766 and the "medical expert" issue as if it was the only way to bring a lawsuit for medical malpractice, while at the same time in the Bay County Health

System LLC “Answer” to the lawsuit included later on in it that Plaintiff could have brought these matters before the court earlier and let the Judge handle it and since Plaintiff did not “waived” such rights. Additionally, Dr. Cousin the medical expert in radiology told Plaintiff that he could not even give an opinion in writing that could be done “after depositions.” What these means over all is that the various “doctrines” in law do not apply and have been subverted such as res ipsa loquitor, (the things speaks for itself) and others prima facea for example and 766 include lack of informed consent and foreign body retainment, along with a lot of “reasonable” and “good faith” included meaning that the law is supposed to bring to parties together who otherwise can't resolve a problem and offer a fair and balanced opportunity to be heard and reach a remedy however the defense counsel isn't even investigating and or commenting on any material matters of fact involved herein as a way to avoid including not even allowing the name of the unknown staff to be known such as the very important radiology assistant who interacted a good deal of the time with Plaintiff and the unknown orderly who harmed Plaintiff. So how is Plaintiff supposed to be held to get a medical expert for people who are not even known what their medical position is? As if Plaintiff could even afford all the experts now required numbering in at about 32 in this conspiracy on-going.

Second, lets just imagine that a “thoracic” CT scan was had by Plaintiff instead of just a Lumbar and Sacrum CT scan. Making it the entire back in which case, but the thoracic spine is the middle and upper spine from T12 at the bottom to T1 at the top. What would Dr. Gary Lavine the ER Physician do with the images T1 to T10? Nothing. Hence why would the radiologists take the images for exam? The opposite is true here that the radiologist went the other way with it and did the large “sacrum” bone in the pelvis under the “lumbar” spine lower back at the same time and individually, externally, internally and a up, down, side to side pass through. So it is not just 1 picture or image it is many. Now we have to ask the same exact question as before what would Dr. Lavine do with that exam? Nothing. The injury was at T12 for what the spine is made up of it is a “wikipedia” picture.

[see picture #1 filed along with this Response Brief]

This all means that Dr. Lavine not only wouldn't have wanted a sacrum scan but Plaintiff didn't either. Therefore, it is the fault of the radiologists. And visa versa Plaintiff told staff that it was a scan not to include any pelvic scanning and so it was intentional and lies by staff what was going to take place. They hope to hide behind a Chapter 766 “medical expert” and a incorrect belief that simply because they can do it means it is alright to do

whatever the situation just claim it is normal and routine to do, despite no defense counsel having offered any such argument herein actually to these claims. Notwithstanding, Plaintiff states that the medical staff should have told Plaintiff to go away if Plaintiff didn't want any “pelvic” scanning, because according to them (apparently) it is what they do, and so they should have said good luck finding someone else and let Plaintiff know and leave to find a different radiologist. Literally anybody would agree with that statements just made because the alternative is sneaky fraud and unjust enrichment and now hiding behind Florida Chapter 766 “medical expert” in presuit. Nurse Kendrea Virgil did the same problem except even worse she also double downed on her negligence by instead of saying we don't have “butterfly” needles so go somewhere else where they do, instead she said that they had something similar, and then used an IV, and so that is the opposite a giant injectable device to put fluids into a body not only to extract as was needed to draw some voluntary blood sample draw test. So she failed in that then she again failed when Plaintiff said don't inject me with any fluids, as she then did so, because her use of the IV was unconsented medical battery and so she made it twice as worse to hide behind a “standard of care” to inject patients with Ivs in their arms to clear the tube for later use so it doesn't clot but it was only for withdrawal of

blood. So you see she violated her medical provider ethics and duties several ways, and made things worse and worse through her negligence, instead of saying well nevermind go somewhere else to get a blood draw if you want a butterfly she lied instead and said she had something similar, caused a battery, without informed consent, and that waives the need for an expert in Chapter 766, and like with all the rest of the staff they tried to make their crazy behaviors appear to be normal by making it all appear to be normal to avoid liability when in fact it isn't normal at all and they are all liable for it under Chapter 766 due to lack of informed consent and other such applicable causes of action outlined herein, literally a foreign body retainment, why would I want a IV in my arm the entire night? Wasn't until discharge she took it out. What is the damage yellow bruised skin afterwards as Plaintiff used arms to get around with a broken back and also the harm of "posioning" allegedly, and also the harm of not being told to go elsewhere and so unncessary diagnostic testing forced on Plaintiff. A trend amongst medical providers to claim it is a "standard" of some sort but really it is just forced complaince to the harms they cause a patient. As is the case so many times here like Dr. Barrio poisoning Plaintiff by way of doing what would appear to be normal examination but clearly wasn't and only done to poison Plaintiff. Same with Dr. Jenkins and Dr. Sekhon and others

including Dr. Billingsley and Nurse Kendrea Virgil at the hospital.

Third, the legal system is in jeopardy as to such claims because if we apply what happend to Plaintiff to other situations it wouldn't apply the same and so that is the jeopardy for instance, if a woman for a “nose job” and the doctor did a eye lift, lip fill, ear lift, hairline lower, and called it the “standard” to do it, be the same as if a radiologist said they do the entire Thoracic spine T12 to T12. Even if the doctor stated Thoracic CT scan dot dot dot T12 the radiologist apparently would still do the entire thoracic spine and call it the standard – according to Dr. Cousin and his emails to Plaintiff. So lack of informed consent is in 766.102 and exempts the need for experts and so it makes sense that Plaintiff is having to appeal this case given the factors involved and lack of investigation and cover-up in fact by the defense counsel to not even seek the names of defendant parties involved as they are required along with insurance to investigate presuit claims and even Plaintiff filed a lawsuit and still they didn't provide discovery even when Plaintiff requested it of the Judge to be allowed “emergency discovery” it was denied. How is the “department” supposed to investigate if the don't know who the complaint is about as it is in 766 to send a copy of the lawsuit to the “department” and or “agency” for investigation and possible disciplinary action. Talk about cover-up. Plaintiff

even requested information to preserved as far back as November of 2018 along with later letters sent to the risk manager of the hospital who also claims to have done an investigation, so the preserved information exists but what is it nobody knows. And even a Department of Health investigation that took forever still turned up nothing for Plaintiff despite there being preserved information in the hands of the defendants. So how did the DOH investigate if they don't even know who the radiology assistant is? If by investigate they mean we read your complaint and said we were investigating it and then threw it in the trash. They have a “qualification” metric which is if there is any potential “criminal” aspect that they can't even investigate it and have to send it on to another person, and so what even happend? They sealed the complaint in the end and were required to send the people complained of by Plaintiff a “copy” of the complaint made by Plaintiff. So all medical providers of this incident potentially have such copy of the complaint(s) yet the orderly and radiology assistant remain unknown to Plaintiff. If law enforcement was able to get involved there would be restraining orders invovled. Hence the complaint to the DOH should have resulted in such information. Some complaints they won't even investigate. The risk manager won't give any information without an attorney involved either. So it is no wonder Plaintiff has been repeatedly attacked by medical

providers and denied services as there is some unknowns involved who can never be identified so far and nobody cares. Likely the assistant is the one calling around, going around, explaining how to harm Plaintiff and saying Plaintiff doesn't even know who he is, and so any phone or email or text, or any conversation wouldn't lead back to the assistant in radiology from the hospital. How do I prove a on-going conspiracy if the Judge refuses to read the lawsuit and refuses to allow emergency discovery. I could literally have a hidden camera of the unknown assistant meeting with my doctor just before I do and not even know who he is. Really changes the “meaning” legally of what “conflict” means legally and how this is all prejudiced and making Plaintiff a victim as if my doctor treats one of the defendants or my attorney or my expert(s) or the defense attorney or expert(s). Meaning years later after covid-19 global pandemic you finally filed your lawsuit after many further harms by other medical providers and a lot of money spent and a fraudulent expert (Dr. Daniel Cousin expert in radiology) and got no further information as to the people involved or what radiation over-exposure actually took place for continuation of care, and instead Plaintiff now owe the defendants money after years of preparation for this lawsuit and reasonable good faith that it is not frivioulous. Brilliant. Plaintiff is catastophically injured, life is ruined, dead broke, years down the

drain on worthless information and now owe the defendants money. Sure hope there wasn't anything wrong with the court process. Like the defendants sharing all such personal sensitive information as they did in violation of the rules and created a obvious distraction to the lawsuit and to waste Plaintiff's time and yes that happened. Many “personal” email address shared with the public and the defendants shared resulting in as well the Judge being in contempt of his own order to cease.

This is paragraph one of a DOH complaint:
“I went to the Bay Medical Hospital ER in Panama City with a back injury and met with a nurse and doctor who said he needed a CT/CAT scan of my spine and also had written an order for a pelvic scan. I said I don't want or need the pelvic scan and he agreed and said he would re-write his order.”

This is paragraph two of a DOH complaint:
-Later, I walked around the corner with an orderly (black male) to the CT room and spoke to Emily Billingsley and her (white male) assistant who were standing there waiting. I informed them that the doctor had said he was rewriting his order did they get the new order and that it was not going to include a pelvic scan. They agreed they got the order and they were not going to do any pelvic scanning.

This is end of the final paragraph of a DOH complaint:
The nurse and doctor were informed and shown what my problem was. No mention of T12 area twisting or problem (#2) only "low back pain" and "pain across midline of low back." Which is hardly close to what I explained to them. Initial scans show my mid legs also genitals.

This is in the final paragraph of a DOH complaint:
Risk Management (Donna Baird) contacted me and was certain the Sacrum is part of the Lumbar Spine and my intentional pelvic scanning complaint went no further.

There are few more paragraphs involved in the complaint. The end result

was months later the investigation ended and then Plaintiff got a hold of medical expert opinion that the DOH got which said that Plaintiff “didn't know what was going on.” Plaintiff states that if Plaintiff didn't know then that is lack of informed consent and so when the lawsuit presuit Notice of Intent to Initiate Litigation was sent it was done so with 766.102 in mind that no experts are required if there is lack of informed consent. Then a 90 day extension for medical malpractice was filed naming a lot of additional potential defendants and then the covid-19 global pandemci happend and lockdowns and quaratines and many millions of deaths occurred and so Plaintiff held off on filing the lawsuit. But it is timely given the 4 year statute of limitations.

We can sit around and argue the law endlessly on these matters but Plaintiff has “actual damages” that are “catastrophic” in nature like being near a nuclear power plant that exploded and having half your body blown away and then nobody cares if it was caused by the exploding nuclear power plant. Except in Plaintiff's case it is the entire body now after all the subsequent medical providers harms and in fact the CT scan resulted in an initial sensation of “being burnt” and having blackness on the body that was followed by a sensation of “being gooey” all over and so then add a bunch of more harms like gastroentestinal and other chronic problems including testicular pain and it is not just Plaintiff looked at few too many x-rays after the exam and wants a pay day for medical malpractice and there is an alleged narrative of events involved; it is Plaintiff has literally been living with such catastophic harms since the incident years ago and been trying to seek any and all relief possible and meeting nothing but absolute

resistance despite the facts and literal exemption doctrines involved. There is apparently now obviously many “good faith” and “ethics” topics to get into and argue and discuss endlessly as well. If Dr. Cousin refused to address such matters as he did than the question is who is supposed to do that, it creates a “immunity” by exclusion if that is something DCA upholds as 766 gets an expert and so the expert refused and so who else is there if 766 says gets a similar medical provider. Nobody knows what radiation does except those that clearly publish papers on scientic matters which claim to know all about it. Why is lack of informed consent to be feeling burnt and gooey after a CT scan with later determinsitic effects not a part of the consent radiologist get? As well an actual number count over 1000 images taken with x-ray? Surely nobody would consent to that for a back injury even less so for a sacrum injury yet risk manager and Dr. Cousin and apparently Dr. Billingsley make it all seem so normal. About 1000 images of the pelvis for no reason perfectly normal and the radiology report at the bottom says that they use the lowest amount of radiation possible. It is all a obvious medical battery and conspiracy given all the factors and material evidence left behind or attempted to be covered up.

Fourth, we need to address the elephant in the room, which is that

the staff didn't do a typical failure to diagnose, as if the CT scan was "normal" without any exception to it and the staff simply managed to not make a diagnosis, that is not what this claim is in the lawsuit and it rises enough to a point of a ethics violation on all involved including the defense counsel to treat it as if it was such a typical medical malpractice matter that no other "evidence" or claims or allegations of such "conspiracy" matter. Having a defense try to treat this as if any old expert could review it is absurd. I would wager 1 million dollars that a actual finding could prove that to be the case and pay the defense counsel 1 million dollars if Plaintiff is proven wrong. Lets send partial medical records along with the narrative of the incident and ask a variety of experts in group A and group B with a control group who can not know the extent of the narrative and treat it as a normal CT scan with failure to diagnose and then the other group get the full story I guarantee 100% of the group that has the full narrative and does a complete review (unlike Dr. Cousin) would say there is definetly something wrong and more information is needed in regards to what did these people do. Like finding a kidnapped persons items in a van. Clearly something wrong what else can we say. Otherwise it is just items in a van and results on that can vary depending on the narrative presented for a failure to diagnose however add a soft tissue stranding and later T12

diagnosis and we get what Dr. Cousin began to address that clearly it is capable of being understood what happend. That is what the court needed to address that elephant in the room, which is that the staff didn't do a typical failure to diagnose. The trail wouldn't be about that. If that is what the defense counsel wanted they should have sent that Notice of Intent back with the amount of relief money requested by Plaintiff. Instead they are playing a game of lets act like this isn't something else going on here. Only address the law not the facts and their own negligence to investigate and blame Plaintiff for not giving protected health information when they themsevles don't know who the unknown defendant radiology assistant even is.

Fifth, to pour some salt in the wound of the elephant in the room, when the risk manager of the hospital says she will investigate the claims of Plaintiff in November of 2018 and replies with there was no CT scan of the pelvis and or sacrum then the hospital refuses to give the CT scan order of the ER doctor and the nurse also writes Plaintiff slip and fell on the butt and the medical expert says in an email that there was no pelvis scan and also blames the non-existant “order” of the ER doctor then there is in fact no way to do a “reasonable investigation.” As if the opposite was true,

there was audio recorded, the Unknown Orderly was questioned and the witness who was there with Plaintiff was deposed then all the staff involved, who may be on video recording by the hospital as well, would likely all be in prison and without a license to practice.   That is actually what happend.

Sixth. Plaintiff since November of 2018 has spent the time to research the law and rules and causes of action and that much is evidenced in the lawsuit which has various causes of actions that the defense counsel has claimed is “nonsense” and a “shotgun” pleading. Point is that given 1-5 above things only get more and more complex as time passed and the stack of law and medical records and further harms has grown to a point of total anarchy and includes what appears to be totally applicable criminal law. Plaintiff even read the Federal law and found that a hospital and its staff can be sued in Federal court with such Federal law no questions asked and there is a cap of like $30k, I forget the exact law and amounts and wording but the trick is that there is a limited statute of limitations. This begs the question that Plaintiff has had ever since finding that law. Why has Plaintiff contacted hundreds of attorneys who are disinterested and will not take the case(s)? Plaintiff literally has claims for 4 medical facilities 3 literal hospitals with emergency rooms that

Plaintiff was in the emergency rooms of. Plaintiff reads the attorney website and it explains all the medical malpractice they can sue for yet nobody not even 1 attorney has taken any case in all of these years. The only excuse is covid-19 once that came around but nobody said no because of covid-19. They all just said no to anything and even everything. That makes it a non-issue in the law. All the law especially Chapter 766 is written for attorneys specifically in many places like the "Defintions" section of 766 "investigations" which says,

766.202 Definitions;
(5) "Investigation" means that an attorney has reviewed the case against each and every potential defendant and has consulted with a medical expert and has obtained a written opinion from said expert.
(7) "Medical negligence" means medical malpractice, whether grounded in tort or in contract.

Plaintiff states as in "verbal contract" as in they agreed no pelvic exam?

766.111 Engaging in unnecessary diagnostic testing; penalties.—
(1) No health care provider licensed pursuant to chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 shall order, procure, provide, or administer unnecessary diagnostic tests, which are not reasonably calculated to assist the health care provider in arriving at a diagnosis and treatment of a patient's condition.

766.1185 **Bad faith actions**.—In all actions for bad faith against a medical malpractice ~~insurer~~ relating to professional liability ~~insurance~~ coverage for medical negligence, and in determining whether the ~~insurer~~ could and should have settled the claim within the policy limits had it acted **fairly and honestly towards its insured** with due regard for her or his interest, whether under statute or common law:
(1)(a) An ~~insurer~~ shall not be held in bad faith for failure to pay its policy limits if it tenders its policy limits and meets other reasonable conditions of

settlement by the earlier of either:
1. The 210th day after service of the complaint in the medical negligence **action upon the insured**. The time period specified in this subparagraph shall be extended by an additional 60 days **if the court in the bad faith action finds that**, at any time during such period and after the 150th day after service of the complaint, **the claimant provided new information previously unavailable to the ~~insurer~~ relating to the identity or testimony of any material witnesses or the identity of any additional claimants or defendants**, if such disclosure materially alters the risk to the insured of an excess judgment; or
2. The 60th day after the conclusion of all of the following:
a. Deposition of all claimants named in the **complaint or amended complaint**.
b. Deposition of all defendants named in the **complaint or amended complaint**, including, in the case of a corporate defendant, deposition of a designated representative.
c. Deposition of all of the claimants' expert witnesses.
d. The **initial disclosure of witnesses and production of documents**.
e. Mediation as provided in s. 766.108.
(b) Either party may request that the court enter an order finding that the other party has **unnecessarily or inappropriately delayed** any of the events specified in subparagraph (a)2. If the court finds that the claimant was responsible for such unnecessary or inappropriate delay, subparagraph (a)1. shall not apply to the insurer's tendering of policy limits. If the court finds that the defendant or insurer was responsible for such unnecessary or inappropriate delay, subparagraph (a)2. shall not apply to the insurer's tendering of policy limits.
(c) If any party to an action alleging medical negligence amends its witness list after service of the complaint in such action, that party shall **provide a copy of the amended witness list to the insurer** of the defendant health care provider.
(d) The fact that the insurer did not tender policy limits during the time periods specified in this paragraph is not presumptive evidence that the insurer acted in bad faith.
(2) When subsection (1) does not apply, **the trier of fact**, in determining whether an insurer has **acted in bad faith**, shall consider:
(a) The insurer's willingness to negotiate with the claimant in anticipation of settlement.
(b) The propriety of the insurer's methods of investigating and evaluating the claim.

(c) Whether the insurer timely informed the insured of an offer to settle within the limits of coverage, the right to retain personal counsel, and the risk of litigation.
(d) Whether the insured denied liability or requested that the case be defended after the insurer **fully advised** the insured **as to the facts and risks**.
(e) Whether the claimant imposed any condition, other than the tender of the policy limits, on the settlement of the claim.
(f) Whether the claimant provided relevant information to the insurer on a timely basis.
(g) Whether and when other defendants in the case settled or were dismissed from the case.
(h) Whether there were multiple claimants seeking, in the aggregate, compensation in excess of policy limits from the defendant or the defendant's insurer.
(i) Whether the insured **misrepresented material facts** to the insurer or **made material omissions of fact** to the insurer.
(j) In addition to the foregoing, **the court shall allow consideration of such additional factors as the court determines to be relevant**.
(3) The provisions of s. 624.155 shall be applicable in all cases brought pursuant to that section unless specifically controlled by this section.
(4) An insurer that tenders policy limits shall be entitled to a release of its insured if the claimant accepts the tender.

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Plaintiff has no idea who the insurance companies are? Yet I am supposed

to send them things as things change?

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Seven, Plaintiff contacted a "radiologist" via email and this was just

yesterday and this was the response, as follows;

Hello Curt, I am honored you reached out to me. Unfortunately I am not trained or certified in CT scans so I could not serve as an expert in the CT scan situation. I am only a diagnostic certified radiologic technologist.

For the thoracic spine series in my experience and training **we are required to obtain the entire thoracic spine 1-12** in a minimum of two planes. **We can never just x-ray T12 for example**. Obviously I don't know who promised you that they would only image **T12**, but **that would be incorrect information**.

I am wishing you luck with your search for an expert and a resolution to your case.

Meaghan Piretti MSRS, BLS, R.T. (R) (ARRT)
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SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

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Plaintiff's original email;

Radiology Medical Expert Inquiry as a Plaintiff 9/21/2023

Hi I found your YouTube channel and I have a on-going and pending lawsuit against a radiologist, her assistant, and others, I am interested in finding someone with ability to be a medical expert and or offer an "opinion" and or "affidavit" that there is "merit" to my claims. Could be simple and we have in court video so you could never travel here to Florida.

Rather long story and so just wanted to reach out see if you are interested and or know someone who would be. I am also a YouTuber.

