

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

FILED by [Signature] D.C.
MAR 22 2007
CLARENCE MADDOX
CLERK U.S. DIST. CT.
S.D. OF FLA. - MIAMI

CASE NO.

07-20759

MARKEISHA JENKINS, on behalf
of and as mother and natural guardian
LAMARIYAREDFORD, a minor and
MARKEISHA JENKINS, individually

CIV-UNGARO

MAGISTRATE JUDGE
O'SULLIVAN

Plaintiffs

vs.

UNITED STATES OF AMERICA,
UNITED STATES OF AMERICA DEPARTMENT
OF HEALTH AND HUMAN SERVICES, ECONOMIC
OPPORTUNITY FAMILY HEALTH CENTER, INC.
and CHRIST-ANN A.E. MAGLOIRE, M.D.

Defendants.

COMPLAINT FOR DAMAGES

Plaintiff, MARKEISHA JENKINS, on behalf of and as mother and natural guardian of LAMARIYA REDFORD, a minor, and MARKEISHA JENKINS individually sues the Defendants, UNITED STATES OF AMERICA, UNITED STATES OF AMERICA DEPARTMENT OF HEALTH AND HUMAN SERVICES, ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC. and CHRIST-ANN A.E. MAGLOIRE, M.D., and alleges:

GENERAL ALLEGATIONS

1. This Complaint includes claims under the Federal Tort Claims Act and seeks damages in the amount of Twenty Million (\$20,000,000.00) Dollars and is within the jurisdiction of the court.

2. At all times material, Plaintiff, MARKEISHA JENKINS was and is the mother and natural guardian of LAMARIYA REDFORD, a minor.
3. LAMARIYA REDFORD was born on August 21, 2004.
4. Plaintiff has met all conditions precedent to the filing of this action and have exhausted all administrative remedies and shows the court:
 - A. On July 25, 2006, Plaintiff served by certified mail the Defendant CHRIST-ANN A.E. MAGLOIRE, M.D. and the Defendant, ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC. an official notice of intent to initiate litigation for medical malpractice letter pursuant to Florida Statute Chapter 766. Both Defendants received the letter. The letter is attached hereto as Exhibit "A".
The two returned receipts are attached hereto as Exhibit "B and C".
 - B. Thereafter, undersigned counsel for Plaintiff received correspondence dated July 31, 2006 from Pie Camoso, M.D., Director of Performance Improvement at the Defendant, ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC. wherein he stated that the Health Center and its physicians (Defendant, Dr. Magloire) were considered employees of the United States Government subject to claim under the Federal Tort Claim Act. A copy of that correspondence is attached hereto as Exhibit "D".

- C. Plaintiff then on August 9, 2006 presented a claim in the amount of Twenty Million (\$20,000,000.00) Dollars to the United States Department of Health and Human Services. A copy of that correspondence of August 9, 2006 is attached as Exhibit "E". A "Form 95" claim form was submitted with the letter and is attached hereto as Exhibit "F". The letter was received by the U.S. Department of Health and Human Services on August 21, 2006 and a copy of that return receipt is attached hereto as Exhibit "G".
- D. Plaintiff later received a "notice of availability of Early Offer" alternative for resolving Federal Tort Claims Act Administrative Claims against the Department of Health and Human Services" and timely responded thereto, but received no response from the United States.
- E. More than six (6) months have now transpired since Plaintiff's notice pursuant to the Federal Tort Claims Act and the claim has not been settled nor officially denied.

CAUSE OF ACTION I

**CLAIM AGAINST THE UNITED STATES OF AMERICA AND
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES**

- 5. Plaintiff realleges those allegations set forth in paragraphs 1 through 4.
- 6. At all times material hereto, the Defendant, CHRIST-ANN A.E. MAGLOIRE, M.D., was a medical doctor acting in the course and scope of her employment or agency for the UNITED STATES and more

specifically, with the ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC. a medical provider operated through and by the UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES.