1.) I had a CT scan of my lumbar and sacrum for a **T12 injury** undiagnosed by them, which they promised the CT wouldn't do my "pelvis" and they did got my legs, genitals, and then upwards cut it off exactly at lower end of **T12**. While also having **two entire deleted series of images**. Very suspicious "conspiracy" going on. So failure to diagnose and medical battery lack of informed consent, etc causes of action.

1a.) There is "soft tissue stranding" which my first expert says he sees... just need someone to assert my claims as they are valid and he is a "fraud" for many reasons.

2.) I also had a emergency room requested a "head CT scan" which is crazy.

3.) I also had a hospital take numerous back x-rays later and so I got a diagnosis, but the problem is they didn't just x-ray the injury area at **T12**, **they did entire thoracic, then zoomed in and same below**. So pointless over-exposure. As well "lied" to me saying would only do the **T12 area**, and so another medical battery with unnecessary diagnostic testing.

Thanks, Curtis.

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Eight, Plaintiff states that the problem is actually with 5 different radiologists. As all 5 lied to Plaintiff. There is the Defendants Dr. Billingsley and her Assistant for 1. The head CT scan for 2. The ER tech for unwanted chest x-rays for 3. The later unwanted back x-ray over-exposure just discussed above in the email for 4. The later chest x-ray which did an entire chest x-ray when the tech said he would be only doing the smaller portion of interest instead walked away and took x-rays of Plaintiff's entire back and side, which is 99.9% pointless over-exposure to ionizing radiation. No doctor is looking at Plaintiff's stomache or neck for any reason when the complaint is lung pain.

Ninth, 766.202 Definitions

(3) "Economic damages" means financial **losses that would not have occurred but for the injury** giving rise to the cause of action, including, but not limited to, past and future medical expenses and 80 percent of wage loss and loss of earning capacity to the extent the claimant is entitled to recover such damages under general law, including the Wrongful Death Act.

(8) "Noneconomic damages" means nonfinancial **losses that would not have occurred but for the injury** giving rise to the cause of action, including pain and suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of capacity for enjoyment of life, and other nonfinancial losses to the extent the claimant is entitled to recover such damages under general law, including the Wrongful Death Act.

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Further Argument:

Tenth, Dr. Billingsley and her unknown male assistant had not only a lack of informed consent it all in this litigation extends further to other legal claims and is very obvious what happened so for example the "Doctrine of Foreseeability" which states that in the medical field it occurs when an individual could reasonably forsee that certain action or inaction on his/her

part could result in injury to another person. So Plaintiff has to make legal claims based on such doctrines of law however it is all a “medical battery” and so the staff knew exactly what it was doing and do the doctrine of “foreseeability” is really just a secondary cause of action claim or allegation in these legal matters to amend into the lawsuit yet the point remains once again that radiologists and medical providers are all aware of these medical adverse incidents and what it can all mean for a patients health and safety to be so negligent especially when it is involving ionizing radiation that is a specialty that requires education of things such as “deterministic effects” and so we can argue that “consent” was granted by signing “terms” of the hospital but that simply means a patient won't sue if a nurse touches them as in any other environment that is a stranger making contact, (also signed papers as to who they are and will pay for services) and so it is a very basic type of consent that is given, and when you upscale all the way to use of a giant machine that emits harmful radiation (heavily regulated industry) such consent wouldn't be “informed” and “agreed” to by a patient and in fact the opposite is true that the staff faked like they were being sure they were doing the correct exam and that they had consent for that correct exam only which they didn't do and specifically didn't get informed consent for. Meaning if the staff want to rest on “I did what the doctor ordered” that is

negligence, since Plaintiff was trying to get them to do the proper exam and there is no showing that they had any intention of doing that and in fact evidence to the contrary exists that they did the wrong exam intentionally and faked helping Plaintiff to ensure the proper exam happend, then lied about helping to ensure it by stating no pelvic exams (including the later risk manager and other medical providers causing Plaintiff harm since the incident). Then also not telling Plaintiff how much radiation and how many pictures exactly dispite the staff apparently faking that they were doing such exam in the end, though with two entire deleted series of images and bogus nurse and doctor medical record (who says he sees no need for further exams yet later Plaintiff was diagnosed with a T12 injury) to support their actions in the radiology department for lower body injury that not only didn't exist then it was never even speculated to have ever existed a lower body injury aside from the inappropriate actions of the staff and no person would ever speculate that there ever was such injury as why would they there is no medical record of any physical complaint nor a physical exam nor any sacrum pelvic physical mobility or pain documented only the CT scan. As In the alternative imagine a medical radiologist saying I understand you injured your pelvis here walk the hospital and then sit down on this hard surface now flex your legs up over a pillow and raise up to take

off your belt then back and then have an orderly yank on you to fall back on your pelvis to re-sit on the hard CT scan table (bed) and finally walk away and be diagnosed with no sacrum injury or pelvis injury at all. It is kind of like offering a head CT scan to every patient that walks in the door with any foot injury and claiming in the records a head and foot injury happend at the same time. There simply is no reason for it, unless the medical staff put patient has a foot injury caused by a fall onto head, as the staff has done here, while also saying Plaintiff both did and did not land on head, which they incorrectly outlined as a slip and fall on butt when it was a fall backwards flat on the back type of fall with a lot of detail given and input into the computer at the time by the nurse and not a land on the butt fall as that wouldn't be possible the physics of the fall and length of fall and sewer do not support that nor the witness present. Plaintiff is a slim man and so seems it to be rather easy for a doctor, nurse or radiologist to look at Plaintiff's back and count the spine vertebrea one by one since there are only a handful of them L1-L5 and T1-T12 involved. Meaning L1, L2, L3,L4,L5,T12,T11,T10. See DCA that took 8 seconds to count. No staff was able to do that in the medical records yet they all looked and acted like they knew what Plaintiff was saying mattered and said have alow back injury. Like saying how many teeth can a denitist see when a patient opens

the mouth that is literally what every denist does to determine what to do next and places a heavy lead vest on patients for a single tooth x-ray yet here with the hospital CT scan they did the entire pelvis (sacrum and below) (and whatever else was done that we don't know importantly this is all the evidence left by the tortfeasors for their medical experimentation, research and or eugenics) for no reason and made no diagnosis of the T12 injury when there was evidence of injury in the L5 and T12 area called by the expert "soft tissue stranding" that is present being dark injured body material evidence on the CT scan images like a internal body bruise from the fall as stated backwards onto the back, and so not possible again physiclaly to fall on the butt and also have a T12 area internal bruise and also hit the head it all makes zero logically medical sense. The actual injury being between T12 and T11. T12 is the lowest vertebrea in the middle spine under the rib cage followed by the lumbar spine segments into the hips and on to the sacrum bone which is not a vertebrea it is a bone and ends with a very small tiny tail bone at the end all part of the sacrum essentially in the "pelvis." Meaning the various staff was not only wrong but 100% wrong with everything and never made the diagnosis they pretended they cared about and were aware of. The last thing Plaintiff asked of the ER doctor Defendant Dr. Gary Lavine the ER physician was "ok great no

broken bone or twisting as per the 3D imaging of the CT scan great, so then what is wrong with my back?" Dr. Lavine said he didn't know and to go to a back doctor. That is a far stretch and change (opposite game) from what Dr. Lavine said just before the CT scan which was that a x-ray exam alone wouldn't do it for him that "he needed" the scanning to make a diagnosis either MRI or CT scan. Obviously because he was not competent to make a physical diagnosis at first either 100% reliant on whatever the scan would be he didn't care, nor want a x-ray to be done as requested by Plaintiff and in fact he would be guilty of assault for saying he wanted to do "pelvic" scanning and then potentially failing to re-write his order and also not only was it all wrong but he managed to continue past an assault into actual medical battery when the scan was done and he either looked at it or read the radiologist report so also failing to file an adverse medical incident report, advise Plaintiff of what happened and seek further diagnostic to make a T12 diagnosis and so it appears since the risk manager had nothing to say with her investigation that no adverse incident report or any other ethically required complaint was made by anybody including the Unknown Radiology Assistant.

FURTHER ARGUMENT AND LAWS

The question about the "timeline" why is the other defense counsel

Bay County Health System LLC saying their client is prejudiced and want the case dismissed for not giving them one “restricted” medical record which was provided in part, and when asked if they will settle via an email simply said “no.” We can ask then how many emails did they send Plaintiff, how many phone calls did they make to Plaintiff? They had no intention of “stipulating” any extension of time or any “investigation” and so now they are claiming timeline problems when if they were cooperating could have sent the informal discovery “preserved information” and arranged depositions and Plaintiff would have had time to send interrogatories to all parties and so it was all simply “no.” Plaintiff and the defense counsel(s) could have gotten a lot of work done while the pandemic was happening. For Plaintiff the answer should have been “we have a lot of claims here to investigate there may be a potential for a settlement we can't say right now though” sort of response. Instead now in the Appeal Answer Bay County Health System LLC (Bay Medical Hospital and staff) are saying that they want to have the case dismissed finally for “their inability to offer to arbitrate.” Really!? So nevermind any claims in the Notice or the “preserved information” or the “risk manager investigation” or the “florida department of health investigation” or their own defense counsel and insurance company “Investigation” into the claims what matters really is the

restricted lone medical record they were given a proper portion of that entirely prejudiced their client. Really!? Make “frivioulous” defense claims much? Likewise this defense counsel for the radiologist said in their appeal answer that Plaintiff made legally insignificant claims. Really!? They only say that because they apparently had the entire case dismissed doubt that wording and language would be used if it was on a claim by claim basis. Trying to hide their client in Chapter 766 medical provider licensing as a shield and or vail to being held responsible for their actions. Such as professional negligence is a thing. Professional misconduct. Be better for Plaintiff if they explained how “tolling works” and how “lack of informed consent” works but they haven't done that because they don't want to respond to it, see no claims, hear no claims, speak no claims. “Uncessary diagnostic testing” is also in the Chapter 766 Statutes. So lets ask medical expert Dr. Cousin why it isn't uncessary if he says it is the wrong exam? It is not uncessary because it was the wrong exam that was necessary. How is the wrong exam necessary? Seems like that is the “opposite” right there in his own medical expert opinion. And the defense counsel says Plaintiff “failed.” Really!? That things are not curable.

It appears that the State of Florida is “complicit” in this somehow and there

are a variety of ways of saying it, but Dr. Cousin for example is a State Registered Medical Expert, so where do I send the “complaint?” There isn't even a State Registered Medical Expert index on the Florida Bar website. They are just licensed medical providers free lancing if you can find one.

Plaintiff hopes as well that the DCA notices as has been stated before by Plaintiff that the “defense counsels” have managed to reduce the Defendants in their “captions” and it is removing Defendants from the lawsuit who haven't been removed by the court. There is the “unknown” and “known potential defendants” and so please notice this.

There is one final (maybe) “opposite game” that is about Dr. Billingsley specifically. Plaintiff took 100 percent responsibility for the conveience of the CT scan to produce a 3D image of Plaintiff's spine to determine if there was any twisting that happened in the spine that would be visible in the 3D image produced. The primary goal was determine “breaking” of the bone with the secondary objective being the “twisting” of the spine and the third objective being why does the lumbar hurt below the T12 area. So that is what the staff knew and was told and in that case the “importance” of a “radiologist” and Dr. Lavine to determine from the exam what was wrong

“was the most important” duty that they had that night to Plaintiff. Obviously the “opposite game” happened instead and in that the “radiologist” Dr. Billinglsey simple inability to even identify “soft tissue stranding” is insane as it was a very important CT scan. There are routine exams that happen go get a check. There are exams that happen which include use of “contrast” fluid which is “radioactive” and has its own harmful problems and so a patient trusting in these medical providers that night “was the most important.” There is clearly a problem there about that “trust.” Wouldn't seem unlikely that Dr. Billingsley did an entire body x-ray (scanoscope) scan to determine if Plaintiff had any “recording device” in the sock, given what happened with the nurse previously and with Dr. Lavine as well with the Orderly and the radiologist as well. To have so much trust in the staff and them to do so much obviously wrong we can infer one entire deleted series of images was likely a entire lower body scan. The second “opposite game” was that Plaintiff spoke of being a “smoker” and was worried about the “lungs” and so asked how low would the CT scan be will it touch the lungs and can it not? The radiology assistant assured Plaintiff it would not CT scan the lungs and or something like that. Point is that when Plaintiff had the arms up in the CT scanner “ring” the radiologist “nudged” the table (bed) forward just a touch more after Plaintiff was

already pinned. Hence it was apparently the radiologist saying to each other he said not to x-ray his lungs but here we are lets push him him in just that much further, opposite game. That would make the radiologist inept to make a “physical” determination of “where the injury is located” ending in the area under the rib cage approximately at the T12 and given that information it would seem to be “negligence” of the radiologists to not exactly determine where and how far up the injury is otherwise it may be “lack of informed consent” and “medical battery” and other causes of action if lungs can be visible in the images. That would also suggets that Dr. Lavine and Dr. Billingsley may have a had a “chat” prior to the CT scan to ensure their “conspiracy” was agreed to and worked, hence why the staff didn't do a physical examination, that actually mattered, wouldn't seem hard to be able to count L1, L2, L3, L4, L5, T12, T11. May be why there are two entire deleted series of images. It is all at the fault of the radiologists and other medical staff and the hospital and the staffing agency and the State of Florida even. Plaintiff did everything to “force compliance” with patient health and safety up to the point that the radiology assistant said take off your pants, that was a mistake but Plaintiff was already there and the 'trust” was established to be without question basically. Long story short Dr. Cousin saying everything is fine is insane. To get a diagnosis

would mean an additional upper body (scanoscope) and since the initial CT scan has two entire deleted series of images there was no going back to replace that and so why wouldn't it be there if it is now in a second thoracic CT scan? Makes no sense? Hence why they forced Plaintiff to be discharged from the hospital undiagnosed. The thoracic scan would mean as well that it took an entire lower body CT scan with the sacrum and then all the way up to the neck and so the nurses medical records would be in question then as well the doctors. So hence why no back brace either potentially. Hence why such a small narcotics prescription potentially. Liability avoidance for 'mistakes' yeah right. How can the nurse include the words in the medical records “lumbo-sacral” meaning the lumbar and sacrum if there is no injury diagnosed in the lumbar or sacrum or such physical exams indicated or any treatments as a result or testing and it was later diagnosed at the T12 vertebrea in the spine as Dr. Cousin in his opinion said it was “the wrong exam” that happened and the injury was there in the T12 that night backed up by the “soft tissue stranding” in the CT scan images. Therefore, the nurse is “negligent” says a medical expert we are required to infer that here because it is a fact. Hence the radiologist responded to it by doing what they did and Dr. Lavine as well and Donna Baird the risk manager. The hospital “terms” do say “we are responsible for

medical mlapractice." Would be pretty obvious how easy a lawsuit that would be.

For the courts consideration Plaintiff suggest that all of this written herein would take an hour to digest by a medical expert just to understand the circumstances and arrive at a "reasonable" investigation taking place as a result of further reading all the medical records and exams. Medical experts charge like a $1000 and hour which more than Plaintiff earns in a month of Social Security Benefits. However, if Plaintiff had a "ingrown toe-nail" surgery that ended up with a entire toe missing than that would be easy to seek a medical expert and cheap. Plaintiff is "prejudiced" and the Defendants hold all the actual evidence of when were computers accessed, what is on the CT scanner hard drive actually for the deleted series of images and what is on the video for timing of things and any potentials for medical providers to have "met" and confered. It is all "res ipsa loquitor" the thing speaks for itself and "common knowledge" doctrine exception as well "lack of informed consent" according to Chapter 766.102 and even "Foreign Body Retainment: doctrine excpetion according to 766.102.

Finally in conclusion, Plaintiff has spoken to probably hundreds of attorneys

and intake people for attorneys more so intake people and one question continued to be asked of Plaintiff and the medical records for all the various incidents Plaintiff has had the misfourtune to experience and that question is “has a doctor said that the other doctor did something wrong?” So if we apply that to did any staff at the hospital the night of the incident and or the risk manager and or the florida department of health say any medical provider did anything wrong? We arrive at a very odd paradox that makes no sense and people are required to report wrongful things done as well.

This “question” creates an “insane” opposite game being played which is that Plaintiff is supposed to get random medical doctors to say harm was caused by a previous doctor and when Plaintiff goes to doctors they cause Plaintiff more harm instead of say that the previous doctor did harm to Plaintiff. A example is Dr. Sekhon.

Fourth, the “Conclusion” paragrpah continues, “Appellant failed to comply with the presuit requirements delineated by Chapter 766, Florida Statutes,” right so it is a medical battery “forced complaince” by their client into a “illogical and pointless and illegal and harmful, which is fraud, coercion by the hospital in their radiology report and medical records, and violation of

the contontract terms that say they are responsbible for medical malpractice, and so Dr. Cousin said the back injury was existent. What defense is there that the defendants radiologist don't have to do anything for a patinet presented by the defense counsel? None. Yet the law says as follows;

404.011 Short title.—This chapter shall be known and may be cited as the "**Florida Radiation Protection Act**."

404.022 Declaration of policy.—**It is the responsibility of the State of Florida, for protection of the public health and safety**:
(1) To institute and maintain a program to permit development and utilization of sources of radiation **for purposes consistent with the health and safety of the public**.
(2) **To prevent any associated harmful effects of radiation upon the public** through the **institution and maintenance of a regulatory program for all sources of radiation**, providing for:
(a) A single **effective system of regulation** within the state.
(b) A system consonant with those of other states.
(c) **Compatibility with the standards and regulatory programs of the Federal Government** for byproduct, source, and special nuclear materials.
(9) "**Ionizing radiation" means** gamma rays and **X rays**, alpha and beta particles, high-speed electrons, protons, neutrons, and other nuclear particles, but not sound or radio waves or infrared, ultraviolet, or visible light.
(11) **"Radiation" means ionizing radiation**.
(12) "Radiation machine" means any device designed to produce, or which produces, radiation or nuclear particles when the associated control devices of the machine are operated.
(21) **"Useful beam" means** that portion of the radiation emitted from a radiation machine through the aperture of the machine's beam-limiting device which is designed to **focus the radiation on the intended target in order to accomplish the machine's purpose** when the machine's exposure controls are in a mode to cause the system to produce radiation.

The defense counsel hasn't shown why the **<u>“the machine’s purpose”</u>** according to the governments well regulated use of such machines and standards that were created is to x-ray patients genitals for no reason and the sacrum bone in the pelvis for no reason, also the and legs of patients, and the upper body some, and then also to have “two entire deleted series of images” for no reason, and the wrong image count, and make the creation of over 1000 x-ray images without telling the patient, and not providing any shielding for the lower body or eyes or even the upper body to protect from the “cone” of light of ionizing radiation, so it is not “defended” by the defense counsel saying that they are not doing it wrong what the “Defendants” did do is all alleged in the lawsuit various times and ways as it is again here all recapped once more. It is all illegal from so many differnet Statutes and “Intentions” to create a safe, **health and safety of the public.** Also **prevent any associated harmful effects of radiation upon the public.** Also **Compatibility with the standards and regulatory programs**, and **<u>focus the radiation on the intended target in order to accomplish the machine’s purpose</u>**. The actual defense problem is for them to prove something which requires them to prove how the other defendants failed at their jobs such as the medical records, the physical examination, and so one party is pointing at the other at all times yet each

has their own liability and breach as well so there are no “witnesses” only Defendants.

Fifth, Plaintiff states that there needs to be a factual correction to the “time” argument that is that Plaintiff became “aware” that the medical providers were all “negligent” was on the night of the incident which was October 21st of 2018 for various reasons. Use of the later November date is when Plaintiff got the records from the hospital. Wasn't until later that a call and email was sent to the hospital. Wasn't until later that the risk manager called back. Wasn't until later again that the risk manager again called back and said what she did to “investigate” which included her saying that Plaintiff didn't have a “pelvic” scan and there are no “images” of the lower body of Plaintiff. Therefore, Plaintiff asked send to me in writing what you are saying and Defendant Donna Baird said no and eventually hung up the phone after discussion of preservation of evidence by her and letter and that previous email was also a preservation request and so that left Plaintiff looking at my own legs and pelvis area which the risk manger said didn't exist and so when did Plaintiff actually learn of the “negligence?” Wasn't until again later. Maybe what I have isn't even a CT scan of me even though it looks exactly like me and has my name on every image with a

corresponding number? Also in December of 2018 the x-ray exam took place that diagnosed the T12 compression fracture in the middle of the back spine. Also wasn't until a year later that a literal doctor took a look at the CT scan and found the “soft tissue stranding.” That was in 2020 on January 22nd the Dr. Gaiser appointment. I also have a November of 2019 doctor record that says “low back pain” and “anesthesia of skin.” I have a urology doctor record from January 2020 that says testicular pain and 'other pelvic problems.'

What Dr. Cousin the medical expert in radiology is trying to push herein that it is the fault of the ER Doctor and his “Order” for the wrong CT scan. How can the radiology staff be so negligent to not inform Plaintiff of literally anything. Why will the defendants not give the two orders written? Why was emergency discovery denied? Because the hospital and defendants are really good at doing what they do and covering things up just right but the exam is very lopsided and has two entire deleted series of images as well? Dr. Cousin “opinion” and or “consultation report” appears to outline “negligence.” Here is one reason why in the law as follows;

404.22 Radiation machines and components; inspection.
—....**requirements for visual and aural communication with patients**; procedures for establishing **radiation safety committees for a facility**.

aural communication with patients is a “requirement” as well “visual” communication. Oops? What happened there Dr. Cousin as you read the medical records what about the visual and oral communication that was required to take place what happened? How about what are the “**the written safety procedures**”? Where are those at? It is a law and there is a **requirements for quality assurance programs and quality control programs**;... procedures for establishing radiation **safety committees for a facility;**.

aural communication with patients is a “requirement” as well “visual” communication and **safety committees for a facility**. What did Dr. Cousin say about the exam Plaintiff had again as stated before? That is was “the wrong exam.” Ooops. Certainly nothing seems wrong about anything according to anybody except all the law and facts that tell entirely different narratives as “required” by law, why didn't the risk manager think Plaintiff had any lower body images taken, not much of an investigation on her part. Oooops. Did Donna Baird speaks with the “**safety committees for a facility**?” How did the Florida Department of Health “inspect in a lawful manner” yet not produce any publicly available records and why didn't Donna Baird produce a “adverse incident report” is it because she is not competent and so played the fool to be the fool who didn't know how to do

that and thus in violation of the law? Ooooops. While also covering up for the staff and hospital. Ooooooooopppps. Yet there is an alterantive reasoning as well. Donna Baird denied the lower body because she knew it was important and as an important piece of evidence it is “material” to these matters and literally appears to showcase how the defendants were neglient with the following logic explanation.

If the CT scan machine is just “turned on” then it would capture Plaintiff's legs. If it can just be “turned on” than the unknown radiology assistant man didn't line it up properly. Hence it is over-exposure to ionzing radiation. Which had any staff meber cared or the “safety committee” or Donna Baird the “Risk Manager” or the defendants Bay Radiology trained Dr. Emily Billingsley, or the Bay Medical Sacred Heart hospital trained Dr. Billingsley or the assistant, than Plaintiff wouldn't have been over-exposed because they would have lined up the machine since it apparently “just turns on.” So then it was out of alignment, is that the hospitals fault, the radiologists, the Florida Department of Health, the Risk Manager for not providing information to the proper people, Dr. Cousin for not speaking about it. What about the rest of 404.22 “calibrations, and **spot checks”** seems like it is prima faciea Foreign Body Retainment they put Plaintiff into a broken

machine? Oops? One possibility but why are there two entire deleted series of images? “Conspiracy” and all such claims make more sense. Definetly “various negligence” claims going on.

404.22 Radiation machines and components; inspection.—
(1) The department and its duly authorized agents may inspect in a lawful manner at all reasonable hours any hospital or other health care facility or other place in the state in which a radiation machine is installed for the purpose of determining whether the facility, the radiation machine and its components, the film and film processing equipment, **the techniques and procedures**, any mechanical holding devices, the **warning labels and signs**, **the written safety procedures**, **and the resultant image produced meet the standards of the department as set forth in this chapter and rules adopted pursuant to this chapter.** Such rules may include **standards for radiation machine performance**, **surveys**, calibrations, and **spot checks**; **requirements for quality assurance programs and quality control programs**; standards for facility electrical systems, safety alarms, **radiation-monitoring equipment**, and **dosimetry systems**; **requirements for visual and aural communication with patients**; procedures for establishing radiation **safety committees for a facility**; and **qualifications of persons who cause a radiation machine to be used**, **who operate a radiation machine**, and who ensure that a radiation machine complies with the **requirements of this chapter and with rules of the department**.

Title XXIX., PUBLIC HEALTH., Chapter 404., **RADIATION**
404.022 Declaration of policy.—It is the responsibility of the State of Florida, for protection of the public health and safety:
(1) To institute and maintain a program to permit development and utilization of sources of radiation for purposes consistent with the health and safety of the public.

404.22 Radiation machines and components; inspection.—
(1) The department and its duly authorized agents may inspect in a lawful manner at all reasonable hours any hospital or other health care facility or other place in the state in which a radiation machine is installed for the

purpose of determining whether the facility, the radiation machine and its components, the film and film processing equipment, the techniques and procedures, any mechanical holding devices, the warning labels and signs, **the written safety procedures**, **and the resultant image produced meet the standards of the department as set forth in this chapter and rules adopted pursuant to this chapter.** Such rules may include **standards for radiation machine performance**, **surveys**, calibrations, and **spot checks**; **requirements for quality assurance programs and quality control programs**; standards for facility electrical systems, safety alarms, **radiation-monitoring equipment**, and **dosimetry systems**; **requirements for visual and aural communication with patients**; procedures for establishing radiation **safety committees for a facility**; and **qualifications of persons who cause a radiation machine to be used**, **who operate a radiation machine**, and who ensure that a radiation machine complies with the **requirements of this chapter and with rules of the department**. If, in the opinion of the department, a radiation machine that fails to meet such standards can be made to meet the standards through an adjustment or limitation upon the stations or range of the radiation machine or through the purchase of a component meeting the standards, the department shall order the owner of the radiation machine to make the necessary adjustment or to purchase the necessary component within 90 days after the date or receipt of the order. However, if the radiation machine cannot be made to meet the standards, the department shall order the owner to cease the use of the radiation machine.

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Doctrine of res ipsa loquitur
One magic bullet is the doctrine of res ipsa loquitur, "the thing speaks for itself," which holds that under certain circumstances the mere fact that damage occurs is sufficient proof of negligence without requiring the plaintiff to have to prove it.

And evidence law

In Florida, res ipsa loquitur is known as a rarely-applied doctrine that provides injured plaintiffs with relief when a common-sense inference of negligence is enough to establish injury and direct evidence is not needed or wanting.

People also ask
How do you prove res ipsa loquitur?

To prove res ipsa loquitor negligence, the plaintiff must prove 3 things:
The incident was of a type that does not generally happen **without negligence**.
It was **caused by an instrumentality solely in defendant's control**.
The **plaintiff did not contribute** to the cause.
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What types of defenses are available in res ipsa loquitur cases?
Res ipsa loquitur is a legal theory used to demonstrate a defendant's negligence.
...
Some defenses include that:
the defendant acted reasonably,
the defendant did not have control over the object that caused injury, and/or.
the plaintiff's own negligence caused his/her injury.

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Defense counsel opinion that denies things, get things wrong, and is all framed incorrectly as to what happened.

Plaintiff can do the math. 1 radiologist, 1 radiologist assistant, 1 er doctor, 1 nurse, 1 orderly, 1 risk manager, 1 hospital records department, and various others, that is a lot for Dr. Cousin to refuse when it just says "reasonable." So he instead says the back was injured. Therefore, no diagnosis. Ok so then Chapter 766 has "Uncessary diagnostic testing."

766.111 Engaging in unnecessary diagnostic testing; penalties.—
(1) No health care provider licensed pursuant to chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 **shall order, procure, provide, or administer unnecessary diagnostic tests**, which are not reasonably calculated to assist the health care provider in arriving at a diagnosis and treatment of a patient's condition.
(2) A violation of this section shall be grounds for disciplinary action pursuant to s. 458.331, s. 459.015, s. 460.413, s. 461.013, or s. 466.028,

as applicable.
(3) Any person who prevails in a suit brought against a health care provider predicated upon a violation of this section shall recover reasonable attorney's fees and costs.

Plaintiff states Chapter 766 is concluded with "birth" medical problems caused by health care providers. So how in the world is it possible to say it is ok to CT scan mens genitals then say 766.111 Engaging in unnecessary diagnostic testing; penalties. The have, 766.303 Florida Birth-Related Neurological Injury Compensation Plan; exclusiveness of remedy.—

The court needs to infer from the reasonableness, the circumstances, and the ltieral law that such "lowest amount reasonabley achiveable, clearly wasn't what happened and would never be something that would be "the standard" to yank on patients with broken backs, to not phsyical examine, to posionin with an IV when not wanted, to CT scan the pelvis and legs, to apparently play the opposite game, to refuse the copy of the records that night, to refuse the order that night, to refuse the order later, to fail to provide the details of the investigation, none of that is implied, included or interefered or part of Chapter 766. And is vague as to how to seek relief, yet the defense counsel said it is possible regardless just file it with the court and so that is what Plaintiff has done. All such defense are frivoulus because it is all timely filed within 4 years. Could have 3 and ½ sure but it is within 4 as the Statutes outlined. Did Plaintiff file a 90 day extension with the court yes. Did the defense counsel reach out to say hi, crazy global pandemic going on, lets talk, no, is that part of a professional attorney counsel doing their job for their client and part of their contineud best "good faith" efforts to investigate, nope. Deny deny deny. Lie lie lie. Who is the unknown radiology assistant man?

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Why hasn't Judge Smiley done what the defense counsel and matters of the claims has outlined for relief?

Is it this?
766.206 Presuit **investigation of medical negligence claims** and defenses **by court**.—
(1) After the completion of presuit investigation by the parties pursuant to s. 766.203 and any discovery pursuant to s. 766.106, any party may file a

motion in the circuit court requesting the court to determine whether the opposing party's claim or denial **rests on a reasonable basis**.

Plaintiff did this with the Dr. Jenkins lawsuit and it was thrown out for a medical expert affidavit which Plaintiff is on government benefits and can't afford, yet put forth the doctor diagnosis and the lab report that said new and recent infection. So it was all facts and reasonable. And resulted in Plaintiff having Dr. Sekhon giving Plaintiff more of the virus, infection, disease as well.

(2) If the court finds that the notice of intent to initiate litigation mailed by the claimant does not comply with the reasonable investigation requirements of ss. 766.201-766.212, including a review of the claim and a verified written medical expert opinion by an expert witness as defined in s. 766.202, or that the authorization accompanying the notice of intent required under s. 766.1065 is not completed in good faith by the claimant, the court shall dismiss the claim, and the person who mailed such notice of intent, whether the claimant or the claimant's attorney, is personally liable for all attorney's fees and costs incurred during the investigation and evaluation of the claim, including the reasonable attorney's fees and costs of the defendant or the defendant's insurer.
(3) If the court finds that the response mailed by a defendant rejecting the claim is **not in compliance with the reasonable investigation requirements** of ss. 766.201-766.212, including a review of the claim and a verified written medical expert opinion by an expert witness as defined in s. 766.202, the court shall strike the defendant's pleading. The person who mailed such response, whether the defendant, the defendant's insurer, or the defendant's attorney, shall be personally liable for all attorney's fees and costs incurred during the investigation and evaluation of the claim, including the reasonable attorney's fees and costs of the claimant.
(4) If the court finds that an attorney for the claimant mailed notice of intent to initiate litigation without reasonable investigation, or filed a medical negligence claim without first mailing such notice of intent which complies with the reasonable investigation requirements, or if the court finds that an attorney for a defendant mailed a response rejecting the claim without reasonable investigation, the court shall submit its finding in the matter to The Florida Bar for disciplinary review of the attorney. Any attorney so reported three or more times within a 5-year period shall be reported to a circuit grievance committee acting under the jurisdiction of the Supreme

Court. If such committee finds probable cause to believe that an attorney has violated this section, such committee shall forward to the Supreme Court a copy of its finding.
(5)(a) If the court finds that the corroborating written medical expert opinion attached to any notice of claim or intent or to any response rejecting a claim **lacked reasonable investigation** or that the medical expert submitting the opinion did not meet the expert witness qualifications as set forth in s. 766.102(5), the court shall report the medical expert issuing such corroborating opinion to the Division of Medical Quality Assurance or its designee. If such medical expert is not a resident of the state, the division shall forward such report to the disciplining authority of that medical expert.
(b) The court shall refuse to consider the testimony or opinion attached to any notice of intent or to any response rejecting a claim of an expert who has been disqualified three times pursuant to this section.

Plaintiff states that under 5(a) Plaintiff is the one suing Dr. Cousin for his opinion that definetly partially "**lacked reasonable investigation"** yet his "fraud" case was dismissed. This all makes no sense. And the Answer by the other defense counsel to this appeal just the other day exactly pointed out that it isn't varied and thus fails.

766.205 Presuit **discovery of** medical negligence claims and **defenses**.—
766.204 **Availability of medical records** for presuit investigation of medical negligence claims and defenses; penalty.—
766.202 **Definitions**; ss. 766.201-766.212.—As used in ss. 766.201-766.212, the term:
(5) "**Investigation" means that an attorney** has reviewed the case against each and every potential defendant and has consulted with a medical expert and has obtained a written opinion from said expert.
766.201 Legislative findings and intent.—
766.1185 **Bad faith actions**.

Is it these? They seem to say do medical research you are immune?
766.1115 Health care providers; creation of agency **relationship with** governmental contractors. [766]
766.1116 Health care practitioner; waiver of license renewal fees and **continuing education requirements**. [medical experimentation]

The Florida State Constitution:
SECTION 13. Suits against the state.—Provision may be made by general law for bringing suit against the state as to all liabilities now existing or hereafter originating.

Plaintiff states that is all it says. Pretty vague. What "Chapter?"

It is in the Florida State Constitution that "medical experimentation" is forbidden in a way as three violations of medical malpractice a provider loses their license and or any behvaior out of state and so a provider doing "experiments" and or "research" would do so on more than 1 patient and thus "experimentation" is outlawed in this way and so why won't the risk manager and Dr. Cousin and the defense counsel cooperate?

SECTION 25. Patients' **right to know about adverse medical incidents**.—
(a) In addition to any other similar rights provided herein or by general law, **patients have a right to have access to any records made or received in the course of business by a health care facility or provider relating to any adverse medical incident**.
(b) In providing such access, the identity of patients involved in the incidents shall not be disclosed, and any privacy restrictions imposed by federal law shall be maintained.
(c) For purposes of this section, the following terms have the following meanings:
(1) The phrases "health care facility" and "health care provider" have the meaning given in general law related to a patient's rights and responsibilities.
(2) The term "patient" means an individual who has sought, is seeking, is undergoing, or has undergone care or treatment in a health care facility or by a health care provider.
(3) **The phrase "adverse medical incident" means medical negligence, intentional misconduct, and any other act, neglect, or default of a health care facility or health care provider** that caused or could have caused injury to or death of a patient, including, but not limited to, those incidents that are required by state or federal law to be reported to any governmental agency or body, and incidents that are reported to or reviewed by any health care facility peer review, **risk management**, quality assurance, credentials, or similar committee, or any representative of any such committees.

(4) The phrase “have access to any records” means, in addition to any other procedure for producing such records provided by general law, **making the records available for inspection and copying upon formal or informal request by the patient** or a representative of the patient, provided that current records which have been made publicly available by publication or on the Internet may be “provided” by reference to the location at which the records are publicly available.

Plaintiff asks where are those deleted series of images? Where is the doctors CT scan order? Where is any other “preserved information?” Who is the unknown radiology assistant?

SECTION 26. Prohibition of medical license after repeated medical malpractice.—
(a) No person who has been found to have committed three or more incidents of medical malpractice shall be licensed or continue to be licensed by the State of Florida to provide health care services as a medical doctor.
(b) For purposes of this section, the following terms have the following meanings:
(1) **The phrase “medical malpractice” means both the failure to practice medicine in Florida with that level of care, skill, and treatment recognized in general law** related to health care providers’ licensure, **and any similar wrongful act, neglect, or default** in other states or countries which, if committed in Florida, would have been considered medical malpractice.
(2) The phrase “found to have committed” means that the malpractice has been found in a final judgment of a court of law, final administrative agency decision, or decision of binding arbitration.

Plaintiff again outlines that by Constituional definition here that the testicles of men and the birth of babies with problems by medical providers and uncessary diagnostic testing are all included along with lack of informed consent doctrine exception in “general law” and or also within Chapter 766. Therefore, the literal state Constituion has defined what happened to Plaintiff to be illegal on its face. Just reading Statutes introduction titles alone as included above.

SECTION 12. Rules of construction.—Unless qualified in the text the following rules of construction shall apply to this constitution.

(a) “Herein” refers to the entire constitution.
(b) The singular includes the plural.
(c) **The masculine includes the feminine**.
(g) **“Special law” means a special or local law**.
(h) Titles and subtitles shall not be used in construction.

SECTION 1. Public education.—
(a) The education of **children is a fundamental value of the people** of the State of Florida.

So how about exposing mens (and womans) genitals to ionizing radiation? Sounds like what the people want right? Not in a single place in any law is it without testicular cancer as a reasonable cause.

458.331 Grounds for disciplinary action; action by the board and department.—
(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
(a) Attempting to obtain, obtaining, or renewing a license to practice medicine by bribery, by **fraudulent misrepresentations**, or **through an error of the department** or **the board**.
(b) Having a license or the authority to practice medicine revoked, suspended, **or otherwise acted against**, including the denial of licensure, by the licensing authority **of any jurisdiction**, including its agencies or subdivisions. The licensing authority’s acceptance of a physician’s relinquishment of a license, stipulation, **consent order**, or other settlement, **offered in response to** or **in anticipation of the filing of** administrative charges against the physician’s license, shall be construed as action against the physician’s license.

Plaintiff states when a lawsuit is filed it is to be sent to the agency or department for review, thus all lawsuits, including all Notice of Intent would result in a “investigation” and so all acts and omissions and behaviors of the Defendants as medical providers is outlined here how to avoid it all, “consent” cook the books of medical records, fraud misprepresentation, error of ER or radiology department, error of hospital records, error of risk manager, all error of the board about CT scanning and orderly yanking on patients with a bad back. “offered in response to” meaning that the staff coverd it up, “in anticipation of the filing” meaning the nruse changed her records, the doctor was negligent, the radiologists all played along. It is all

right there in 456.072(2)(b).

(c) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of medicine or to the ability to practice medicine.
(d) **False, deceptive, or misleading advertising**.
(e) **Failing to report to the department any person who the licensee knows is in violation of this chapter or of the rules of the department or the board**. However, a person who the licensee knows is unable to practice medicine with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of a mental or physical condition, may be reported to a consultant operating an impaired practitioner program as described in s. 456.076 rather than to the department.
(f) **Aiding, assisting, procuring, or advising any unlicensed person to practice medicine contrary to this chapter or to a rule of the department** or the board.

Plaintiff asks who was the unknown radiology assistant man? Who was the "Orderly?"

(g) **Failing to perform any statutory or legal obligation placed upon a licensed physician**.
(h) **Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so**. Such reports or records shall include only those which are signed in the capacity as a licensed physician.
(i) Paying or receiving any commission, bonus, kickback, or rebate, or engaging in any split-fee arrangement in any form whatsoever with a physician, organization, agency, or person, either directly or indirectly, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. The provisions of this paragraph shall not be construed to prevent a physician from receiving a fee for professional consultation services.
(j) Exercising influence within a patient-physician relationship for purposes of engaging a patient in sexual activity. A patient shall be presumed to be incapable of giving free, full, and informed consent to

sexual activity with his or her physician.
(k) **Making deceptive, untrue, or fraudulent representations in or related to the practice of medicine** or **employing a trick or scheme in the practice of medicine**.
(l) **Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct**. A solicitation is any communication which directly or implicitly requests an immediate oral response from the recipient.
(m) **Failing to keep legible, as defined by department rule in consultation with the board, medical records** that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.
(n) **Exercising influence on the patient or client in such a manner as to exploit the patient or client for financial gain** of the licensee or of a third party, which shall include, but not be limited to, the promoting or selling of **services**, goods, appliances, or drugs.
(o) Promoting or advertising on any prescription form of a community pharmacy unless the form shall also state "This prescription may be filled at any pharmacy of your choice."
(p) **Performing professional services which have not been duly authorized by the patient** or client, or his or her legal representative, except as provided in s. 743.064, s. 766.103, or s. 768.13.
(q) Prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice. For the purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the physician's professional practice, without regard to his or her intent.
(r) Prescribing, dispensing, or administering any medicinal drug appearing on any schedule set forth in chapter 893 by the physician to himself or herself, except one prescribed, dispensed, or administered to the physician by another practitioner authorized to prescribe, dispense, or administer

medicinal drugs.
(s) **Being unable to practice medicine with reasonable skill and safety to patients** by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice medicine because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed may not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee or certificateholder affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume the competent practice of medicine with reasonable skill and safety to patients.
(t) Notwithstanding s. 456.072(2) but as specified in s. 456.50(2):
1. **Committing medical malpractice** as defined in s. 456.50. The board shall give great weight to the provisions of s. 766.102 when enforcing this paragraph. Medical malpractice shall not be construed to require more than one instance, event, or act.
2. **Committing gross medical malpractice**.
3. **Committing repeated medical malpractice** as defined in s. 456.50. A person found by the board to have committed repeated medical malpractice based on s. 456.50 may not be licensed or continue to be licensed by this state to provide health care services as a medical doctor in this state.
Nothing in this paragraph shall be construed to require that a physician be incompetent to practice medicine in order to be disciplined pursuant to this paragraph. A recommended order by an administrative law judge or a final order of the board finding a violation under this paragraph shall specify whether the licensee was found to have committed "gross medical malpractice," "repeated medical malpractice," or "medical malpractice," or any combination thereof, and any publication by the board must so specify.