7. On or about August 20, 2004, the Defendant, DR. CHRIST-ANN A.E. MAGLOIRE admitted Plaintiff MARKEISHA JENKINS to the North Shore Medical Center, a hospital in North Miami, Miami-Dade, County, Florida for induction of labor. During the labor of Plaintiff, MARKEISHA JENKINS and delivery of her baby, Plaintiff LAMARIYA REDFORD, CHRIST-ANN A.E. MAGLOIRE, M.D. was acting in the course and scope of her employment with the UNITED STATES GOVERNMENT and owed a duty to Plaintiffs herein to provide appropriate medical care in accordance with the prevailing standard of care for physicians in similar circumstances.
8. On or about August 21, 2004, during the labor of Plaintiff, MARKEISHA JENKINS' fetal monitor tracings revealed abnormalities consistent with fetal hypoxia which indicated the need for an emergency stat c-section.
9. Dr. Magloire negligently failed to perform the c-section and deviated from the appropriate standard of care by continuing to perform "vacuum pulls".
10. Dr. Magloire negligently delayed delivery of the baby, LAMARIYA REDFORD and negligently and inappropriately failed to recognize the indication for and performance of a stat c-section.
11. As a direct and proximate result of the aforementioned negligence, the baby, Plaintiff LAMARIYA REDFORD, sustained fetal hypoxia, fetal encephalopathy, resulting brain damage, cerebral palsy, developmental of

delays, neurological and physical injuries, and hemiparesis. She suffered mental and physical pain and anguish, loss of ability to enjoy life, loss of ability to earn money in the future. Her mother, MARKEISHA JENKINS, sustained the costs of medical, hospital, nursing and rehabilitative care for her minor child and lost the services, comfort and companionship of her minor child.

WHEREFORE, Plaintiff seeks damages as set forth above, costs and demands trial by jury of any issues so triable.

CAUSE OF ACTION II

CLAIM AGAINST CHRIST-ANN A.E. MAGLOIRE, M.D.

AND ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC.

THIS ACTION IS PLED IN THE ALTERNATIVE TO CAUSE OF ACTION I

AGAINST THE UNITED STATES

12. Plaintiff realleges those allegations set forth in paragraphs 1 through 4.
13. At all times material hereto, CHRIST-ANN A.E. MAGLOIRE, M.D. was a medical doctor licensed in the State of Florida, practicing obstetrics.
14. The Defendant, ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC. at all times material was and is a Florida corporation and operating as a provider of Health Care Services in Miami-Dade, County, Florida.
15. At all times material, MARKEISHA JENKINS was a patient of Defendant, Dr. Magloire and the Defendant ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC.

16. At all times material, Defendant, CHRIST-ANN A.E. MAGLOIRE, M.D., was acting in the course and scope of her employment with the Defendant, ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC.
17. Plaintiff has received information as set forth in the General Allegations that the Defendants herein were agents and employees of the UNITED STATES at all times material. However, Plaintiff has received no notice of official certification that the Defendants were such employees or agents of the UNITED STATES. Therefore, Plaintiff has pled this count and should the Defendants not be certified as employees or agents of the UNITED STATES, Plaintiffs seeks remand to Florida State Circuit Court Miami-Dade, County, Florida.
18. On or about August 20, 2004, the Defendant, DR. CHRIST-ANN A.E. MAGLOIRE admitted Plaintiff MARKEISHA JENKINS to the North Shore Medical Center, a hospital in North Miami, Miami-Dade, County, Florida for induction of labor. During the labor of Plaintiff, MARKEISHA JENKINS and delivery of her baby, Plaintiff, LAMARIYA REDFORD, CHRIST-ANN A.E. MAGLOIRE, M.D. owed a duty to Plaintiffs herein to provide appropriate medical care in accordance with the prevailing standard of care for physicians in similar circumstances.
19. On or about August 21, 2004, fetal monitor tracings revealed abnormalities consistent with fetal hypoxia which indicated the need for an emergency stat c-section.

20. Dr. Magloire negligently failed to perform the c-section and deviated from the appropriate standard of care by continuing to perform "vacuum pulls".
21. Dr. Magloire negligently delayed delivery of the baby, LAMARIYA REDFORD and negligently and inappropriately failed to recognize the indication for and performance of a stat c-section.
22. As a direct and proximate result of the aforementioned negligence, the baby, Plaintiff, LAMARIYA REDFORD sustained fetal hypoxia, fetal encephalopathy, resulting brain damage, cerebral palsy, developmental of delays, neurological and physical injuries, and hemiparesis. She suffered mental and physical pain and anguish, loss of ability to enjoy life, loss of ability to earn money in the future. Her mother, MARKEISHA JENKINS, sustained the costs of medical, hospital, nursing and rehabilitative care for her minor child and lost the services, comfort and companionship of her minor child.

WHEREFORE, Plaintiff seeks damages as set forth above, costs and demands trial by jury of any issues so triable.

Dated: 3-16-07

Respectfully submitted.