(u) **Performing any procedure** or prescribing any therapy which, by the

prevailing standards of medical practice in the community, **would constitute experimentation on a human subject, without first obtaining full, informed, and written consent**.

Plaintiff states emphasis on (u) the “and” at the end so it is not only “full” and “Inform” it is “and” “written consent.” Therefore, the full, informed, and written consent. Hence Plaintiff told Dr. Cousin and he didn't care what was said which is obvious in the records and what happened to be what Plaintiff said as it isn't possible any other way except with a variety of many “oops” defense and other negligence claims happening to explain it, as in I didn't eat the cookies and cook because I was busy robbing a bank mom.

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Title XXXII, REGULATION OF PROFESSIONS AND OCCUPATIONS, Chapter 456, HEALTH PROFESSIONS AND OCCUPATIONS: GENERAL PROVISIONS

456.50 Repeated medical malpractice.—
(1) For purposes of s. 26, Art. X of the State Constitution and ss. 458.331(1)(t), (4), and (5) and 459.015(1)(x), (4), and (5):
(a) “Board” means the Board of Medicine, in the case of a physician licensed pursuant to chapter 458, or the Board of Osteopathic Medicine, in the case of an osteopathic physician licensed pursuant to chapter 459.
(b) “Final administrative agency decision” means a final order of the licensing board following a hearing as provided in s. 120.57(1) or (2) or s. 120.574 finding that the licensee has violated s. 458.331(1)(t) or s. 459.015(1)(x).
(c) “Found to have committed” means the **malpractice has been found in a final judgment of a court of law, final administrative agency decision**, or decision of binding arbitration.
(d) **“Incident” means the wrongful act or occurrence** from which the medical malpractice arises, regardless of the number of claimants **or findings**. For purposes of this section:
1. A single act of medical malpractice, regardless of the number of claimants, shall count as only one incident.
2. **Multiple findings of medical malpractice arising from the same wrongful act or series of wrongful acts associated with the treatment of the same patient shall count as only one incident**.
(e) “Level of care, skill, and treatment recognized in general law related to

health care licensure” means the standard of care specified in s. 766.102.
(f) “Medical doctor” means a physician licensed pursuant to chapter 458 or chapter 459.
(g) “**Medical malpractice” means the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law** related to health care licensure. Only for the purpose of finding repeated medical malpractice pursuant to this section, any similar wrongful act, neglect, or default committed in another state or country which, if committed in this state, would have been considered medical malpractice as defined in this paragraph, shall be considered medical malpractice if the standard of care and **burden of proof** applied in the other state or country equaled or exceeded that used in this state.
(h) “**Repeated medical malpractice” means** **three or more incidents** of medical malpractice found to have been committed by **a medical doctor**. Only an incident occurring on or after November 2, 2004, shall be considered an incident for purposes of finding repeated medical malpractice under this section.
(2) For purposes of implementing s. 26, Art. X of the State Constitution, the board shall not license or continue to license a medical doctor found to have committed repeated medical malpractice, the finding of which was based upon clear and convincing evidence. In order to rely on an incident of medical malpractice to determine whether a license must be denied or revoked under this section, if the facts supporting the finding of the incident of medical malpractice were determined on a standard less stringent than clear and convincing evidence, the board shall review the record of the case and determine whether the finding would be supported under a standard of clear and convincing evidence. Section 456.073 applies. The board may verify on a biennial basis an out-of-state licensee’s medical malpractice history using federal, state, or other databases. The board may require licensees and applicants for licensure to provide a copy of the record of the trial of any medical malpractice judgment, which may be required to be in an electronic format, involving an incident that occurred on or after November 2, 2004. For purposes of implementing s. 26, Art. X of the State Constitution, the 90-day requirement for granting or denying a complete allopathic or osteopathic licensure application in s. 120.60(1) is extended to 180 days.
End.

Plaintiff states that this is a problem here is it the radiologists and the eye doctor that is one or the radiologists and the nurse that is one. If it is all

medical providers seen “conspiracy” on-going since 2018 then it is all one incident and so no statutes of limitations “toll” occurs because it keeps being moved forward and so the court and Judge Smiley have erred by not addressing these matter than right? Is it that Bay hospital and Bay Radiology are only one incident? Is it both and the radiology medical providers? What if the unknown radiology assistant works for a different company not the hospital or Bay Radiology like Dr. Billingsley but an entirely different staffing agency? It is all being covered up. If he is just a dish washer from the kitchen or the radiologist boyfriend than he had no privilege to be in the room talking to Plaintiff about the CT scan and that would be negligence on the radiology doctor and the hospital. Here it is again;

456.50 Repeated medical malpractice.—
2. **Multiple findings** of medical malpractice **arising from the same wrongful act or series of wrongful acts associated with** the treatment of **the same patient** shall count as **only one incident**.

(h) “**Repeated medical malpractice” means** **three or more incidents** of medical malpractice found to have been committed by **a medical doctor**.

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Overall, Plaintiff doesn't like any of this anymore than the defense does, but Plaintiff has studied the law, and radiation, and all such things, and certainly due to vagueness and document stack problems has made mistakes, made worse by the defense counsel all along, such as asking to send all medical records, sign releases for more, give all insurance documents from many many years ago, as in make copies of it, all just a lot of work to do, and so sending the 10 day notice got lost in the stack, as well knowning that you can send a summons, but it has to be with the waiver included, and so it was lost in the stack as well was it supposed to be before the lawsuit was even filed? Plaintiff is greatly lost and harmed and prejudiced. The facts remains and the “reasonableness” and “grounds” and all such things infered in the law are apparent here. Like saying I don't exactly what that crime I just witnessed is by Statutory definition but I am calling the police regardless. So the toll can start when the final DOH investigation ended as well and even then they didn't displine anyone and so it is actually all able to be tolled when the lawsuit was filed. The defense Answer was dismiss and roll the dice and not to investigate as they are

required to do. 10 days notice or not. What preserved information did they have from the hospital if any? Regardless all the Defendants and many others they all have “images” of Plaintiff's genitals in x-ray and Plaintiff wants them back. Also compensation and or relief for the harms caused.

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458.329 **Sexual misconduct in the practice of medicine**.—**The physician-patient relationship is founded on mutual trust. Sexual misconduct in the practice of medicine means violation of the physician-patient relationship through** which the physician uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or **the scope of generally accepted examination or treatment of the patient**. **Sexual misconduct in the practice of medicine is prohibited.**

458.3295 **Concerted effort to refuse emergency room treatment to patients; penalties**.—
(1) A physician licensed pursuant to this chapter **may not instigate or engage in a concerted effort to refuse or get physicians to refuse to render services to a patient or patients in a hospital emergency room** by failing to **report for duty**, **absenting themselves from their positions**, submitting their resignations, **abstaining from the full and faithful performance of their medical duties**, or **otherwise causing conduct that adversely affects the services of the hospital**. For the purposes of this subsection, **the term “concerted” means contrived or arranged by agreement, planned or devised together, or done or performed together in cooperation**.

Plaintiff states that it made news that Bay Medical Sacred Heart hospital in a news article publication had stated that it was damaged during hurricane Michael and was laying off many emplyees. Plaintiff suggests that maybe if was not “eugenics” that the staff “wanted” to be fired maybe because their housing was damaged or destroyed and they wanted to and or were moving away and so wanted to be fired or laid off for the “unemployment monetary compensation.”

(2) If a physician or group of physicians engages in conduct in violation of subsection (1), **either the department** or the hospital where the conduct

occurs may file suit in circuit court to enjoin such conduct.
(a) Upon such suit being filed, **the court shall conduct a hearing**, with notice to the department, the board, and **all interested parties**, **at the earliest practicable time**. If the plaintiff makes a showing that a violation of subsection (1) **is in progress or that there is a clear, real, and present danger that such a violation is about to commence**, **the court shall issue a temporary injunction enjoining such violation**. Upon final hearing, the court shall either make the injunction permanent or dissolve it.
(b) A physician found to be in contempt of court for violating such an injunction shall be fined an amount considered appropriate by the court, but not less than $5,000. In determining the appropriate fine, the court shall **objectively consider the extent of services lost to the hospital and its patients**.
(3) A violation by a physician of subsection (1) constitutes ground for disciplinary action against him or her by the board, including the **suspension or revocation of the physician’s license**, and subjects him or her to **liability for any damages** that the hospital or **any patient therein sustains as a result of the violation**.

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CHAPTER 464., NURSING., PART I., NURSE PRACTICE ACT
464.003 Definitions.—As used in this part, the term:
(8) “Clinical simulation” means a strategy used to replicate clinical practice as closely as possible to teach theory, **assessment**, **technology**, pharmacology, and **skills**.
(17) “Nursing treatment” means the establishment and implementation of a **nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health**.
(18) “Practice of practical nursing” means **the performance of selected acts**, including the **administration of treatments and medications**, in the care of the ill, injured, or infirm; **the promotion of wellness**, **maintenance of health, and prevention of illness** of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and the teaching of general principles of health and wellness to the public and to students other than nursing students. **A practical nurse is responsible and accountable for making decisions** that are based upon the individual’s educational preparation and experience in nursing.

(19) “Practice of professional nursing” means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of **psychological, biological, physical**, and social sciences which shall include, but not be limited to:
(a) The observation, **assessment, nursing diagnosis, planning, intervention, and evaluation of care**; health teaching and counseling of the ill, injured, or infirm; and **the promotion of wellness, maintenance of health, and prevention of illness** of others.
(b) The **administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments**.

Plaintiff states that this is literally saying nurses are immune to inject patients with IV and unwanted poison because the laws of State of Florida with **“authorized by the laws of this state”**

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464.0095 Nurse Licensure Compact.—The Nurse Licensure Compact is hereby enacted into law and entered into by this state with all other jurisdictions legally joining therein in the form substantially as follows:
ARTICLE I FINDINGS AND DECLARATION OF PURPOSE
(1) The party states find that:
(a) The health and safety of **the public are affected by the degree of compliance with** and the effectiveness of enforcement activities related to state nurse licensure **laws**.

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464.009 Licensure **by endorsement**.—
(1) The department shall issue the appropriate license by endorsement to practice professional or practical nursing to an applicant who, upon applying to the department and remitting a fee set by the board not to exceed $100, demonstrates to the board that he or she:
(a) Holds a valid license to practice professional or practical nursing in another state or territory of the United States, provided that, when the applicant secured his or her original license, the requirements for licensure **were substantially equivalent** to or more stringent than those existing in Florida at that time;
(b) Meets the qualifications for licensure in s. 464.008 and has

successfully completed a state, regional, or national examination which is **substantially equivalent** to or more stringent than the examination given by the department; or

(c) Has actively practiced nursing in another state, jurisdiction, or territory of the United States for 2 of the preceding **3 years without having his or her license acted against** by the licensing authority of any jurisdiction. Applicants who become licensed pursuant to this paragraph must complete within 6 months after licensure a **Florida laws and rules course** that is approved by the board. Once the department has received the results of the national criminal history check and has determined that the **applicant has no criminal history**, the appropriate **license by endorsement shall be issued** to the applicant.

(2) Such examinations and requirements from other states and territories of the United States shall be presumed to be **substantially equivalent** to or more stringent than those in this state. Such presumption shall not arise until January 1, 1980. However, the board may, by rule, specify states and territories the examinations and requirements of which shall not be presumed to be substantially equivalent to those of this state.

(4) The applicant must submit to the department a set of fingerprints on a form and under procedures specified by the department, along with a payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant. The Department of Health shall submit the fingerprints provided by the applicant to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant. The Department of Health shall review the results of the criminal history check, issue a license to an applicant who has met all of the other requirements for licensure and has no criminal history, and shall **refer all applicants with criminal histories back to the board for determination as to whether a license should be issued and under what conditions**.

(5) The department shall not issue a license by endorsement to any **applicant who is under investigation** in another state, jurisdiction, or territory of the United States **for an act which would constitute a violation of this part or chapter 456** until such time as the investigation is complete, at which time the provisions of s. 464.018 shall apply.

(6) The department shall develop an electronic applicant notification process and provide electronic notification when the application has been received and when background screenings have been completed, and shall

issue a license within 30 days after completion of all required data collection and verification. This 30-day period to issue a license shall be tolled if the applicant must appear before the board due to information provided on the application or obtained through screening and data collection and verification procedures.
(7) A person holding an **active multistate license** in another state pursuant to s. 464.0095 **is exempt** from the requirements for licensure by endorsement in this section.

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464.0095 Nurse Licensure Compact.—The Nurse Licensure Compact is hereby enacted into law and entered into by this state with all other jurisdictions legally joining therein in the form substantially as follows:

ARTICLE I FINDINGS AND DECLARATION OF PURPOSE

(1) The party states find that:

(a) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws.

(b) **Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public**.

[// Plaintiff states that this appears to be saying what Chapter 766 is saying that high costs of lawsuits and insurance companies and doctors not being able to get insurance is the problem not that harms to patients, and so it saying the same thing as the Chapter 766 "Legislative Intent." Now jump down to (2)(a)\\]

(c) The expanded mobility of nurses and the use of advanced communication technologies as part of the nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation.

(d) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex.

(e) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states.

(f) Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

(2) The general purposes of this compact are to:

(a) **Facilitate the states' responsibility to protect the public's health and safety**.

(b) Ensure and encourage the **cooperation of party states** in the areas of nurse licensure and **regulation**.

(c) **Facilitate the exchange of information among party states** in the areas of nurse **regulation, investigation, and adverse actions**.

(d) **Promote compliance with the laws** governing the practice of nursing **in each jurisdiction**.

(e) **Invest all** party states with the **authority** to hold a nurse accountable for meeting **all state practice laws** in the state in which the patient is located **at the time care is rendered** through the mutual recognition of party state licenses.

(f) Decrease redundancies in the consideration and issuance of nurse licenses.

(g) Provide opportunities for **interstate practice** by **nurses who meet uniform licensure requirements**.

ARTICLE II DEFINITIONS
As used in this compact, the term:

(1) "**Adverse action**" means any **administrative, civil, equitable, or criminal action permitted by a state's laws** which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege, such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a

nurse’s authorization to practice, including **issuance of a cease and desist action**.

(2) “Alternative program” means a **nondisciplinary monitoring program** approved by a licensing board.

(3) “Commission” means the Interstate Commission of Nurse Licensure Compact Administrators established by this compact.

(4) “Compact” means the **Nurse Licensure Compact recognized, established, and entered into by the state** under this compact.

(5) “Coordinated licensure information system” **means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws** which is administered by a nonprofit organization composed of and controlled by licensing boards.

[// Plaintiff states that all of this so far is only half the “Compact” and still only half of this “Statute” and it very apparent that the definition in Chpater 766 says an attorney does and “investigation” and Judge Smiley only gave Plaintiff a few minutes for a 19 page lawsuit at the hearings and all the Defendants yet all this “compliance with the laws of this state that this state entered into with the compact” all appear to be saying do harm to poor people. Also, Dr. Cousin the medical expert refused to address many issues in his opinion on the radiologists yet he is also a multi-state licensed physician and so there is and there also should be “anthologies” of information to present in these matters partially generated by the medical expert Dr. Cousin who entirely refused yet claims to be a “state registered medical expert.” So once again many things keep coming back around to it is the “state” that is causing these problems for Plaintiff. Plaintiff includes that next is “investigation” subsection but this is such a long Statute and so the next happens to be 464.0096 Nurse Licensure Compact; **public records and meetings exemptions**.— and so this appears to Plaintiff to be saying, make fake records, and whatever you talk about that would be HIPPA violation or any other violation of “trust” and all that has been included so far, it is “exempt.” Plaintiff includes the entire “sections” from this compact here as follows since it is so long and nobody asked for an entire forensic analysis of the law of Florida the rest will be omitted except the “investigation” subsection as stated which comes after since we are

currently only in Article 2.

464.0095 Nurse Licensure Compact.
ARTICLE I FINDINGS AND DECLARATION OF PURPOSE
ARTICLE II DEFINITIONS
ARTICLE III GENERAL PROVISIONS AND JURISDICTION
ARTICLE IV APPLICATIONS FOR LICENSURE IN A PARTY STATE
ARTICLE V ADDITIONAL AUTHORITY VESTED IN PARTY STATE LICENSING BOARDS
ARTICLE VI COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE INFORMATION
ARTICLE VII ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE COMPACT ADMINISTRATORS
ARTICLE VIII RULEMAKING
ARTICLE IX OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT
ARTICLE X EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT
ARTICLE XI CONSTRUCTION AND SEVERABILITY\\]

(6) “Current significant investigative information” means:

(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

(7) “Encumbrance” means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board.

(16) “State” means a state, territory, or possession of the United States, or the District of Columbia.

(17) “State practice laws” means **a party state’s laws, rules, and regulations that govern** the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing

discipline. The term “state practice laws” does not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

464.0096 Nurse Licensure Compact; **public records and meetings exemptions**.—
(1) A nurse’s personal identifying information, other than the nurse’s name, licensure status, or licensure number, obtained from the coordinated licensure information system, as defined in s. 464.0095, and held by the department or the board is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution unless the state that originally reported the information to the coordinated licensure information system authorizes the disclosure of such information by law. **Under such circumstances, the information may only be disclosed to the extent permitted by the reporting state’s law**.

[// Adverse medical incident?\\]

(2)(a) A meeting or portion of a meeting of the Interstate Commission of Nurse Licensure Compact Administrators established under s. 464.0095 at **which matters specifically exempted from disclosure by federal or state statute** are discussed is exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution.
(b) **Recordings, minutes, and records generated during an exempt meeting are exempt** from **s. 119.07(1)** and s. 24(a), Art. I of the State Constitution.

Plaintiff states this law is included below as follows.
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Title X., **PUBLIC** **OFFICERS**, **EMPLOYEES**, AND RECORDS., Chapter 119., PUBLIC RECORDS

119.07 Inspection and copying of records; **photographing public records**; fees; **exemptions**.—
(1)(a) Every person who has custody of a public record shall permit the record to be inspected and copied by any person desiring to do so, at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public records.
(b) A custodian of public records or a person having custody of public

records may designate another officer or employee of the agency to permit the inspection and copying of public records, but **must disclose the identity of the designee to the person requesting to inspect or copy public records**.

[// Plaintiff states is this where the current on-going “conspiracy” comes from that has been causing Plaintiff harm? See the other “Response” Plaintiff put forward in the Bay County Health System LLC Response for a break down of Chapter 766 and its occult nature.\\]

(c) A custodian of public records and his or her designee must acknowledge requests to inspect or copy records promptly and respond to such requests in good faith. A good faith response includes making reasonable efforts to determine from other officers or employees within the agency whether such a record exists and, if so, the location at which the record can be accessed.
(d) A person who has custody of a public record **who asserts that an exemption applies to a part of such record shall redact that portion of the record** to which an exemption has been asserted and validly applies, and such person shall produce the remainder of such record for inspection and copying.
(e) If the person who has custody of a public record contends that all or part of the record is exempt from inspection and copying, he or she shall state the basis of the exemption that he or she contends is applicable to the record, including the statutory citation to an exemption created or afforded by statute.
(f) If requested by the person seeking to inspect or copy the record, the custodian of public records shall state in writing and with particularity the reasons for the conclusion that the record is exempt or confidential.
(g) In **any civil action in which an exemption to this section is asserted, if the exemption is alleged to exist under or by virtue** of s. 119.071(1)(d) or (f), (2)(d), (e), or (f), or (4)(c), the public record or part thereof in question **shall be submitted to the court for an inspection in camera**. If an exemption is alleged to exist under or by virtue of s. 119.071(2)(c), **an inspection in camera is discretionary with the court**. If the court finds that the asserted exemption is not applicable, **it shall order the public record or part thereof in question to be immediately produced for inspection or copying as requested by the person seeking such access**.
(h) **Even if an assertion is made** by the custodian of public records that

a requested record is not a public record subject to public inspection or copying under this subsection, the requested record shall, nevertheless, not be disposed of for a period of 30 days after the date on which a written request to inspect or copy the record was served on or otherwise made to the custodian of public records by the person seeking access to the record. If a civil action is instituted within the 30-day period to enforce the provisions of this section with respect to the requested record, the custodian of public records **may not dispose of the record except by order of a court of competent jurisdiction after notice to all affected parties**.

(i) **The absence of a civil action instituted for the purpose stated in paragraph (g) does not relieve the custodian of public records of the duty to maintain the record as a public record if the record is in fact a public record subject to public inspection and copying under this subsection and does not otherwise excuse or exonerate the custodian of public records from any unauthorized or unlawful disposition of such record**.

(2)(a) As **an additional means of inspecting or copying public records**, a custodian of public records may provide access to public records by remote electronic means, **provided exempt or confidential information is not disclosed**.

(b) The **custodian of public records shall provide safeguards to protect the contents** of public records from unauthorized remote electronic access or alteration and to prevent the disclosure or modification of those portions of public records which are exempt or confidential from subsection (1) or s. 24, Art. I of the State Constitution.

(c) **Unless otherwise required by law**, the custodian of public records may charge a fee for remote electronic access, granted under a contractual arrangement with a user, which fee may include the direct and indirect costs of providing such access. Fees for remote electronic access provided to the general public shall be in accordance with the provisions of this section.

(3)(a) **Any person shall have the right of access to** public records for the purpose of making photographs of the record while such record is in the possession, custody, and control of the custodian of public records.

(b) This subsection applies to the making of photographs in the conventional sense by use of a camera device to capture images of public records but excludes the duplication of microfilm in the possession of the clerk of the circuit court where a copy of the microfilm may be made available by the clerk.

(c) Photographing public records shall be done under the supervision of the custodian of public records, who may adopt and enforce reasonable rules governing the photographing of such records.
(d) Photographing of public records shall be done in the room where the public records are kept. If, in the judgment of the custodian of public records, this is impossible or impracticable, photographing shall be done in another room or place, as nearly adjacent as possible to the room where the public records are kept, to be determined by the custodian of public records. Where provision of another room or place for photographing is required, the expense of providing the same shall be paid by the person desiring to photograph the public record pursuant to paragraph (4)(e).
(4) The custodian of public records shall furnish a copy or a certified copy of the record upon payment of the fee prescribed by law. If a fee is not prescribed by law, the following fees are authorized:
(a)1. Up to 15 cents per one-sided copy for duplicated copies of not more than 14 inches by 81/2 inches;
2. No more than an additional 5 cents for each two-sided copy; and
3. For all other copies, the actual cost of duplication of the public record.
(b) The charge for copies of county maps or aerial photographs supplied by county constitutional officers may also include a reasonable charge for the labor and overhead associated with their duplication.
(c) An agency may charge up to $1 per copy for a certified copy of a public record.
(d) If the nature or volume of public records requested to be inspected or copied pursuant to this subsection is such as to require extensive use of information technology resources or extensive clerical or supervisory assistance by personnel of the agency involved, or both, the agency may charge, in addition to the actual cost of duplication, a special service charge, which shall be reasonable and shall be based on the cost incurred for such extensive use of information technology resources or the labor cost of the personnel providing the service that is actually incurred by the agency or attributable to the agency for the clerical and supervisory assistance required, or both.
(e)1. Where provision of another room or place is necessary to photograph public records, the expense of providing the same shall be paid by the person desiring to photograph the public records.
2. The custodian of public records may charge the person making the photographs for supervision services at a rate of compensation to be agreed upon by the person desiring to make the photographs and the custodian of public records. If they fail to agree as to the appropriate

charge, the charge shall be determined by the custodian of public records.
(5) When ballots are produced under this section for inspection or examination, no persons other than the supervisor of elections or the supervisor's employees shall touch the ballots. If the ballots are being examined before the end of the contest period in s. 102.168, the supervisor of elections shall make a reasonable effort to notify all candidates by telephone or otherwise of the time and place of the inspection or examination. All such candidates, or their representatives, shall be allowed to be present during the inspection or examination.
(6) An exemption contained in this chapter or in any other general or special law shall not limit the access of the Auditor General, the Office of Program Policy Analysis and Government Accountability, or any state, county, municipal, university, board of community college, school district, or special district internal auditor to public records when such person states in writing that such records are needed for a properly authorized audit, examination, or investigation. Such person shall maintain the exempt or confidential status of that public record and shall be subject to the same penalties as the custodian of that record for public disclosure of such record.
(7) An exemption from this section does not imply an exemption from s. 286.011. The exemption from s. 286.011 must be expressly provided.
(8) The provisions of this section are not intended to expand or limit the provisions of Rule 3.220, Florida Rules of Criminal Procedure, regarding the right and extent of discovery by the state or by a defendant in a criminal prosecution or in collateral postconviction proceedings. **This section may not be used by any inmate as the basis for failing to timely litigate any postconviction action**.
(9) After receiving a request to inspect or copy a record, an agency may not respond to that request by filing an action for declaratory relief against the requester to determine whether the record is a public record as defined by s. 119.011, or the status of the record as confidential or exempt from the provisions of subsection (1).

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Plaintiff states that this is the Florida State "Radiation" laws and or Statutes and nearly every one has a lenghty "History. ch. 91-429...." and "Note.— Former s. 290.061." at the end which has been omitted here. It is perfectly obvious the State has establish rules to do medical experimentation as included below by the Statutes themselves and the rules of the State and

medical providers, as shown above and in other filings of Plaintiffs.

Title XXIX., PUBLIC HEALTH., Chapter 404., **RADIATION**

404.011 Short title.
404.022 Declaration of policy.
404.031 Definitions.
404.042 **Designation of state radiation protection agency**.
404.051 **Powers and duties of the Department of Health**.
404.056 Environmental radiation standards and projects; certification of persons performing measurement or mitigation services; **mandatory testing**; notification on real estate documents; rules.
404.061 Licensing of naturally occurring, accelerator-produced, byproduct, source, and special nuclear materials.
404.0614 Licensing of commercial low-level radioactive waste management facilities.
404.0617 Siting of commercial low-level radioactive waste management facilities.
404.071 **Inspection, agreements, and training programs**.
404.081 **Records**.
404.091 Emergency orders.
404.101 Impounding of sources of radiation.
404.111 **Surety requirements**.
404.121 Perpetual care trust funds.
404.122 Radiation Protection Trust Fund.
404.131 Fees.
404.141 Prohibited uses.
404.161 Penalties.
404.162 Administrative penalties; emergency orders.
404.163 Injunctive relief.
404.166 County or municipal regulation prohibited.
404.171 Construction.
404.20 Transportation of radioactive materials.
404.22 **Radiation machines** and components; inspection.
404.30 Southeast Interstate Low-Level Radioactive Waste Management Compact; party state.
404.31 Florida participation.

404.011 Short title.—This chapter shall be known and may be cited as the "**Florida Radiation Protection Act**."

404.022 Declaration of policy.—**It is the responsibility of the State of Florida, for protection of the public health and safety**:
(1) **To institute and maintain a program to permit development and utilization of sources of radiation for purposes consistent with the health and safety of the public**.
(2) **To prevent any associated harmful effects of radiation upon the public through the institution and maintenance of a regulatory program for all sources of radiation, providing for**:
(a) **A single effective system of regulation within the state**.
(b) **A system consonant with those of other states**.
(c) **Compatibility with the standards and regulatory programs of the Federal Government for byproduct, source**, and special nuclear materials.

404.031 Definitions.—As used in this chapter, unless the context clearly indicates otherwise, the term:
(1) "Agreement materials" means those materials licensed by the state, under agreement with the United States Nuclear Regulatory Commission or its successor agency, which include byproduct, source, or special nuclear materials in a quantity not sufficient to form a critical mass, as defined by the Atomic Energy Act of 1954, as amended.
(2) "Agreement state" means any state which has consummated an agreement with the United States Nuclear Regulatory Commission under the authority of s. 274 of the Atomic Energy Act of 1954, as amended, as authorized by compatible state legislation providing for acceptance by that state of licensing authority for agreement materials and the discontinuance of such activities by the United States Nuclear Regulatory Commission.
(3) "Byproduct material" means any radioactive material, except special nuclear material, yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material.
(4) "Commercial low-level radioactive waste management facility" means a parcel of land, together with the structures, equipment, and improvements thereon or appurtenant thereto, which is used or is being developed by a person for the treatment, storage, or disposal of low-level radioactive waste other than that person's own generated waste.
(5) "Commercial low-level radioactive waste management license" means a specific license issued, after application, to a person to construct, operate, or provide for the closure and stabilization of a treatment, storage,

or disposal facility in order to treat, store, or dispose of low-level radioactive waste other than that person's own generated waste.
(6) "Department" means the Department of Health.
(7) "**Emergency" means any condition existing outside the bounds of nuclear operating sites** owned or licensed by a federal agency, **and further means any condition existing within or outside the jurisdictional confines of a facility licensed by the department** and arising from **byproduct material**,

[// "byproduct material," this means nurse notes as shown above?\\]

source material, special nuclear materials, or other radioactive materials, which is endangering, or could reasonably be expected to endanger, the health and safety of the public or to contaminate the environment.
(8) "General license" means a license effective pursuant to rules promulgated under the provisions of this chapter without the filing of an application to transfer, acquire, own, possess, or use quantities of, or devices or equipment utilizing, byproduct, source, or special nuclear materials or other radioactive materials occurring naturally or produced artificially.
(9) **"Ionizing radiation" means gamma rays and X rays, alpha and beta particles, high-speed electrons, protons, neutrons, and other nuclear particles, but not sound or radio waves or infrared, ultraviolet, or visible light**.
(10) "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state, or political subdivision or agency thereof, and any legal successor, representative, agent, or agency of the foregoing, other than the United States Nuclear Regulatory Commission, or any successor thereto, and other than Federal Government agencies licensed by the United States Nuclear Regulatory Commission, or any successors thereto.
(11) **"Radiation" means ionizing radiation**.
(12) "**Radiation machine" means any device designed to produce, or which produces, radiation or nuclear particles when the associated control devices of the machine are operated**.
(13) "Radioactive material" means any solid, liquid, or gas which emits ionizing radiation spontaneously; however, this definition does not include radioactive wastes regulated pursuant to the hazardous waste management sections of the federal Resource Conservation and Recovery

Act of 1976 or the Department of Environmental Protection's assumption of that program.
(14) "Radioactive waste" means any equipment or materials which are radioactive or have radioactive contamination and which are required pursuant to any governing laws, regulations, or licenses to be stored, treated, or disposed of as radioactive waste. The term "radioactive waste" is further defined as follows:
(a) "High-level waste" means irradiated reactor fuel, liquid wastes from reprocessing irradiated reactor fuel, and solids into which such liquid wastes have been converted.
(b) "Low-level waste" means radioactive waste not classified as high-level radioactive waste, transuranic waste, spent nuclear fuel, or byproduct material as defined in s. 11(e)(2) of the Atomic Energy Act of 1954.
(c) "Transuranic waste" means waste material containing transuranic elements with contamination levels greater than 10 nanocuries per gram of waste.
(15) "Registration" means the registering of a radiation machine with the department in accordance with the rules promulgated pursuant to this chapter.
(16) "Source material" means:
(a) Uranium, thorium, or any other material which the department declares to be source material after the United States Nuclear Regulatory Commission, or any successor thereto, has determined the material to be such; or
(b) Ores containing one or more of the foregoing materials in such concentration to be source material.
(17) "Sources of radiation" means, collectively, radioactive material and radiation machines.
(18) "Special nuclear material" means:
(a) Plutonium, uranium 233, uranium 235, uranium enriched in the isotope 233 or in the isotope 235, and any other material which the department declares to be a special nuclear material after the United States Nuclear Regulatory Commission, or any successor thereto, has determined the material to be such, but does not include source material; or
(b) **Any material artificially enriched** by any of the foregoing, but does not include **source material**.

*[// "**Any material artificially enriched,**" and "**source material"** adds to previous "byproduct material," this means nurse notes as shown above?\\]*

(19) “**Specific license**” means a license, issued after application, to use, manufacture, produce, transfer, receive, acquire, own, or possess quantities of, or devices or equipment utilizing, byproduct material, source material, special nuclear material, or other radioactive material occurring naturally or produced artificially.
(20) “United States Nuclear Regulatory Commission” means the United States Nuclear Regulatory Commission or its successor agency.
(21) “**Useful beam**” means that portion of the radiation emitted from a radiation machine through the aperture of the machine’s beam-limiting **device which is designed to focus the radiation on the intended target in order to accomplish the machine’s purpose when the machine’s exposure controls are in a mode to cause the system to produce radiation**.

404.042 **Designation of state radiation protection agency**.—The department is hereby designated the state agency to administer a statewide radiation protection program consistent with the provisions of this chapter.

404.051 **Powers and duties of the Department of Health**.—**For protection of the public health and safety**, the department is authorized to:
(1) **Develop comprehensive policies and programs for the evaluation**, determination, and amelioration of hazards associated with the use, possession, or disposal of sources of ionizing radiation. Such policies and programs shall be developed with due regard for compatibility or consistency with federal programs for regulation of radiation machines and byproduct, source, and special nuclear materials.
(2) Advise, consult, and cooperate with other agencies of the state, **the Federal Government, other states, interstate agencies, political subdivisions, and other organizations concerned with** the **safe use of sources of radiation**.
(3) **Encourage, participate in, or conduct studies, investigations**, public hearings, training, **research**, and demonstrations relating to the control of sources of ionizing radiation, the measurement of ionizing radiation, the effect upon public health and safety of exposure to ionizing radiation, and related problems.
(4) **Adopt, promulgate, amend, and repeal rules and standards** which **may provide for licensure,** registration, or **regulation** relating to the manufacture, production, transportation, use, possession, handling,

treatment, storage, disposal, sale, lease, or other disposition of radioactive material, including naturally occurring radioactive material and low-level radioactive waste, and radiation machines as may be necessary to carry out the provisions of this chapter. The recommendations of nationally recognized bodies in the field of radiation protection shall be taken into consideration in the adoption, promulgation, amendment, and repeal of such rules and standards.

(5) Require the submission of plans, specifications, and reports for new construction and material alterations on the design and protective shielding of installations for radioactive material and radiation machines, excluding X-ray machines of less than 200,000 volts potential, and on systems for the disposal of radioactive wastes, for the determination of any ionizing radiation hazard; and it may render opinions and approve or disapprove such plans and specifications.

(6) **Require all sources of ionizing radiation to be shielded, transported, handled, used, possessed, treated, stored, or disposed of in a manner to provide compliance with the provisions of this chapter and rules and standards adopted hereunder**.

(7) **Conduct evaluations of the levels of radioactive materials in the environment for the purpose of determining whether there is compliance with**, or violation of, the provisions or standards contained in this chapter or the rules issued pursuant hereto or to otherwise protect the public health and safety.

(8) **Collect and disseminate information** relating to the control of sources of ionizing radiation, including, but not limited to:

(a) **Maintenance of files** of all radioactive material license applications, issuances, denials, amendments, transfers, renewals, modifications, suspensions, and revocations.

(b) **Maintenance of files of all radiation machine registrants** requiring registration under the provisions of this chapter.

(c) **Maintenance of files of department licensees** and nuclear power plant licensees of the United States Nuclear Regulatory Commission that generate low-level radioactive waste, recording the quarterly amount of low-level radioactive waste shipped by each licensee to commercial low-level radioactive waste management facilities.

(9) Require, on forms prescribed and furnished by the department, registration and periodic reregistration of radiation machines, and licensing and periodic renewal of licenses for radioactive materials.

(10) Exempt certain sources of ionizing radiation, or kinds of uses or users, from the licensing or registration requirements set forth in this

chapter when the department determines that the exemption of such sources of ionizing radiation, or kinds of users or uses, will not constitute a significant risk to the health and safety of the public.
(11) Adopt rules pursuant to this chapter which may provide for the recognition of other state and federal licenses **as the department deems desirable, subject to such registration requirements as it may prescribe**.
(12) **Respond to any emergency which involves possible or actual release of** radioactive **materials**, carry out or supervise any **required decontamination, and otherwise protect the public health and safety**.
(13) **Act as the designated state agency in this state responsible for ensuring compliance** with the provisions of the Southeast Interstate Low-Level Radioactive Waste Compact and for assessing penalties for noncompliance with such provisions as prescribed in ss. 404.161 and 404.162.
(14) Require department licensees and nuclear power plant licensees of the United States Nuclear Regulatory Commission to take appropriate measures to reduce the volume of low-level radioactive waste they generate, and to monitor the progress of department licensees and nuclear power plant licensees of the commission in reducing such volume.
(15) **Develop and implement a responsible data-management program** for the purpose of collecting and analyzing statistical information necessary to protect the public health and safety and to reply to requests from the Southeast Interstate Low-Level Radioactive Waste Commission for data and information.
(16) **Accept and administer loans, grants, or other funds or gifts**, conditional or otherwise, in furtherance of its functions from the Federal Government and from other sources, **public or private**.

404.056 Environmental radiation standards and projects; certification of persons performing measurement or mitigation services; **mandatory testing**; notification on real estate documents; **rules**.—

(1) **STANDARDS**.—To preserve and protect the public health, the department is authorized to establish, by rule, environmental radiation standards for buildings, and to **conduct programs designed to reduce human exposure to such harmful environmental radiation**. In the **establishment of such standards**, the department shall consider:
(a) Existing federal standards or guidelines.
(b) The **recommendations of nationally recognized bodies which are**

expert in the field of radiation protection.
(c) The radiation effect of water supplies.
(d) The use made, or to be made, of the land for residential dwellings, public or private schools, **health care facilities, or other purposes**.
(e) **The availability of measures to mitigate the effect of the radiation**.
For the purposes of this section, “building” means any structure that encloses space used for sheltering any occupancy. Each portion of a building separated from other portions by a firewall shall be considered a separate building.

(2) CERTIFICATION.—
(a) The department may certify persons who perform radon gas or radon progeny measurements, including sample collection, analysis, or interpretation of such measurements, and who perform mitigation of buildings for radon gas or radon progeny, and shall collect a fee for such certification. Before performing radon measurement or radon mitigation services, including collecting samples, performing analysis, or interpreting measurement results, a certified individual must own, be employed by, or be retained as a consultant to a certified radon measurement or certified radon mitigation business. The department may establish criteria for the application, certification, and annual renewal of basic and advanced levels of certification for individuals, which may include requirements for education and experience, approved training, examinations, and reporting. The department may approve training courses for certification and establish criteria for training courses and instructors. The department may observe and evaluate training sessions, instructors, and course material without charge.
(b) A person may not participate in performing radon gas or radon progeny measurements, including sample collection, analysis, or interpretation of such measurements, or perform mitigation of buildings for radon gas or radon progeny, and charge a fee or obtain other remuneration as benefit for such services or devices, unless that person is certified by the department. A certification issued in accordance with this section automatically expires at the end of the certification period stated on the certificate. An uncertified commercial business may subcontract radon measurements to a certified radon business. The uncertified commercial business must provide the complete radon report from the certified radon business to the client and direct all the client’s questions about the measurements or radon report to the certified radon business.
(c) The results of measurements of radon gas or radon progeny

performed by persons certified under the provisions of this subsection shall be reported to the department and persons contracting for the service. Upon request, the results of measurements of radon gas or radon progeny which are performed to evaluate the effectiveness of a radon mitigation system shall be reported to the certified business that installed the mitigation system. The report must include the radon levels detected; the location, age, and description of the building; the name and certification numbers of the certified radon measurement business and individual who performed the measurements; and other information determined by the department to meet the requirements of the protocols and procedures for the type of measurement performed. Each installation of a radon mitigation system performed by a person certified under this section must be reported to the department according to the schedule set by the department. The report must include the premitigation and postmitigation radon levels; the type or types of systems installed; the location, age, and description of the building; and the name and certification number of the certified mitigation business that performed the mitigation.

(d) Authorized representatives of the department may inspect the business and records of any person certified under the provisions of this subsection, at all reasonable times, to examine records and test procedures to determine compliance with or violation of the provisions of this section.

(e) Any person who practices fraud, deception, or misrepresentation in performing radon gas or radon progeny measurements or in performing mitigation of buildings for radon gas or radon progeny is subject to the penalties provided in s. 404.161.

(f) The department may charge and collect nonrefundable fees for the certification and annual recertification of persons who perform radon gas or radon progeny measurements or who perform mitigation of buildings for radon gas or radon progeny. The amount of the initial application fee and certification shall be not less than $200 or more than $900. The amount of the annual recertification fee shall be not less than $200 or more than $900. The fee amounts shall be the minimum fee prescribed in this paragraph, and such fee amounts shall remain in effect until the effective date of a fee schedule promulgated by rule by the department. The fees collected shall be deposited in the Radiation Protection Trust Fund and shall be used only to implement the provisions of this section. The surcharge established pursuant to s. 553.721 may be used to supplement the fees established in this paragraph in carrying out the provisions of this subsection.