JEFFREY S. HIRSH, ESQUIRE
(Florida Bar Number: 207810)
Email: jhirsh@goldberghirshpa.com
GOLDBERG & HIRSH, P.A.
SunTrust International Center
One S. E. Third Avenue, Suite 1280
Miami, FL 33131
Telephone (305) 372-9601
Telefax (305) 372-2323
Attorney for Defendant

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.
FBN: 207810

MARKEISHA JENKINS, on behalf
of and as mother and natural guardian
LAMARIYAREDFORD, a minor and
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UNITED STATES OF AMERICA DEPARTMENT
OF HEALTH AND HUMAN SERVICES, ECONOMIC
OPPORTUNITY FAMILY HEALTH CENTER, INC.
and CHRIST-ANN A.E. MAGLOIRE, M.D.

Defendants.

EXHIBIT "A"

GOLDBERG & HIRSH, P.A.

ATTORNEYS AT LAW
SUNTRUST INTERNATIONAL CENTER
SUITE 1280
ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

SIDNEY A. GOLDBERG
JEFFREY S. HIRSH
BOARD CERTIFIED CIVIL TRIAL ATTORNEY

TELEPHONE (305) 372-9601
TELEFAX (305) 372-2323
E-MAIL: info@goldberghirshpa.com

July 25, 2006

CERTIFIED MAIL

Christ-Ann A. E. Magloire, M.D.
Economic Opportunity Family HE
5361 N. W. 22nd Avenue
Miami, FL 33142

Economic Opportunity Family Health Center, Inc.
700 S. Royal Poinciana Boulevard
Suite 300
Miami Springs, FL 33166

Mr. Reginald J. Clyne, Registered Agent
c/o Clyne & Self, P.A.
2600 Douglas Road, Suite 1100
Coral Gables, FL 33134

North Shore Medical Center
1100 N. W. 95th Street
Miami, FL 33150

Tenet Healthsystem North Shore, Inc., Owner
3820 State Street
Santa Barbara, CA 93105

CT Corporation System, Registered Agent
1200 South Pine Island Road
Plantation, FL 33324

Re: Lamariya Redford

**NOTICE OF INTENT TO INITIATE LITIGATION FOR
MEDICAL MALPRACTICE**

Dear Sir or Madam:

Please be advised that this law firm represents Markeisha Jenkins, individually, and as mother on behalf of Lamariya Redford, in connection with a claim against you for medical malpractice arising out of the negligent care and treatment of Markeisha Jenkins and Baby Lamariya Redford.

This letter is sent to you pursuant to the requirements of §766.106(2), Florida Statutes. This is notice to you of the intention of our client to initiate litigation for medical malpractice. Under the foregoing statute, we are precluded from bringing suit against you for a period of 90 days.

During that 90-day period, you and your insurer are required to conduct a review of this matter. Accordingly, you are to contact your insurance company, forthwith, so that the full 90-day period can be utilized for the purpose intended.

Enclosed is the Affidavit from our expert, Martin Gubernick, M.D., corroborating that there are reasonable grounds to believe that you were negligent in your care and treatment of Markeisha Jenkins and Lamariya Redford.

Pursuant to §766.106(2) and §766.205, Florida Statutes, we also enclose our Request for Informal Discovery. Please provide full and complete answers to the Informal Discovery promptly.

Our evaluation of this matter based on the information available to us at this time, suggests that the claim against you is for your liability in the care and treatment of Markeisha Jenkins during the delivery of Baby Lamariya Redford.

On August 20, 2004, Markeisha Jenkins was admitted to North Shore Medical Center by Christ-Ann Magloire, M.D., for induction of labor.

On August 21, 2004, vacuum assisted vaginal delivery with three pulls in total were negligently performed. Fetal monitor tracings revealed abnormalities consistent with fetal hypoxia resulting in fetal encephalopathy, indicating an emergency cesarean section. Delivery was negligently delayed with two additional pulls in that after the first pull, the standard of care indicates the performance of a cesarean section.


Had a timely and appropriate emergency cesarean section been performed after the first pull, indicated by abnormal fetal monitor tracings showing fetal hypoxia, fetal hypoxic encephalopathy would not have occurred.

Our client seeks damages as provided by law.

Any and all correspondence concerning this claim should be directed to the undersigned. Mediation may be scheduled upon agreement by the parties.

Your immediate attention to this matter is in your best interest.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jeffrey S. Hirsh". The signature is stylized with a large, sweeping flourish that extends to the left and then loops back under the name.

Jeffrey S. Hirsh

GOLDBERG & HIRSH, P.A.