(g) The department may establish enforcement procedures; deny an application for initial or renewal certification; deny, suspend, or revoke a certification; or impose an administrative fine not to exceed $1,000 per violation per day, for the violation of any provision of this section or rule adopted under this section.
(h) A certificateholder in good standing remains in good standing when he or she becomes a member of the Armed Forces of the United States on active duty without payment of renewal fees as long as he or she is a member of the Armed Forces on active duty and for a period of 6 months after his or her discharge from active duty, if he or she is not engaged in practicing radon measurement or radon mitigation in the private sector for profit. The certificateholder must pay a renewal fee to renew the certificate.
(i) A certificateholder who is in good standing remains in good standing if he or she is absent from the state because of his or her spouse's active duty with the Armed Forces of the United States. The certificateholder remains in good standing without payment of renewal fees as long as his or her spouse is a member of the Armed Forces on active duty and for a period of 6 months after the spouse's discharge from active duty, if the certificateholder is not engaged in practicing radon measurement or radon mitigation in the private sector for profit. The certificateholder must pay a renewal fee to renew the certificate.
(j) The department may set criteria and requirements for the application, certification, and annual renewal of certification for radon measurement and mitigation businesses, which may include:
1. Requirements for measurement devices and measurement procedures, including the disclosure of mitigation materials, systems, and other mitigation services offered.
2. The identification of certified specialists and technicians employed by the business and requirements for specialist staffing and duties.
3. The analysis of measurement devices by proficient analytical service providers.
4. Requirements for a quality assurance and quality control program.
5. The disclosure of client measurement reporting forms and warranties and operating instructions for mitigation systems.
6. Requirements for radon services publications and the identification of the radon business certification number in advertisements.
7. Requirements for a worker health and safety program.
8. Requirements for maintaining radon records.
9. The operation of branch office locations.
10. Requirements for supervising subcontractors who install mitigation

systems.

11. Requirements for building code inspections and evaluation and standards for the design and installation of mitigation systems.

12. Prescribing conditions of premitigation and postmitigation measurements.

13. Requirements for renewals received after the automatic expiration date of certification.

14. Requirements for obtaining a duplicate or replacement certificate, including a fee not to exceed the cost of producing the duplicate or replacement certificate.

15. Requirements for reporting, including timeframes and content.

(k) Any change in the information provided to the department in the original business application to be reported within 10 days after the change.

(3) **PUBLIC INFORMATION**.—The department shall initiate and administer a program designed to educate and inform the public concerning radon gas and radon progeny, which program shall include, but not be limited to, the origin and health effects of radon, how to measure radon, and construction and mitigation techniques to reduce exposure to radon. The surcharge established pursuant to s. 553.721 may be used to supplement the fees established in paragraph (2)(f) in carrying out the provisions of this subsection.

(4) **MANDATORY TESTING**.—All public and private school buildings or school sites housing students in kindergarten through grade 12; all state-owned, state-operated, state-regulated, or state-licensed 24-hour care facilities; and all state-licensed day care centers for children or minors which are located in counties designated within the Department of Business and Professional Regulation’s Florida Radon Protection Map Categories as “Intermediate” or “Elevated Radon Potential” shall be measured to determine the level of indoor radon, using measurement procedures established by the department. Initial measurements shall be conducted in 20 percent of the habitable first floor spaces within any of the regulated buildings and shall be completed and reported to the department within 1 year after the date the building is opened for occupancy or within 1 year after license approval for the entity residing in the existing building. Followup testing must be completed in 5 percent of the habitable first floor spaces within any of the regulated buildings after the building has been occupied for 5 years, and results must be reported to the department by the first day of the 6th year of occupancy. After radon measurements have

been made twice, regulated buildings need not undergo further testing unless significant structural changes occur. No funds collected pursuant to s. 553.721 shall be used to carry out the provisions of this subsection.

(5) NOTIFICATION ON REAL ESTATE DOCUMENTS.—Notification shall be provided on at least one document, form, or application executed at the time of, or prior to, contract for sale and purchase of any building or execution of a rental agreement for any building. Such notification shall contain the following language:
“RADON GAS: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county health department.”

The requirements of this subsection do not apply to any residential transient occupancy, as described in s. 509.013(12), provided that such occupancy is 45 days or less in duration.

(6) RULES.—**The department shall have the authority to promulgate rules necessary to carry out the provisions of this section**, including the definition of terms.

404.061 Licensing of **naturally occurring**, **accelerator-produced**, **byproduct**, **source**, and special nuclear **materials**.—

*[// Plaintiff states this seems to be saying those with cancer “404.061 Licensing of **naturally occurring**,” get experimented on, and then those who have nurse and doctors and facilities conspire also do medical experimentation “**accelerator-produced**, **byproduct**, **source**, and special nuclear **materials**.—“\\]*

(1) The Governor is authorized to enter into agreements with the Federal Government which provide for discontinuance of certain of the responsibilities of the Federal Government with respect to sources of ionizing radiation and the assumption thereof by this state.
(2) Upon the signing of an agreement as provided in subsection (1), the department shall provide by rule for general or specific licensing of persons to use, manufacture, produce, transport, transfer, receive, acquire, own, or

possess naturally occurring, accelerator-produced, byproduct, source, or special nuclear materials or devices, installations, or equipment utilizing such materials. Such rule shall provide for amendment, modification, suspension, denial, or revocation of licenses. Each application for a specific license shall be in writing, on forms prescribed and furnished by the department, and shall state such information, and be accompanied by such documents, including, but not limited to, plans, specifications, and reports for new construction or material alterations, as the department determines to be reasonable and necessary to decide the qualifications of the applicant and to protect the public health and safety. The department may make or cause to be made such inspections and investigations, and require the submission of such written statements, as it deems necessary. The department may require all applications or statements to be made under oath or affirmation. Each license shall be in such form and contain such terms and conditions as the department deems necessary. The terms and conditions of all licenses shall be subject to amendment, revision, or modification by rules or orders issued in accordance with the provisions of this chapter.
(3)(a) Each license shall be valid only for the persons to whom it is issued and shall not be subject to sale, assignment, or other transfer, voluntary or involuntary; and a license shall not be valid for any premises or authorize any possession or use other than that for which it was originally issued.
(b) An application for a new license is required when:
1. A majority of the ownership or controlling interest of a license has been transferred or assigned; and
2. A lessee has agreed to undertake or provide services to the extent that the legal liability for the possession or use of sources of radiation rests with the lessee.
(4) Nothing in this chapter authorizes any regulatory or licensing activities which are regulated by the Federal Government unless the Federal Government delegates appropriate authority for such activities to this state.

404.0614 Licensing of commercial low-level radioactive waste management facilities.—
(1) Any person desiring to construct, operate, or close a commercial low-level radioactive waste management facility in this state shall file an application with the department for a commercial low-level radioactive waste management license. An application for a commercial low-level radioactive waste management license shall include, but not be limited to, the following:

(a) Location and ownership of the proposed site;
(b) A description of the chemical and physical properties of low-level radioactive waste to be treated, stored, or disposed of at the proposed facility;
(c) The estimated annual volume of low-level radioactive waste to be treated, stored, or disposed of at the proposed facility;
(d) Description of human occupancy within a 3-mile radius of the proposed site location;
(e) Site-specific information regarding the ecological, meteorological, topographical, hydrological, geological, and seismological characteristics of the proposed site;
(f) Usage of ground and surface waters in the general area surrounding the proposed site location;
(g) Design plans to assure that radioactive exposure to humans and the environment is within those limits established by federal and state laws and rules;
(h) Radiation safety procedures for the handling and disposal of low-level radioactive waste;
(i) Transportation routes that would be used by transporters of low-level radioactive waste;
(j) A financial statement showing the applicant’s ability to construct or operate a facility and complete the closure and postclosure observation and maintenance duties required by applicable federal and state laws and rules and to provide sufficient funds to any required perpetual care trust fund for the maintenance, monitoring, and surveillance of a facility, to be used after postclosure observation and maintenance have been completed;
(k) An applicant’s binding financial plan for carrying out facility closure and postclosure observation and maintenance;
(l) An applicant’s binding financial plan, or arrangement between the applicant and the site owner, that ensures sufficient funds will be available to provide for maintenance, monitoring, and surveillance of a facility, to be used after closure and postclosure observation and maintenance have been completed; and
(m) Any additional information required by the department.
(2) The department, within 90 days of receiving an application for a license to construct, operate, or close a commercial low-level radioactive waste management facility, shall forward a copy of the application to the Department of Environmental Protection and, after review by both departments, notify the applicant of any errors or omissions and request any additional information needed by the Department of Environmental

Protection to issue a report to the Department of Health as required by subsection (3) and needed by the Department of Health to review the license application.
(3) The department, after receiving a complete license application, shall notify the Department of Environmental Protection that a complete license application to construct, operate, or close a commercial low-level radioactive waste management facility has been received, shall send a copy of the complete application to the Department of Environmental Protection, and shall request a report from the Department of Environmental Protection describing the ecological, meteorological, topographical, hydrological, geological, and seismological characteristics of the proposed site. Such report shall be completed no later than 180 days from the date the department requests the report. The Department of Environmental Protection shall be reimbursed for the cost of the report from fees collected by the Department of Health pursuant to subsection (8).
(4) Using reference guidelines provided by the Southeast Interstate Low-Level Radioactive Waste Commission pursuant to Article IV of the Southeast Interstate Low-Level Radioactive Waste Compact, the department shall establish the necessary criteria and procedures for evaluating a proposed site location for a commercial low-level radioactive waste management facility. In addition, the department shall also develop the necessary criteria and procedures for evaluating the following:
(a) A proposed facility design for a commercial low-level radioactive waste management facility;
(b) A proposed financial plan for carrying out facility closure and postclosure observation and maintenance; and
(c) A proposed financial plan, or arrangement between an applicant and a site owner, of a commercial low-level radioactive waste management facility that provides for the maintenance, monitoring, and surveillance of such facility, to be used after closure and postclosure observation and maintenance have been completed.
(5) The department shall consider the report by the Department of Environmental Protection in addition to information required by the Department of Health in the license application and, within 180 days from receiving that report, decide whether to grant a license to construct, operate, or close the commercial low-level radioactive waste management facility. Such a license shall be subject to renewal by the department as specified in the terms of the license initially granted by the department. The failure of the department to renew a license does not relieve the licensee of any obligations incurred under this section.

(6) At least two public hearings shall be held by the department in the community nearest the proposed site of a commercial low-level radioactive waste management facility to gain public input regarding the construction, operation, or closure of such facility and to use that input in considering whether to grant a license. The first public hearing shall be held by the department no sooner than 30 days and no later than 45 days after the department notifies the governing body of each municipality or county within 3 miles of the proposed facility and the municipality and county in which the proposed facility is located that a complete license application has been received. The first public hearing shall be held in the area of the local government having jurisdiction over the proposed site. The second public hearing shall be held by the department after it receives the Department of Environmental Protection report as required in subsection (3).
(7) If an application for a commercial low-level radioactive waste license results from the Southeast Interstate Low-Level Radioactive Waste Commission designating this state as a host state, pursuant to Article IV of the Southeast Interstate Low-Level Radioactive Waste Compact, the department shall have legal standing to intervene on behalf of the State of Florida and may seek modification of, or exemption from, host state designation by the Southeast Interstate Low-Level Radioactive Waste Commission.
(8) The department shall charge and collect reasonable fees from applicants for commercial low-level radioactive waste management licenses. Such fees shall be no greater than the estimated costs to the department of reviewing and taking final action on a license application and the estimated costs to the Department of Environmental Protection of issuing a report as required in subsection (3). The department may base the amount of such fees upon the size and type of commercial low-level radioactive waste management facility an applicant wishes to construct, operate, or close.

404.0617 Siting of commercial low-level radioactive waste management facilities.—
(1) The department, within 30 days of receipt of a complete application for a commercial low-level radioactive waste management license, shall notify the governing body of each municipality or county within 3 miles of the proposed facility and the municipality and county in which the proposed facility is located that a complete license application has been received and shall publish notice in a newspaper of general circulation in the area of the

proposed facility that a complete license application has been received.
(2) Upon notification of receipt of a complete license application by the department as required by subsection (1), the municipality or county having jurisdiction over the proposed site shall, within 90 days of such notification, determine whether or not the proposed site is consistent and in compliance with adopted local government comprehensive plans, local land use ordinances, local zoning ordinances or regulations, and other local ordinances in effect at the time a complete license application is made.
(3) If the municipality or county fails to make a determination pursuant to subsection (2) within 90 days of department notification of receipt of a complete license application or determines within 90 days of such notification that a proposed facility does not comply with such plans, ordinances, or regulations, the applicant may request the Governor and Cabinet to grant a variance from such plans, ordinances, or regulations.
(4) The Governor and Cabinet shall consider the following when determining whether to grant a petition for a variance from local ordinances, regulations, or plans:
(a) Any interstate contractual obligations to create the commercial low-level radioactive waste management facility;
(b) Such studies, reports, and information as the Governor and Cabinet may request of the department addressing the effect a proposed facility would have on the groundwater, surface water, land, and air; the feasibility of alternative methods of storage, treatment, or disposal of the low-level radioactive waste to be handled at the proposed facility; the need for the commercial low-level radioactive waste management facility based on the amount of low-level radioactive waste being generated in this state; the availability of possible suitable locations for the commercial low-level radioactive waste management facility elsewhere in this state; and the economics of transporting the low-level radioactive waste to be disposed of, stored, or treated at the proposed facility to alternative existing facilities in or out of this state;
(c) Any additional information from the department deemed necessary by the Governor and Cabinet to determine whether to grant a petition for a variance from local ordinances, regulations, or plans; and
(d) Such studies, reports, and information as the Governor and Cabinet may request of the Department of Economic Opportunity addressing whether or not the proposed facility unreasonably interferes with the achievement of the goals and objectives of any adopted state or local comprehensive plan and any other matter within its jurisdiction.
(5) The Governor and Cabinet may attach conditions and restrictions to

any variance granted pursuant to this section.

404.071 Inspection, agreements, and training programs.—
(1) Authorized representatives of the department have the authority to enter upon any public or private property at all reasonable times for the purpose of determining compliance with or violation of the provisions of this chapter, the rules and standards adopted hereunder, and the terms and conditions of a license or registration.
(2) The Governor may enter into agreements with the Federal Government, other states, or interstate agencies whereby this state will perform, on a cooperative basis with the Federal Government, other states, or interstate agencies, inspections, emergency responses to radiation accidents, and other functions related to the control of radiation.
(3) The department is authorized to institute training programs for the purpose of qualifying personnel to carry out the provisions of this chapter and may make such personnel available for participation in any program or programs of the Federal Government, other states, or interstate agencies in furtherance of the purpose of this chapter. Educational programs for the purpose of training or educating persons who possess, use, handle, transport, or service radioactive materials or radiation machines must be approved by the department.

404.081 Records.—
(1) The department is authorized to require each person who possesses or uses a source of ionizing radiation to:
(a) Maintain appropriate records relating to its receipt, storage, use, transfer, generation, treatment, or disposal and maintain such other records as the department may require, subject to such exemptions as may be provided by rule, and to use existing data reporting systems when possible.
(b) Maintain appropriate records showing the radiation exposure of all individuals for whom personnel monitoring may be required by the department, subject to such exemptions as may be provided by rule. Copies of all records required to be kept by this subsection shall be submitted to the department or its duly authorized agents upon request.

(2) The department is authorized to require that any person possessing or using a source of ionizing radiation, at the request of any employee for whom personnel monitoring is required, furnish to such employee a copy of such employee's personnel exposure record annually, upon termination of employment, and at any time such employee has received excessive

exposure.

404.091 Emergency orders.—Whenever the department finds that an emergency exists which requires immediate action to protect the public health and safety or the environment, the department may, without notice or hearing, issue an order stating the existence of such emergency and requiring that such action be taken as is necessary to meet the emergency. Notwithstanding any provision of this chapter, such order shall be effective immediately. Any person to whom such order is directed shall comply therewith immediately and, on application to the department, shall be afforded a hearing within 10 days. On the basis of such hearing, the emergency order may be continued, modified, or revoked within 30 days after such hearing, as the department deems appropriate under the evidence.

404.101 Impounding of sources of radiation.—
(1) The department shall have the authority, in the event of an emergency, to impound or order the impounding of sources of ionizing radiation and the associated shielding in the possession of any person who is not equipped to observe, or who fails to observe, the provisions of this chapter, the rules promulgated hereunder, or any term or condition of a license or registration.
(2) The department may release such sources of ionizing radiation and the associated shielding to the owner thereof upon terms and conditions in accordance with the provisions of this chapter or may bring an action in the appropriate circuit court for an order directing the disposal of such sources of ionizing radiation and the associated shielding or other disposition so as to protect the public health and safety and the environment. The costs of decontamination, transportation, burial, disposal, or other disposition shall be borne by the owner, licensee, or other responsible party as determined by the department.

404.111 Surety requirements.—
(1)(a) In addition to the fee provided in s. 404.131(2), the department may require a person possessing a specific license to post a bond. The department shall establish, by rule, bonding criteria. In establishing such bonding criteria, the department shall consider:
1. The chemical and physical form of the licensed radioactive material.
2. The quantity of radioactive material authorized.
3. The particular radioisotopes authorized and their subsequent radiotoxicity.

4. The method in which the radioactive material is possessed, used, stored, processed, transferred, or disposed of.
5. The potential cost of decontamination, treatment, or disposal of a licensee's equipment and facilities.
(b) A person who possesses a specific license to commercially treat, store, or dispose of low-level radioactive waste shall be required to post a bond.
(c) A bond deemed acceptable in this state shall be a bond issued by a fidelity or surety company authorized to do business in this state or a cash bond.
(d) The department is authorized to exempt, by rule, any category of licensees from the requirement of paragraph (a) when a determination is made that such exemption will not result in a significant risk to the public health and safety or the environment and will not pose a financial risk to the state.
(e) All state and local government agencies are exempt from this subsection.
(2) In lieu of posting a bond as required under subsection (1), a licensee may:
(a) Deposit with the Chief Financial Officer securities of the type eligible for deposit by insurers under s. 625.52, which securities must have at all times a market value of not less than the amount of the bond required under subsection (1).
(b) Whenever the market value of the securities deposited with the Chief Financial Officer is less than 95 percent of the amount required by the department, the licensee shall deposit additional securities or otherwise increase the deposit to the amount required.
(c) The state is responsible for the safekeeping of all securities deposited with the Chief Financial Officer under this section. Such securities are not, on account of being in this state, subject to taxation but shall be held exclusively and solely to guarantee the faithful performance by the licensee of its obligations.
(d) The depositing licensee shall have the right to exchange or substitute other securities of like quality and value for securities so on deposit, to receive the interest and other income accruing to such securities, and to inspect the deposit at all reasonable times.
(e) Such deposit shall be maintained unimpaired so long as the licensee continues in business in this state. Whenever the licensee ceases to do business in this state and furnishes the department satisfactory proof that it has discharged or otherwise adequately provided for all its obligations in

this state, the Chief Financial Officer shall release the deposit securities to the parties entitled thereto, on the receipt of authorization from the department.

(3) A specific licensee who has posted a bond or deposited securities with the department, and has forfeited the same due to abandonment, default, insolvency, or other liability of the licensee to meet the requirements of the department or applicable state statutes or rules, shall have such bonds or securities deposited in the Radiation Protection Trust Fund.

(4) Nothing in this section or s. 404.122 may be deemed to relieve any licensee of any civil or criminal liability incurred; nor may anything contained in this section or s. 404.122 be construed to relieve the licensee from his or her obligation to pay to prevent or mitigate the consequences of abandonment of radioactive materials, default on lawful obligations, insolvency, or other inability to meet the requirements of the department.

404.121 Perpetual care trust funds.—

(1) The department may require a licensee to deposit funds quarterly into a trust fund known as the Perpetual Care Trust Fund when it is deemed that there is a reasonable possibility that the licensed facility may eventually cease to operate although still containing, or having associated with the facility property, licensable radioactive material, including low-level radioactive waste, which will require maintenance, monitoring, surveillance, or other care on a continuing and perpetual basis.

(2) The department shall require a person possessing a commercial low-level radioactive waste management license to deposit in a trust fund, quarterly, funds sufficient to provide for maintenance, monitoring, and surveillance of a facility, to be used after the person possessing such license completes the closure and postclosure observation and maintenance duties required by applicable federal and state laws and rules.

(3) In order to provide for the proper care and surveillance of facilities subject to subsections (1) and (2), the state may acquire, by gift or transfer from another government agency or private person, any and all lands, buildings, and grounds necessary to fulfill the purposes of this section. Any such gift or transfer is subject to approval and acceptance by the state.

(4) The department may, by lease or license with any person, provide for the operation of a site or facility subject to this section for the purpose of carrying out the provisions of this chapter. Any lessee or licensee operating under the provisions of this subsection shall be subject to the provisions of this section.

(5) The funds required by subsections (1) and (2) shall be established at

such rate that interest on the sum of all funds reasonably anticipated as payable shall provide an annual amount equal to the anticipated reasonable costs necessary to maintain, monitor, and otherwise supervise and care for the lands and facilities as required in the interest of public health and safety. The department shall adopt and promulgate rules for the length of time and the amount of funds required to implement a program of maintenance, monitoring, and surveillance of a commercial low-level radioactive waste management facility, to be used after the operator completes the closure and postclosure observation and maintenance duties required by applicable federal and state laws and rules. In arriving at the rate of funds to be deposited, the department shall consider the nature of the radioactive material, including low-level radioactive waste, size and type of facility, estimated future receipts, and estimated future expenses of maintenance, monitoring, and supervision.