Enclosures
[Expert Affidavit & Request for Informal Discovery]

cc: Florida Department of Insurance

MEDICAL MALPRACTICE
REQUEST FOR INFORMAL DISCOVERY

Pursuant to §766.106(6), Florida Statutes, please provide a copy of the following, (at our expense).

1. A copy of the medical records for the patient in question for all admissions to North Shore Medical Center. This request includes all billing and other records kept by North Shore Medical Center.
2. A copy of all x-rays, tests, biopsies or other studies prepared for patient in question.
3. The Hospital's complete medical chart and records (including bills) for the patient.
4. Describe all insurance policies applicable to the within incident by providing:
 - (a) Name of insurer.
 - (b) Amount of coverage.
 - (c) Policy number.
 - (d) Effective dates of coverage.
 - (e) State whether there is a coverage defense and describe same if applicable.
5. List any excess or umbrella insurance applicable to the within incident by providing:
 - (a) Name of insurer.
 - (b) Amount of coverage.
 - (c) Policy number.

(d) Effective dates of coverage.

(e) State whether there is a coverage defense and describe same if applicable.

6. Please state the name and address of each person or entity who you will ask to be included on the verdict form in this case, as per the Supreme Court decision in Fabre vs. Marin, and for each person or entity state why you will ask that they be included.

AFFIANT

STATE OF FLORIDA)
)SS:
COUNTY OF _____)

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, this day personally appeared _____ known to me to be the person(s) described herein and who executed the foregoing instrument, who acknowledged before me that (s)he/they executed the same, that if relied upon the following form(s) of identification of the above-named person(s): and that an oath was/was not taken.

WITNESS my hand and seal in the County and State last aforesaid, this ____ day of _____, 2006, A.D.

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:

AFFIDAVIT OF MARTIN GUBERNICK, M.D.

STATE OF NEW YORK

COUNTY OF NEW YORK

Before me the undersigned authority this date personally appeared MARTIN GUBERNICK, M.D. who being first duly sworn under oath, deposes and says:

That I am over the age of twenty-one (21) years, competent to make this Affidavit, and with personal knowledge of the facts and opinions contained herein.

I am a physician licensed to practice medicine in the State of New York. I am certified by the American Board of Obstetrics and Gynecology. I practice obstetrics and gynecology. Attached is a copy of my Curriculum Vitae. During the past three (3) years my medical practice has included the evaluation, diagnosis and treatment of the medical condition that is subject of this claim, and I have prior experience treating patients similar to Markeisha Jenkins. By reason of my active clinical practice or instruction of students, I have knowledge of the applicable standard for physicians, nurses, nurse practitioners, physician assistants, or other medical support staff. I have substantial knowledge, by virtue of my training and experience, concerning the standard of care among physicians, hospitals, health care facilities, or medical facilities of the same type, which are located in similar communities as North Shore Medical Center.

I have personally reviewed the following medical records pertaining to Markeisha Jenkins and Lamariya Redford:

North Shore Medical Center
University of Miami
Family Health Center
Florida Department of Health Children's Medical Services

It is my medical opinion based upon the afore-stated documents, as well as my education, training and experience, that Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc., deviated from the acceptable and appropriate standard of care in their care and treatment of Markeisha Jenkins in the following respects:

On or about August 20, 2004, Dr. Christ-Ann Magloire admitted Markeisha Jenkins to North Shore Medical Center for induction of labor.

On or about August 21, 2004, vacuum assisted vaginal delivery, with three vacuum pulls in total were negligently performed.

On or about August 21, 2004, fetal monitor tracings revealed abnormalities consistent with fetal hypoxia resulting in fetal encephalopathy indicating an emergency stat C-section.

On or about August 21, 2004, delivery was negligently delayed with two additional vacuum pulls in that after the first pull the standard of care indicates the performance of a stat C-section.

On or about August 21, 2004, the negligent delay in delivery with two additional vacuum pulls, the negligent failure to recognize the indication for and performance of a stat C-section directly and proximately caused fetal hypoxia that caused fetal encephalopathy that caused Lamariya Redford to suffer resultant brain damage, cerebral palsy and developmental delays.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to timely and appropriately monitor the fetal monitor tracings of Markeisha Jenkins.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to note the abnormalities in the fetal monitor tracings of Markeisha Jenkins.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to appreciate and recognize the abnormal fetal heart tracings of Markeisha Jenkins revealed fetal hypoxia resulting in fetal encephalopathy.

Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to timely and appropriately perform a stat C-section after the first vacuum pull during delivery.

Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently performed two subsequent vacuum pulls during delivery deviating from the standard of care that only one vacuum pull should be performed.

Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to perform a stat C-section after the first pull thereby perpetuating the fetal hypoxia causing fetal hypoxic encephalopathy.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees negligently failed to intervene in the presence of fetal hypoxia causing fetal hypoxic encephalopathy to provide a stat C-section after the first vacuum pull during delivery.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees negligently allowed a delay in delivery in the presence of fetal hypoxia causing fetal hypoxic encephalopathy with the two subsequent vacuum pulls.

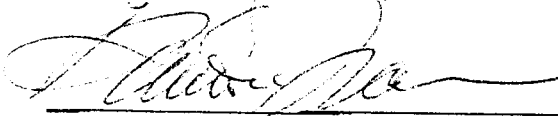

Had Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. not deviated from the standard of care and a timely and appropriate emergency C-section been performed after the first pull indicated by the abnormal fetal monitor tracings showing fetal hypoxia, fetal hypoxic encephalopathy would not have occurred and Lamariya Redford would not have suffered the resultant brain damage, cerebral palsy and developmental delays.

It is my medical opinion that reasonable grounds exist for Markeisha Jenkins and Lamariya Redford to initiate medical negligence against Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center and, Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc.

I further state, that to the best of my knowledge, I have never had any opinions disqualified in any administrative forum, court of law, or other proceeding, nor have I ever been disqualified as an expert witness. I have never been found guilty of fraud or perjury in any jurisdiction.


MARTIN GUBERNICK, M.D.

The foregoing Affidavit was acknowledged before me, an officer duly authorized in the State and County aforesaid, to take acknowledgments, this 20th day of July, 2006, by MARTIN GUBERNICK, M.D., who is personally known to me.


Notary Signature

Printed Name

RAMON NAVARRO
Notary Public, State of New York
No. 01NA5086495
Qualified in New York County
Commission Expires January 25, 2012

MARTIN GUBERNICK, M.D., P.C.

131 EAST 65TH STREET
NEW YORK, NEW YORK 10021
(212) 879-2101

- 1998** Reboarded in Obstetrics & Gynecology
- 1986-Present** Private practice in Obstetrics & Gynecology at
131 East 65th Street, NYC 10021
- 1988-** Board Certification in Obstetrics & Gynecology
- 1985-1986** Chief Resident OB/GYN New York Hospital
- 1982-1985** Resident OB/GYN New York Hospital

EDUCATION:

- 1978-1982** Northwestern University Medical School
Chicago, IL
Doctor of Medicine
- 1974-1978** Bucknell University, Lewisburg, Pa.
B.S. Biology
Phi Beta Kappa
Phi Sigma
Phi Eta Sigma

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.
FBN: 207810

MARKEISHA JENKINS, on behalf
of and as mother and natural guardian
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vs.

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UNITED STATES OF AMERICA DEPARTMENT
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OPPORTUNITY FAMILY HEALTH CENTER, INC.
and CHRIST-ANN A.E. MAGLOIRE, M.D.

Defendants.

EXHIBIT "B"

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Kevin She</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: Christ-Ann A. E. Magloire, M.D. Economic Opportunity Family HE 5361 N. W. 22 nd Avenue Miami, FL 33142	B. Received by (Printed Name)	C. Date of Delivery 7/2/06
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Redford</i>	
PS Form 3811, February 2004	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7004 2510 0001 7466 0230	

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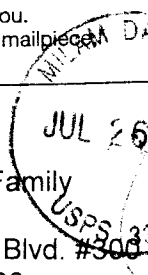
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OF HEALTH AND HUMAN SERVICES, ECONOMIC
OPPORTUNITY FAMILY HEALTH CENTER, INC.
and CHRIST-ANN A.E. MAGLOIRE, M.D.

Defendants.

EXHIBIT "C"

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece or on the front if space permits. 	A. Signature X <i>Robert + (at)</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Economic Opportunity Family Health Center, Inc. 700 S. Royal Poinciana Blvd. #308 Miami Springs, FL 33166	B. Received by (Printed Name) <i>Robert + (at)</i>	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, February 2004	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7004 2510 0001 7466 0247	
Domestic Return Receipt	102595-02-M-1540	



(Handwritten signature and initials)

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SOUTHERN DISTRICT OF FLORIDA

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and CHRIST-ANN A.E. MAGLOIRE, M.D.

Defendants.