(6) Recognizing the uncertainty of the existence of a person or corporation in perpetuity, and that ultimate responsibility to protect the public health and safety must be reposed in a solvent government, without regard to the existence of any particular agency or department thereof, all lands, buildings, and grounds acquired by the state under subsection (3) shall be owned in fee simple absolute by the state and dedicated in perpetuity to the purposes stated in subsection (3). All radioactive material, including low-level radioactive waste, received at such facility and located therein at time of acquisition of ownership by the state becomes the property of the state.

(7) In the event a person licensed by any governmental agency other than this state desires to transfer a facility to the state for the purpose of administering or providing perpetual care, a lump-sum deposit shall be made to a trust fund. The amount of such deposit shall be determined by the department, taking into consideration the factors stated in subsection (5).

(8) All state and local government agencies are exempt from this section.

404.122 Radiation Protection Trust Fund.—

(1) The department may use the Radiation Protection Trust Fund to pay for measures to prevent or mitigate the adverse effects from a licensee’s abandonment of radioactive materials, default on lawful obligations, insolvency, or other inability to meet the requirements of the department or applicable state statutes or rules and to assure the protection of the public health and safety and the environment from the adverse effects of ionizing radiation.

(2) The department may provide by contract, agreement, lease, or license with any person for the decontamination, closure, decommissioning, reclamation, surveillance, or other care of a site or facility subject to this section, as needed to carry out the purpose of this section.
(3) The existence of the Radiation Protection Trust Fund does not make the department liable for the costs of decontamination, transfer, transportation, reclamation, surveillance, or disposal of radioactive material arising from a licensee's abandonment of radioactive material, default on lawful obligations, insolvency, or inability to meet the requirements of the department.

404.131 Fees.—
(1) The department is authorized to charge and collect reasonable fees for specific and general licenses and for the registration of radiation machines. The fees shall not exceed the estimated costs to the department of performing licensing, registration, inspection, and other regulatory duties. Unless otherwise provided by law, such fees shall be deposited to the credit of the Radiation Protection Trust Fund, to be held and applied solely for salaries and expenses of the department incurred in implementing and enforcing the provisions of this chapter.
(2) The department shall require that each person who possesses a specific license to use, manufacture, produce, transport, transfer, receive, acquire, own, or possess radioactive material annually pay to the department an additional 5 percent of his or her annual licensing and inspection fee for the purposes of s. 404.122. All fees collected as specified in this subsection shall be deposited in the Radiation Protection Trust Fund. These fees are not refundable.
(3)(a) The department is authorized to charge and collect reasonable fees from department licensees and nuclear power plant licensees of the United States Nuclear Regulatory Commission who ship low-level radioactive waste to commercial low-level radioactive waste management facilities. Such fees shall be levied according to the cubic foot amount of low-level radioactive waste shipped quarterly by each department licensee and nuclear power plant licensee of the United States Nuclear Regulatory Commission and shall be set by the department to provide an amount no greater than the costs to the department of surveying the external radiation levels of a vehicle carrying low-level radioactive waste, inspection of the package bracing of a vehicle carrying low-level radioactive waste, verification of required marking and placarding of a vehicle carrying low-level radioactive waste, examination of required shipping papers, routing of

low-level radioactive waste shipments to their final destinations, and ensuring compliance with the provisions of the Southeast Interstate Low-Level Radioactive Waste Compact. Fees shall be $1.25 per cubic foot for the first year and shall be determined by department rule for succeeding years.
(b) All moneys collected by the department shall be deposited in the Radiation Protection Trust Fund.
(4)(a) The department is authorized to charge and collect reasonable fees in an amount no greater than the costs to the department of issuing a permit to a person to transport low-level radioactive waste into or through the borders of the state which is destined to a commercial low-level radioactive waste management facility.
(b) All moneys collected by the department shall be deposited in the Radiation Protection Trust Fund.
(5)(a) The department is authorized to collect reasonable fees from industries extracting solid minerals as defined in s. 211.30(1), licensees, and nuclear power plants to meet the actual costs of surveillance activities performed for the purpose of monitoring the radiological environmental impact of activities conducted by such solid mineral extraction industries, licensees, and nuclear power plants.
(b) All moneys collected by the department shall be deposited into the Radiation Protection Trust Fund and used for environmental surveillance activities.

404.141 Prohibited uses.—It is unlawful for any person to use, manufacture, produce, transport, transfer, receive, acquire, own, or possess any source of radiation unless licensed, registered, or exempted by the department in accordance with the provisions of this chapter and the rules adopted and promulgated hereunder.

404.161 Penalties.—
(1) Any person who violates any of the provisions of this chapter or any rule promulgated hereunder is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
(2) Any person who interferes with, hinders, or opposes any agent, officer, or member of the department in the discharge of his or her duties under this chapter is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
(3) Any person who fails to comply with a lawful order issued pursuant to this chapter within the time fixed by the department or the time allowed for

review under s. 404.163, whichever is longer, is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
(4) Any person who is not an official of another state and who violates any of the provisions of the Southeast Interstate Low-Level Radioactive Waste Compact is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

404.162 Administrative penalties; emergency orders.—
(1)(a) The department may modify, deny, suspend, or revoke a license or a registration, or impose an administrative fine not to exceed $1,000 per violation per day, for the violation of any provision of this chapter, rule promulgated hereunder, or term or condition of any license or registration issued by the department.
(b) In determining the amount of fine to be levied for a violation, as provided in paragraph (a), the following factors shall be considered:
1. The severity of the violation and the extent to which the provisions of this chapter, the rules promulgated hereunder, or any terms or conditions of any license or registration were violated.
2. Actions taken by the licensee or registrant to correct the violation.
3. Any previous violations by the licensee or registrant.
(c) All amounts collected pursuant to this section shall be deposited in the Radiation Protection Trust Fund.
(2) The department may issue an emergency order immediately suspending or revoking a license or a registration when it determines that any condition related to the license or registration presents a clear and present danger to public health or safety or the environment.

404.163 Injunctive relief.—**Notwithstanding the existence or pursuit of any other remedy, the department may maintain an action in the name of the state for injunction or other process to enforce any provision of this chapter**, rule promulgated hereunder, or term or condition of a license or registration issued by the department.

404.166 County or municipal regulation prohibited.—Notwithstanding any special law or general law of local application to the contrary, a municipality or county may not elect to regulate the possession, use, or transportation of sources of radiation.

404.171 Construction.—This chapter is cumulative and is intended to

supplement existing laws, and no part shall be construed to repeal any existing law, specifically enacted for the protection of public health and safety, with the exception of those sections included in this chapter.

404.20 Transportation of radioactive materials.—
(1) The department shall adopt reasonable rules governing the transportation of radioactive materials which, in the judgment of the department, will promote the public health, safety, or welfare and protect the environment.
(a) Such rules shall be limited to provisions for the packing, marking, loading, and handling of radioactive materials, and the precautions necessary to determine whether the material when offered is in proper condition for transport, and shall include criteria for departmental approval of routes in this state which are to be used for the transportation of radioactive materials as defined in 49 C.F.R. s. 173.403(l)(1), (2), and (3) and (n)(4)(i), (ii), and (iii), and all radioactive materials shipments destined for treatment, storage, or disposal facilities as defined in the Southeast Interstate Low-Level Radioactive Waste Compact. The department may designate routes in the state to be used for the transportation of all other shipments of radioactive materials.
(b) Such rules shall be compatible with, but no less restrictive than, those established by the United States Nuclear Regulatory Commission, the United States Federal Aviation Administration, the United States Department of Transportation, the United States Coast Guard, or the United States Postal Service.
(2)(a) Rules adopted by the department pursuant to subsection (1) may be enforced, within their respective jurisdictions, by any authorized representative of the department, the Department of Highway Safety and Motor Vehicles, and the Department of Transportation.
(b) The department, through any authorized representative, is authorized to inspect any records of persons engaged in the transportation of radioactive materials when such records reasonably relate to the method or contents of packing, marking, loading, handling, or shipping of radioactive materials.
(c) The department, through any authorized representative, is authorized to enter upon and inspect the premises or vehicles of any person engaged in the transportation of radioactive materials, with or without a warrant, for the purpose of determining compliance with the provisions of this section and the rules promulgated hereunder.
(3)(a) All persons licensed by the department to use, manufacture,

produce, transfer, transport, receive, acquire, own, process, or possess radioactive materials, as well as nuclear power plants licensed by the United States Nuclear Regulatory Commission, which desire to ship radioactive materials to a treatment, storage, or disposal facility as defined in the Southeast Interstate Low-Level Radioactive Waste Compact shall notify the department no less than 48 hours before the time of shipment.
(b) Upon notification from a department licensee or nuclear power plant licensee of the United States Nuclear Regulatory Commission, the department shall send an authorized representative to inspect each cargo of radioactive materials ready for shipment to a treatment, storage, or disposal facility as defined in the Southeast Interstate Low-Level Radioactive Waste Compact. Such inspection shall include, but not be limited to, the survey of the external radiation levels from the vehicle, inspection of package bracing, verification of required marking and placarding of the vehicle, and examination of shipping papers for completeness as required by the United States Department of Transportation in 49 C.F.R. part 172 and as required by the department.
(c) Such shipping papers shall contain information as required by 49 C.F.R. part 172 in addition to the expected time of shipment, the proposed route on which the shipment will proceed, and the time the shipment is scheduled to arrive at its final destination. The shipping papers shall be signed and approved by the department representative.
(4) A person who collects radioactive materials for transport from more than one department licensee or nuclear power plant licensee of the United States Nuclear Regulatory Commission shall prepare a special shipping paper reflecting consolidated shipments. A special shipping paper shall be a listing or index of all department licensees and nuclear power plant licensees of the United States Nuclear Regulatory Commission which are to be served. A special shipping paper shall include the time at which a transporter expects to arrive at each pickup point, a proposed route, and an expected time of arrival at a treatment, storage, or disposal facility. A special shipping paper shall be approved by a department representative at the initial pickup by the transporter of radioactive materials and checked by a department representative at succeeding pickup points.
(5) A department licensee or nuclear power plant licensee of the United States Nuclear Regulatory Commission shall, within 72 hours of receiving notice of the arrival of its shipment at a destination for unloading, notify the department of such arrival. Such licensee shall also forward to the department, within 2 weeks of receiving notice of the arrival of its shipment at a destination for unloading, records of receipt and any other records

indicating that a shipment is in violation of applicable rules at a treatment, storage, or disposal facility.
(6) Any person desiring to transport radioactive materials into or through the borders of this state, destined to a treatment, storage, or disposal facility as defined in the Southeast Interstate Low-Level Radioactive Waste Compact, shall obtain a permit from the department to bring such materials into the state. A permit application shall contain the time at which such radioactive materials will enter the state; a description of the radioactive materials to be shipped; the proposed route over which such radioactive materials will be transported into the state; and, in the event that such radioactive materials will leave the state, the time at which that will occur.
(7) Upon a finding by the department that any provision of this section, or of the rules adopted hereunder, is being violated, it may issue an order requiring correction.
(8) The violation of any of the provisions of this section or the rules promulgated hereunder constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

404.22 Radiation machines and components; inspection.—
(1) The department and its duly authorized agents may inspect in a lawful manner at all reasonable hours any hospital or other health care facility or other place in the state in which a radiation machine is installed for the purpose of determining whether the facility, the radiation machine and its components, the film and film processing equipment, the techniques and procedures, any mechanical holding devices, the warning labels and signs, the written safety procedures, **and the resultant image produced meet the standards of the department as set forth in this chapter and rules adopted pursuant to this chapter.** Such rules may include standards for radiation machine performance, **surveys**, calibrations, and **spot checks**; **requirements for quality assurance programs and quality control programs**; standards for facility electrical systems, safety alarms, **radiation-monitoring equipment**, and **dosimetry systems**; **requirements for visual and aural communication with patients**; procedures for establishing radiation **safety committees for a facility**; and **qualifications of persons who cause a radiation machine to be used**, **who operate a radiation machine**, and who ensure that a radiation machine complies with the **requirements of this chapter and with rules of the department**. If, in the opinion of the department, a radiation machine that fails to meet such standards can be made to meet the standards through an adjustment or limitation upon the stations or range of

the radiation machine or through the purchase of a component meeting the standards, the department shall order the owner of the radiation machine to make the necessary adjustment or to purchase the necessary component within 90 days after the date or receipt of the order. However, if the radiation machine cannot be made to meet the standards, the department shall order the owner to cease the use of the radiation machine.

(2) Any person who enters the state with a radiation machine or component owned by him or her for the purpose of installing and utilizing the radiation machine shall register the radiation machine with the department. The department shall inspect the radiation machine to determine its compliance with the standards and shall approve or disapprove the radiation machine or shall order adjustments to the radiation machine in accordance with the provisions of subsection (1). Each person who installs or offers to install or service radiation machines must register with the department and must apply to the department, on forms furnished by the department, before furnishing or offering to furnish any such service.

(3) No person shall sell or offer to sell in this state any radiation machine or component thereof which does not meet the standards of the department or which cannot be adjusted to meet such standards in accordance with the provisions of subsection (1).

(4) The department shall enforce the provisions of this section and may impose an administrative fine, in addition to all other fines and penalties imposed by law, in an amount of $1,000 for each violation of this section.

(5)(a) The department may charge and collect reasonable fees annually for the registration and inspection of radiation machines pursuant to this section. Such fees shall include the registration fee provided in s. 404.131 and shall be deposited into the Radiation Protection Trust Fund. Registration shall be on an annual basis. Registration shall consist of having the registrant file, on forms prescribed and furnished by the department, information which includes, but is not limited to: type and number of radiation machines, location of radiation machines, and changes in ownership. The department shall establish by rule a fee schedule based upon the actual costs incurred by the department in carrying out its registration and inspection responsibilities, including the salaries, expenses, and equipment of inspectors, but excluding costs of supervision and program administration. The fee schedule shall reflect differences in the frequency and complexity of inspections necessary to ensure that the radiation machines are functioning in accordance with the applicable standards developed pursuant to this chapter and rules adopted pursuant hereto.

(b) The fee schedule and frequency of inspections shall be determined as follows:

1. Radiation machines which are used in the practice of medicine, chiropractic medicine, osteopathic medicine, or naturopathic medicine shall be inspected at least once every 2 years, but not more than annually, for an annual fee which is not less than $83 or more than $145 for the first radiation machine within an office or facility and not less than $36 or more than $85 for each additional radiation machine therein.
2. Radiation machines which are used in the practice of veterinary medicine shall be inspected at least once every 3 years for an annual fee which is not less than $28 or more than $50 for the first radiation machine within an office or facility and not less than $19 or more than $34 for each additional radiation machine therein.
3. Radiation machines which are used for educational or industrial purposes shall be inspected at least once every 3 years for an annual fee which is not less than $26 or more than $47 for the first radiation machine within an office or facility and not less than $12 or more than $23 for each additional radiation machine therein.
4. Radiation machines which are used in the practice of dentistry or podiatric medicine shall be inspected at least once every 5 years but not more often than once every 4 years for an annual fee which is not less than $16 or more than $31 for the first radiation machine within an office or facility and not less than $5 or more than $11 for each additional radiation machine therein.
5. Radiation machines which accelerate particles and are used in the healing arts shall be inspected at least annually for an annual fee which is not less than $153 or more than $258 for the first radiation machine within an office or facility and not less than $87 or more than $148 for each additional radiation machine therein.
6. Radiation machines which accelerate particles and are used for educational or industrial purposes shall be inspected at least once every 2 years for an annual fee which is not less than $46 or more than $81 for the first radiation machine within an office or facility and not less than $26 or more than $48 for each additional radiation machine therein.
7. If a radiation machine fails to meet the applicable standards upon initial inspection, the department may reinspect the radiation machine and charge a reinspection fee in accordance with the same schedule of fees as in subparagraphs 1.-6.

(6)(a) For purposes of this subsection, “mammography” means radiography of the breast for the purpose of enabling a physician to

determine the presence, size, location, and extent of cancerous or potentially cancerous tissue in the breast.
(b) All radiation machines used for mammography shall meet the accreditation criteria of the American College of Radiology or similar criteria established by the department.
(c) All radiation machines used for mammography shall be specifically designed to perform mammography.
(d) All radiation machines used for mammography shall be used exclusively to perform mammography.
The department shall adopt rules to implement the provisions of this subsection.

(7) Radiation machines that are used to intentionally expose a human being to the useful beam:
(a) Must be maintained and operated according to manufacturer standards or nationally recognized consensus standards accepted by the department;
(b) Must be operated at the lowest exposure that will achieve the intended purpose of the exposure; and
(c) May not be modified in a manner that causes the original parts to operate in a way that differs from the original manufacturer's design specification or the parameters approved for the machine and its components by the United States Food and Drug Administration.
(8) A human being may be exposed to the useful beam of a radiation machine only under the following conditions:
(a) For the purpose of medical or health care, if a licensed health care practitioner operating within the scope of his or her practice has determined that the exposure provides a medical or health benefit greater than the health risks posed by the exposure and the health care practitioner uses the results of the exposure in the medical or health care of the exposed individual; or
(b) For the purpose of providing security for facilities or other venues, if the exposure is determined to provide a life safety benefit to the individual exposed which is greater than the health risk posed by the exposure. Such determination must be made by an individual trained in evaluating and calculating comparative mortality and morbidity risks according to standards set by the department. To be valid, the calculation and method of making the determination must be submitted to and accepted by the department. Limits to annual total exposure for security purposes must be adopted by department rule based on nationally recognized limits or

relevant consensus standards.

404.30 Southeast Interstate Low-Level Radioactive Waste Management Compact; party state.—The Southeast Interstate Low-Level Radioactive Waste Management Compact is enacted into law and entered into by the state as a party and is in full force and effect between the state and any other states joining therein in accordance with the terms of the compact, which is substantially as follows:

ARTICLE I **POLICY AND PURPOSE**.—

(1) There is hereby created the Southeast Interstate Low-Level Radioactive Waste Management Compact. The party states recognize and declare that each state is responsible for providing for the availability of capacity either within or outside the state for the disposal of low-level radioactive waste generated within its borders, except for waste generated as a result of **defense activities of the Federal Government or federal research and development activities**. They also recognize that the management of low-level radioactive waste is handled most efficiently on a regional basis. The party states further recognize that the Congress of the United States, by enacting the Low-Level Radioactive Waste Policy Act, 94 Stat. 3347, has provided for and encouraged the development of low-level radioactive waste compacts as a tool for disposal of such waste. The party states recognize that the safe and efficient management of low-level radioactive waste generated within the region requires that sufficient capacity to dispose of such waste be properly provided.

(2) It is the policy of the party states to:

(a) Enter into a regional low-level radioactive waste management compact for the purpose of providing the instrument and framework for a cooperative effort;

(b) Provide sufficient facilities for the proper management of low-level radioactive waste generated in the region;

(c) Promote the health and safety of the region;

(d) Limit the number of facilities required to effectively and efficiently manage low-level radioactive waste generated in the region;

(e) Encourage the reduction of the amounts of low-level radioactive waste generated in the region;

(f) Distribute the costs, benefits, and obligations of successful low-level radioactive waste management equitably among the party states; and

(g) Ensure the ecological and economical management of low-level radioactive waste.

(3) Implicit in the congressional consent to this compact is the expectation by the Congress and the party states that the appropriate federal agencies will actively assist the Southeast Interstate Low-Level Radioactive Waste Commission and the individual party states to this compact by:

(a) **Expeditious enforcement of federal rules, regulations, and laws**;

(b) **Imposing sanctions against those found to be in violation of federal rules, regulations, and laws**;

(c) Timely inspection of their licensees to determine their **capability to adhere to such rules, regulations, and laws**; and

(d) Timely provision of technical assistance to this compact in carrying out their obligations under the Low-Level Radioactive Waste Policy Act, as amended.

ARTICLE II DEFINITIONS.—As used in this compact, unless the context clearly requires a different construction, the term:

(1) “Commission” or “compact commission” means the Southeast Interstate Low-Level Radioactive Waste Management Commission.

(2) “Facility” means a parcel of land, together with the structures, equipment, and improvements thereon or appurtenant thereto, which is used or is being developed for the treatment, storage, or disposal of low-level radioactive waste.

(3) “Generator” means any person who produces or possesses low-level radioactive waste in the course of or as an incident to manufacturing,

power generation, processing, medical diagnosis and treatment, research, or other industrial or commercial activity. This term does not include persons who provide a service to generators by arranging for the collection, transportation, storage, or disposal of waste with respect to such waste generated outside the region.

(4) "High-level waste" means irradiated reactor fuel, liquid waste from reprocessing irradiated reactor fuel, solids into which such liquid wastes have been converted, and other high-level radioactive waste as defined by the United States Nuclear Regulatory Commission.