EXHIBIT "D"



July 31, 2006

Jeffrey S. Hirsh, Esquire
Goldberg & Hirsh, P.A.
Attorney At Law
Sun Trust International Center
Suite 1280
One Southeast Third Avenue
Miami, FL 33131

Re: Lamariya Redford

Dear Mr. Hirsh:

This letter represents a response from Economic Opportunity Family Health Center, Inc. (EOFHC, Inc.). We are considered employees of the government and Medical Malpractice coverage is covered by Federal Torts Claims Act (FTCA).

The Notice of Intent to Initiate a Medical Malpractice Action by Lamariya Redford has been submitted to:

Richard Bergeron
OGC
Department of Health & Human Services
Office of General Council
Business & Administrative Law Division
330 Independence Ave., SW, Room 5362
Washington, D.C. 20201


You will hear from a representative in that office in reference to the notice in the near future.

Letter to Jeffrey S. Hirsh, Esquire
July 31, 2006
Page 2

If you have any questions, please feel free to contact me at (305) 805-1700.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "P. Kamoso".

Pie Kamoso, M.D., MPH
Director, Performance Improvement

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Defendants.

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GOLDBERG & HIRSH, P.A.

ATTORNEYS AT LAW
SUNTRUST INTERNATIONAL CENTER
SUITE 1280
ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

SIDNEY A. GOLDBERG
JEFFREY S. HIRSH
BOARD CERTIFIED CIVIL TRIAL ATTORNEY

TELEPHONE (305) 372-9601
TELEFAX (305) 372-2323
E-MAIL: info@goldberghirshpa.com

August 9, 2006

**VIA CERTIFIED MAIL &
FEDERAL EXPRESS**

Mr. Richard Bergeron
OGC Department of Health & Human Services
Office of General Counsel
Business & Administrative Law Division
330 Independence Avenue, S.W. Room 5362
Washington, DC 20201

Re: Baby Lamariya Redford
DOB: 8-21-2004
SSN: 766-34-2316

CLAIM UNDER FEDERAL TORT CLAIMS ACT
28 U.S.C.A. §2674 et. seq.

Dear Mr. Bergeron:

This is a claim for damages and injury in the amount of \$20,000,000.00. This claim arises out of medical malpractice concerning the negligent care and treatment of Markeisha Jenkins and Baby Lamariya Redford.

Markeisha Jenkins is the mother and natural guardian of Baby Lamariya Redford who suffers from severe physical, neurological, and mental injuries due to the aforementioned negligence. It is our contention that Christ-Ann A. E. Magloire, M.D. negligently failed to timely and appropriately perform a stat cesarean section during the delivery of the minor child and negligently performed multiple vacuum pulls during delivery which deviated from the acceptable standard of care. It is further our contention that because the cesarean section was not performed timely, the baby sustained and suffered from continuing fetal hypoxia which lead to severe physical, neurological and mental injury and deficit. The baby will continue to suffer such injuries on a permanent deficit and has sustained medical, nursing and hospitalization bills in the past and will continue to do so in the future.

We are enclosing herewith copies of a medical malpractice Notice of Intent Letter previously served on Dr. Magloire and the Economic Opportunity Family Health Center, Inc. in Miami, Florida. With that Notice of Intent Letter there is an Affidavit attached duly executed by Martin Gubernick, M.D., a Board Certified Physician in Obstetrics and Gynecology, wherein he sets forth his opinion that Dr. Magloire and the Economic Opportunity Family Health Center, Inc. were negligent and that such negligence caused the baby's injuries. We are also enclosing herewith a letter from Pie Kamoso, M.D., the Director of Performance Improvement at Economic Opportunity Family Health Center, Inc. in Miami. Such letter advised that Dr. Kamoso was forwarding the Notice of Intent to the Department of Health & Human Services pursuant to the Federal Tort Claims Act. Based upon Dr. Kamoso's advices, we are filing and serving this official Notice of Claim pursuant to the Federal Tort Claims Act. The Baby's date of birth is August 21, 2004. The mother, Markeisha Jenkins' date of birth is March 6, 1985 and her social security number is: 591-34-7785. We are also enclosing herewith a duly executed standard form 95 "Claim for Damage, Injury, Or Death." Should you desire more information, please contact the undersigned.

Thank you for your attention.