(5) "Host state" means any state in which a regional facility is situated or is being developed.

(6) "Low-level radioactive waste" or "waste" means radioactive waste not classified as high-level radioactive waste, transuranic waste, spent nuclear fuel, or byproduct material as defined in s. 11(e)(2) of the Atomic Energy Act of 1954 or as may be further defined by federal law or regulation.

(7) "Party state" means any state which is a signatory party to this compact.

(8) "**Person" means any individual,** corporation, business enterprise, or other legal entity, either public or private.

(9) "Region" means the collective party states.

(10) "Regional facility" means:

(a) A facility as defined in this section which has been designated, authorized, accepted, or approved by the commission to receive waste; or

(b) The disposal facility in Barnwell County, South Carolina, owned by the State of South Carolina and as licensed for the burial of low-level radioactive waste on July 1, 1982; but in no event shall this disposal facility serve as a regional facility beyond December 31, 1992.

(11) "**State" means a state of the United States**, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, or any other territorial possession of the United States.

(12) “Transuranic waste” means waste material containing transuranic elements with contamination levels as determined by the regulations of:

(a) The United States Nuclear Regulatory Commission; or

(b) Any host state, if it is an agreement state under s. 274 of the Atomic Energy Act of 1954.

(13) “Waste management” means the storage, treatment, or disposal of waste.

ARTICLE III **RIGHTS AND OBLIGATIONS.**—The rights granted to the party states by this compact are additional to the rights enjoyed by sovereign states, and nothing in this compact shall be construed to infringe upon, limit, or abridge those rights.

(1) Subject to any license issued by the United States Nuclear Regulatory Commission or a host state, each party state shall have the right to have all wastes generated within its borders stored, treated, or disposed of, as applicable, at regional facilities and additionally shall have the right of access to facilities made available to the region through agreements entered into by the commission pursuant to article IV(5)(i). The right of access by a generator within a party state to any regional facility is limited by its adherence to applicable state and federal rules, regulations, and laws.

(2) If no operating regional facility is located within the borders of a party state and the waste generated within its borders must therefore be stored, treated, or disposed of at a regional facility in another party state, the party state without such facilities may be required by the host state or states to establish a mechanism which provides compensation for access to the regional facility according to terms and conditions established by the host state or states and approved by a two-thirds vote of the commission.

(3) Each party state must establish the capability to regulate, license, and ensure the maintenance and extended care of any facility within its borders. Host states are responsible for the availability, the subsequent postclosure observation and maintenance, and the extended institutional control of their regional facilities in accordance with the provisions of article V(2).

(4) Each party state must establish the capability to enforce any applicable federal or state rules, regulations, and laws pertaining to the packaging and transportation of waste generated within or passing through its borders.

(5) Each party state must provide to the commission annually any data and information necessary to the implementation of the responsibilities of the commission. Each party state shall establish the capability to obtain any data and information necessary to meet this obligation.

(6) Each party state must, to the extent authorized by federal law, require generators within its borders to use the best available waste management technologies and practices to minimize the volume of wastes requiring disposal.

ARTICLE IV THE COMMISSION.—

(1) There is hereby created the Southeast Interstate Low-Level Radioactive Waste Management Commission (the "commission" or "compact commission"). The commission shall consist of two voting members from each party state to be appointed according to the laws of each state. The appointing authorities of each state must notify the commission in writing of the identity of its members and any alternates. An alternate may act on behalf of the member only in the member's absence.

(2) Each commission member is entitled to one vote. No action of the commission shall be binding unless a majority of the total membership votes in the affirmative, or unless a greater than majority vote is specifically required by any other provision of this compact.

(3) The commission must elect from among its members a presiding officer. The commission shall adopt and publish, in convenient form, bylaws which are consistent with this compact.

(4) The commission must meet at least once a year and shall also meet upon the call of the presiding officer, by petition of a majority of the party states, or upon the call of a host state. All meetings of the commission must be open to the public.

(5) The commission has the following duties and powers:

(a) To receive and approve the application of a nonparty state to become an eligible state in accordance with article VII(2).

(b) To receive and approve the application of an eligible state to become a party state in accordance with article VII(3).

(c) To submit an annual report and other communications to the governors and to the presiding officers of each body of the legislatures of the party states regarding the activities of the commission.

(d) To develop and use procedures for determining, consistent with considerations for public health and safety, the type and number of regional facilities which are presently necessary and which are projected to be necessary to manage waste generated within the region.

(e) To provide the party states with reference guidelines for establishing the criteria and procedures for evaluating alternative locations for emergency or permanent regional facilities.

(f) To develop and adopt, within 1 year after the commission is constituted as provided for in article VII, procedures and criteria for identifying a party state as a host state for a regional facility as determined pursuant to the requirements of this article. In accordance with these procedures and criteria, the commission shall identify a host state for the development of a second regional disposal facility within 3 years after the commission is constituted as provided for in article VII(4) and shall seek to ensure that such facility is licensed and ready to operate as soon as required but in no event later than 1991.

1. In developing criteria, the commission must consider the following:

a. The health, safety, and welfare of the citizens of the party states;

b. The existence of regional facilities within each party state;

c. The minimization of waste transportation;

d. The volume and types of wastes generated within each party state; and

e. The environmental, economic, and ecological impacts on the air, land, and water resources of the party states.

2. The commission shall conduct such hearings; require such reports, studies, evidence, and testimony; and do what is required by its approved procedures in order to identify a party state as a host state for a needed regional facility.

(g) To designate, in accordance with the procedures and criteria developed pursuant to paragraph (f), by a two-thirds vote, a host state for the establishment of a needed regional facility. The commission shall not exercise this authority unless the party states have failed voluntarily to pursue the development of such facility. The commission shall have the authority to revoke the membership of a party state that willfully creates barriers to the siting of a needed regional facility.

(h) To require of and obtain from party states, eligible states seeking to become party states, and nonparty states seeking to become eligible states data and information necessary to the implementation of commission responsibilities.

(i) Notwithstanding any other provision of this compact, to enter into agreements with any person, state, or similar regional body or group of states for the importation of waste into the region and for the right of access to facilities outside the region for waste generated within the region. The authorization to import shall require a two-thirds vote of the commission, including an affirmative vote of both representatives of a host state in which any affected regional facility is located. This shall be done only after an assessment of the capability of the affected facility to handle such waste.

(j) To act or appear on behalf of any party state or states, only upon written request of both members of the commission for each such state, as an intervenor or party in interest before the Congress, a state legislature, any court of law, or any federal, state, or local agency, board, or commission which has jurisdiction over the management of wastes. The authority to act, intervene, or otherwise appear shall be exercised by the commission only after approval by a majority vote of the commission.

(k) To revoke the membership of a party state in accordance with article

VII(6).

(6) The commission may establish any advisory committees it deems necessary for the purpose of advising the commission on any matters pertaining to the management of low-level radioactive waste.

(7) The commission may appoint or contract for and compensate a limited staff necessary to carry out its duties and functions. The staff shall serve at the pleasure of the commission irrespective of the civil service, personnel, or other merit laws of any of the party states or of the Federal Government and shall be compensated from funds of the commission. In selecting any staff, the commission shall assure that the staff has adequate experience and formal training to carry out such functions as may be assigned to it by the commission. If the commission has a headquarters, it shall be in a party state.

(8) Funding for the commission shall be provided as follows:

(a) Each eligible state, upon becoming a party state, shall pay $25,000 to the commission which shall be used for costs of the services of the commission.

(b) Each state hosting a regional disposal facility shall annually levy special fees or surcharges on all users of such facility, based upon the volume of waste disposed of at such facility, the total of which:

1. Must be sufficient to cover the annual budget of the commission;

2. Must represent the financial commitments of all party states to the commission; and

3. Must be paid to the commission, provided, however, that each host state collecting such fees or surcharges may retain a portion of the collection sufficient to cover the administrative costs of such collection and that the remainder is sufficient only to cover the approved annual budget of the commission.

(c) The commission must set and approve its first annual budget as soon as practicable after its initial meeting. Host states for disposal facilities must begin imposition of the special fees and surcharges provided for in this

section as soon as practicable after becoming party states and must remit to the commission funds resulting from collection of such special fees and surcharges within 60 days of their receipt.

(9) The commission must keep accurate accounts of all receipts and disbursements. An independent certified public accountant shall annually audit all receipts and disbursements of commission funds and submit an audit report to the commission. Such audit report shall be made a part of the annual report of the commission required by paragraph (5)(c).

(10) The commission may accept for any of its purposes and functions any and all donations, grants of money, equipment, supplies, materials, and services, conditional or otherwise, from any state or the United States or any subdivision or agency thereof, any interstate agency, or any institution, person, firm, or corporation and may receive, utilize, and dispose of the same. The nature, amount, and condition, if any, attendant upon any donation or grant accepted pursuant to this subsection, together with the identity of the donor, grantor, or lender, shall be detailed in the annual report of the commission.

(11) The commission is not responsible for any costs associated with:

(a) The creation of any facility;

(b) The operation of any facility;

(c) The stabilization and closure of any facility;

(d) The postclosure observation and maintenance of any facility; or

(e) The extended institutional control after postclosure observation and maintenance of any facility.

(12) As of January 1, 1986, the management of wastes at regional facilities is restricted to wastes generated within the region, and to wastes generated within nonparty states when authorized by the commission pursuant to the provisions of this compact. After January 1, 1986, the commission may prohibit the exportation of waste from the region for the purposes of management.

(13)(a) Except as specifically provided in this compact, nothing in this compact shall be construed to alter the incidence of liability of any kind for any act, omission, or course of conduct or on account of any causal or other relationship. Generators, transporters of wastes, and owners and operators of sites shall be liable for their acts, omissions, conduct, or relationships in accordance with all laws relating thereto.

(b) The commission herein established is a legal entity separate and distinct from the party states, capable of acting in its own behalf, and is liable for its actions. Liabilities of the commission shall not be deemed liabilities of the party states. Members of the commission shall not be personally liable for actions taken by them in their official capacities.

ARTICLE V **DEVELOPMENT AND OPERATION OF FACILITIES**.—

(1) Any party state which becomes a host state in which a regional facility is operated shall not be designated by the compact commission as a host state for an additional regional facility until each party state has fulfilled its obligation, as determined by the commission, to have a regional facility operated within its borders.

(2) A host state desiring to close a regional facility located within its borders may do so only after notifying the commission in writing of its intention to do so and the reasons therefor. Such notification shall be given to the commission at least 4 years prior to the intended date of closure. Notwithstanding the 4-year notice requirement provided in this subsection, a host state is not prevented from closing its facility or establishing conditions of facility use and operations as necessary for protection of the health and safety of its citizens. A host state may terminate or limit access to its regional facility if it determines that the Congress has materially altered the conditions of this compact.

(3) Each party state designated as a host state for a regional facility shall take appropriate steps to ensure that an application for a license to construct and operate a facility of the designated type is filed with and issued by the appropriate authority.

(4) No party state shall have any form of arbitrary prohibition on the treatment, storage, or disposal of low-level radioactive waste within its borders.

(5) No party state shall be required to operate a regional facility longer than a 20-year period or to dispose of more than 32,000,000 cubic feet of low-level radioactive waste, whichever first occurs.

ARTICLE VI **OTHER LAWS, RULES, AND REGULATIONS.**—

(1) Nothing in this compact shall be construed to:

(a) **Abrogate or limit the applicability of any act of Congress** or diminish or otherwise impair the jurisdiction of any federal agency expressly conferred thereon by the Congress;

(b) Abrogate or limit the regulatory responsibility and authority of the United States Nuclear Regulatory Commission or of an agreement state under s. 274 of the Atomic Energy Act of 1954 in which state a regional facility is located;

(c) **Make inapplicable to any person or circumstance any other law of a party state which is not inconsistent with this compact**;

(d) **Make unlawful the continued development and operation of any facility** already licensed for **development or operation** on the effective date of this compact, except that any such facility shall comply with articles III, IV, and V and **shall be subject to any action lawfully taken** pursuant thereto;

(e) Prohibit any storage or treatment of waste by the generator on its own premises;

(f) Affect any judicial or administrative proceeding pending on the effective date of this compact;

(g) Alter the relations between, and the respective internal responsibilities of, the government of a party state **and its subdivisions**;

(h) Affect the generation, treatment, storage, or disposal of waste generated by the atomic energy defense activities of the secretary of the United States Department of Energy or federal research and development activities as defined in 94 Stat. 3347; and

(i) Affect the rights and powers of any party state and its political subdivisions to regulate and license any facility within its borders or to affect the rights and powers of any party state and its political subdivisions to tax or impose fees on the waste managed at any facility within its borders.

(2) No party state shall pass any law or adopt any rule or regulation which is inconsistent with this compact. To do so may jeopardize the membership status of the party state.

(3) Upon formation of the compact, no law, rule, or regulation of a party state or of any subdivision or instrumentality thereof may be applied so as to restrict or make more inconvenient access to any regional facility by the generators of another party state than for the generators of the state where the facility is situated.

(4) Restrictions of waste management of regional facilities pursuant to article IV(12) shall be enforceable as a matter of state law.

ARTICLE VII ELIGIBLE PARTIES; WITHDRAWAL, REVOCATION, **ENTRY INTO FORCE, TERMINATION**.—

(1) This compact shall have as initially eligible parties the States of Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia.

(2) Any state not expressly declared eligible to become a party state to this compact in subsection (1) may petition the commission, once constituted, to be declared eligible. The commission may establish such conditions as it deems necessary and appropriate to be met by a state wishing to become eligible to become a party state to this compact pursuant to the provisions of this article. Upon satisfactorily meeting such conditions and upon the affirmative vote of two-thirds of the commission, including the affirmative vote of both representatives of a host state in which any affected regional facility is located, the petitioning state shall be eligible to become a party state to this compact and may become a party state in the same manner as those states declared eligible in subsection (1).

(3) Each state eligible to become a party state to this compact shall be declared a party state upon enactment of this compact into law by the state and upon payment of the fees required by article IV(8)(a). The commission shall be the sole judge of the qualifications of the party states and of its members and of their compliance with the conditions and requirements of this compact and the laws of the party states relating to the enactment of this compact.

(4)(a) The first three states eligible to become party states to this compact which enact this compact into law and appropriate the fees required by article IV(8)(a) shall immediately, upon the appointment of their commission members, constitute themselves as the Southeast Low-Level Radioactive Waste Management Commission, shall cause legislation to be introduced in the Congress which grants the consent of the Congress to this compact, and shall do those things necessary to organize the commission and implement the provisions of this compact.

(b) All succeeding states eligible to become party states to this compact shall be declared party states pursuant to the provisions of subsection (3).

(c) The consent of the Congress shall be required for full implementation of this compact. The provisions of article V(4) shall not become effective until the effective date of the import ban authorized by article IV(12) as approved by the Congress. The Congress may by law withdraw its consent only every 5 years.

(5) No state which holds membership in any other regional compact for the management of low-level radioactive waste may be considered by the commission for status as an eligible state or as a party state.

(6) Any party state which fails to comply with the provisions of this compact or to fulfill the obligations incurred by becoming a party state to this compact may be subject to sanctions by the commission, including suspension of its rights under this compact and revocation of its status as a party state. Any sanction shall be imposed only upon the affirmative vote of at least two-thirds of the commission members. The revocation of status as a party state may take effect on the date of the meeting at which the commission approves the resolution imposing such sanction, but in no event shall revocation take effect later than 90 days from the date of such meeting. The rights and obligations incurred by being declared a party state

to this compact shall continue until the effective date of the sanction imposed or as provided in the resolution of the commission imposing the sanction. The commission must, as soon as practicable after the meeting at which a resolution revoking status as a party state is approved, provide written notice of the action along with a copy of the resolution to the governors, the presidents of the senates, and the speakers of the houses of representatives of the party states, as well as to the chairs of the appropriate committees of the Congress.

(7) Subject to the provisions of subsection (8), any party state may withdraw from this compact by enacting a law repealing the compact; however, if a regional facility is located within such state, such regional facility shall remain available to the region for 4 years after the date the commission receives notification in writing from the governor of such party state of the rescission of the compact. The commission, upon receipt of such notification, shall, as soon as practicable, provide copies of such notification to the governors, the presidents of the senates, and the speakers of the houses of representatives of the party states, as well as to the chairs of the appropriate committees of the Congress.

(8) The right of a party state to withdraw pursuant to subsection (7) shall terminate 30 days following the commencement of operation of the second host state **disposal facility**. Thereafter, a party state may withdraw only with the unanimous approval of the commission and with the consent of Congress. For purposes of this section, the low-level radioactive waste disposal facility located in Barnwell County, South Carolina, shall be considered the first host state disposal facility.

(9) This compact may be terminated only by the affirmative action of the Congress or by the rescission of all laws enacting the compact **in each party state**.

ARTICLE VIII SEVERABILITY AND CONSTRUCTION.—The provisions of this compact shall be severable; and if any phrase, clause, sentence, or provision of this compact is declared by a court of competent jurisdiction to be contrary to the constitution of any participating state or to the Constitution of the United States, or the applicability thereof to any other government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby.

If any provision of this compact is held contrary to the constitution of any state participating therein, the compact shall remain in full force and effect as to the state affected as to all severable matters. The provisions of this compact shall be liberally construed to give effect to the purposes thereof.

ARTICLE IX PENALTIES.—

(1) Each party state, consistent with its own laws, shall prescribe and enforce penalties against any person not an official of another state for violation of any provision of this compact.

(2) Each party state acknowledges that the receipt by a host state of **waste packaged** or transported in violation of applicable laws, rules, and regulations can result in imposition of sanctions by the host state which may include suspension or revocation of the violator's **right of access to the facility** in the host state.

404.31 Florida participation.—The Governor shall appoint two members to the Southeast Interstate Low-Level Radioactive Waste Management Commission from this state and two alternate members, subject to confirmation by the Senate. Initially, one member shall be appointed for a 1-year term and one member for a 2-year term. Thereafter, members shall be appointed for 2-year terms. An alternate member shall not have a term limitation. Vacancies shall be filled in the same manner as original appointments. Members shall be entitled to per diem and travel expenses as provided in s. 112.061 while engaged in the performance of their duties.

>>>

Aural Communication means the transmission of information through the auditory system which includes the system of speaking and hearing. It usually encompasses both verbal and paralinguistic communication to convey meaning. Aural Communication Definition from Law Insider dot com.
[https://www.lawinsider.com/dictionary/aural-communication]

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mental health, bay county health llc answer says didn't give, so here is the law...frivio uls claims to dismiss, they didn't request it via the

court???????????.........

394.464 Court records; confidentiality.—

(1) All petitions for voluntary and involuntary admission for mental health treatment, court orders, and related records that are filed with or by a court under this part are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Pleadings and other documents made confidential and exempt by this section may be disclosed by the clerk of the court, upon request, to any of the following:

(a) The petitioner.

(b) The petitioner's attorney.

(c) The respondent.

(d) The respondent's attorney.

(e) The respondent's guardian or guardian advocate, if applicable.

(f) In the case of a minor respondent, the respondent's parent, guardian, legal custodian, or guardian advocate.

(g) The respondent's treating health care practitioner.

(h) The respondent's health care surrogate or proxy.

(i) The Department of Children and Families, without charge.

(j) The Department of Corrections, without charge, if the respondent is committed or is to be returned to the custody of the Department of Corrections from the Department of Children and Families.

(k) A person or entity authorized to view records upon a court order for good cause. In determining if there is good cause for the disclosure of records, the court must weigh the person or entity's need for the information against potential harm to the respondent from the disclosure.

(2) This section does not preclude the clerk of the court from submitting the information required by s. 790.065 to the Department of Law Enforcement.

(3) The clerk of the court may not publish personal identifying information on a court docket or in a publicly accessible file.

(4) A person or entity receiving information pursuant to this section shall maintain that information as confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(5) The exemption under this section applies to all documents filed with a court before, on, or after July 1, 2019.

(6) This section is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2024, unless reviewed and saved from repeal through reenactment by the Legislature.

History.—s. 1, ch. 2019-51.

Certificate of Service for the titled filing above filed today 9/23/2023 for case 1D23-0839.

CERTIFICATION OF FONT

This filing complies with the font and format requirements of Arial font and 14 point, double spaced.

CERTIFICATION OF SERVICE

I certify that on __9/23/2023__ a copy of this filing has been provided to the First District Court of Appeal in Florida, via the E-Portal and also via regular mail or email to those not on the E-Portal and that the defendants, names and address are included below.

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[USPS Letter] Dr. Gary H. Lavine
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[USPS Letter] Kendrea Virgil, RN
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[USPS Letter] Donna Baird., Risk Manager
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[USPS Letter] Attorney for Dr. Gary Lavine and Junco Emergency Physicians., (in 2020), Junco now has has counsel but Dr. Lavine has not responded and doesn't seem to be represented by the hospitals counsel.
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