Very truly yours,


Jeffrey S. Hirsh

cc: via Certified Mail & Federal Express to:

Pie Kamoso, M.D., MPH,
Director Performance Improvement
Economic Opportunity Family Health Center, Inc.
700 South Royal Poinciana Boulevard
Suite 300
Miami, FL 33166

U.S. Department of Health & Human Services
200 Independence Avenue S.W.
Washington, DC 20201

ATTENTION: FEDERAL TORT CLAIMS

U.S. Department of Health & Human Services
200 Independence Avenue S.W.
Washington, DC 20201

ATTENTION: SECRETARY MIKE LEAVITT

via Certified Mail to:

Christ-Ann A. E. Magloire, M.D.
Economic Opportunity Family HE
5361 N. W. 22nd Avenue
Miami, FL 33142

Economic Opportunity Family Health Center, Inc.
700 S. Royal Poinciana Boulevard
Suite 300
Miami Springs, FL 33166

Mr. Reginald J. Clyne, Registered Agent
c/o Clyne & Self, P.A.
2600 Douglas Road, Suite 1100
Coral Gables, FL 33134

North Shore Medical Center
1100 N. W. 95th Street
Miami, FL 33150

Tenet Healthsystem North Shore, Inc., Owner
3820 State Street
Santa Barbara, CA 93105

CT Corporation System, Registered Agent
1200 South Pine Island Road
Plantation, FL 33324

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.
FBN: 207810

MARKEISHA JENKINS, on behalf
of and as mother and natural guardian
LAMARIYAREDFORD, a minor and
MARKEISHA JENKINS, individually

Plaintiffs

vs.

UNITED STATES OF AMERICA,
UNITED STATES OF AMERICA DEPARTMENT
OF HEALTH AND HUMAN SERVICES, ECONOMIC
OPPORTUNITY FAMILY HEALTH CENTER, INC.
and CHRIST-ANN A.E. MAGLOIRE, M.D.

Defendants.

EXHIBIT "F"

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008 EXPIRES 6-30-01	
1. Submit To Appropriate Federal Agency: Mr. Richard Bergeron OGC Dept. of Health & Human Services Office of General Counsel Business & Administrative Law Division 33 Independence Ave., SW Rm. 5362, Washington, DC				2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Markeisha Jenkins, 13005 NE 11th Ave North Miami, FL 33161, Individually & as Natural Mother of Lamariya Redford		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 8/21/2004	5. MARITAL STATUS Minor/unmarried	6. DATE AND DAY OF ACCIDENT 8/21/2004	7. TIME (A.M. OR P.M.)		
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) This claim is for medical malpractice arising out of the birth of Baby Lamariya Redford on or about 8/21/2004. It is our allegation that employees of the Department failed to perform a timely cesarean section and inappropriately used multiple vacuum pulls in delivering the infant which caused the infant severe physical, neurological and mental injuries. Supporting documentation is attached hereto.						
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)						
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side)						
10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT PLEASE SEE #8 ABOVE. This claim is for severe physical, mental, and neurological injuries resulting from negligence during the delivery of the minor claimant, Lamariya Redford who was born on August 21, 2004.						
11. WITNESSES						
NAME			ADDRESS (Number, street, city, State, and Zip Code)			
Markeisha Jenkins 13005 N.E. 11th Avenue North Miami, FL 33161			c/o Attorney Jeffrey S. Hirsh Goldberg & Hirsh, P.A. One S.E. Third Avenue, Suite 1280 Miami, FL 33131 (305) 372-9601			
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)						
12a. PROPERTY DAMAGE \$0	12b. PERSONAL INJURY \$20,000,000.00	12c. WRONGFUL DEATH \$0	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$20,000,000.00			
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM						
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) [Signature]			13b. Phone number of signatory Atty. Hirsh 305/3729601	14. DATE OF CLAIM 8/9/2006		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Imprisonment for not more than five years and shall be subject to a fine of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 18 U.S.C.A. 287.)			

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.
A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - Insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #11 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item #12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT, THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim And may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch
 Civil Division
 U.S. Department of Justice
 Washington, DC 20530

and to the
 Office of Management and Budget
 Paperwork Reduction Project (1105-0008)
 Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? Yes, if yes give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

NO

17. If deductible, state amount

NOT APPLICABLE

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

NOT APPLICABLE

19. Do you carry public liability and property damage insurance? Yes, If yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) No

NO

GOLDBERG & HIRSH, P.A.

ATTORNEYS AT LAW
SUNTRUST INTERNATIONAL CENTER
SUITE 1280
ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

SIDNEY A. GOLDBERG
JEFFREY S. HIRSH
BOARD CERTIFIED CIVIL TRIAL ATTORNEY

TELEPHONE (305) 372-9601
TELEFAX (305) 372-2323
E-MAIL: info@goldberghirshpa.com

July 25, 2006

CERTIFIED MAIL

Christ-Ann A. E. Magloire, M.D.
Economic Opportunity Family HE
5361 N. W. 22nd Avenue
Miami, FL 33142

Economic Opportunity Family Health Center, Inc.
700 S. Royal Poinciana Boulevard
Suite 300
Miami Springs, FL 33166

Mr. Reginald J. Clyne, Registered Agent
c/o Clyne & Self, P.A.
2600 Douglas Road, Suite 1100
Coral Gables, FL 33134

North Shore Medical Center
1100 N. W. 95th Street
Miami, FL 33150

Tenet Healthsystem North Shore, Inc., Owner
3820 State Street
Santa Barbara, CA 93105

CT Corporation System, Registered Agent
1200 South Pine Island Road
Plantation, FL 33324

Re: Lamariya Redford

**NOTICE OF INTENT TO INITIATE LITIGATION FOR
MEDICAL MALPRACTICE**

Dear Sir or Madam:

Please be advised that this law firm represents Markeisha Jenkins, individually, and as mother on behalf of Lamariya Redford, in connection with a claim against you for medical malpractice arising out of the negligent care and treatment of Markeisha Jenkins and Baby Lamariya Redford.

This letter is sent to you pursuant to the requirements of §766.106(2), Florida Statutes. This is notice to you of the intention of our client to initiate litigation for medical malpractice. Under the foregoing statute, we are precluded from bringing suit against you for a period of 90 days.

During that 90-day period, you and your insurer are required to conduct a review of this matter. Accordingly, you are to contact your insurance company, forthwith, so that the full 90-day period can be utilized for the purpose intended.

Enclosed is the Affidavit from our expert, Martin Gubernick, M.D., corroborating that there are reasonable grounds to believe that you were negligent in your care and treatment of Markeisha Jenkins and Lamariya Redford.

Pursuant to §766.106(2) and §766.205, Florida Statutes, we also enclose our Request for Informal Discovery. Please provide full and complete answers to the Informal Discovery promptly.

Our evaluation of this matter based on the information available to us at this time, suggests that the claim against you is for your liability in the care and treatment of Markeisha Jenkins during the delivery of Baby Lamariya Redford.

On August 20, 2004, Markeisha Jenkins was admitted to North Shore Medical Center by Christ-Ann Magloire, M.D., for induction of labor.

On August 21, 2004, vacuum assisted vaginal delivery with three pulls in total were negligently performed. Fetal monitor tracings revealed abnormalities consistent with fetal hypoxia resulting in fetal encephalopathy, indicating an emergency cesarean section. Delivery was negligently delayed with two additional pulls in that after the first pull, the standard of care indicates the performance of a cesarean section.

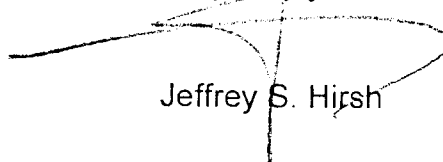
Had a timely and appropriate emergency cesarean section been performed after the first pull, indicated by abnormal fetal monitor tracings showing fetal hypoxia, fetal hypoxic encephalopathy would not have occurred.

Our client seeks damages as provided by law.

Any and all correspondence concerning this claim should be directed to the undersigned. Mediation may be scheduled upon agreement by the parties.

Your immediate attention to this matter is in your best interest.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jeffrey S. Hirsh". The signature is stylized with a large, sweeping flourish that extends to the left and then loops back down to the right, crossing over the name.

Jeffrey S. Hirsh

GOLDBERG & HIRSH, P.A.

Enclosures
[Expert Affidavit & Request for Informal Discovery]

cc: Florida Department of Insurance

AFFIDAVIT OF MARTIN GUBERNICK, M.D.

STATE OF NEW YORK

COUNTY OF NEW YORK

Before me the undersigned authority this date personally appeared MARTIN GUBERNICK, M.D. who being first duly sworn under oath, deposes and says:

That I am over the age of twenty-one (21) years, competent to make this Affidavit, and with personal knowledge of the facts and opinions contained herein.

I am a physician licensed to practice medicine in the State of New York. I am certified by the American Board of Obstetrics and Gynecology. I practice obstetrics and gynecology. Attached is a copy of my Curriculum Vitae. During the past three (3) years my medical practice has included the evaluation, diagnosis and treatment of the medical condition that is subject of this claim, and I have prior experience treating patients similar to Markeisha Jenkins. By reason of my active clinical practice or instruction of students, I have knowledge of the applicable standard for physicians, nurses, nurse practitioners, physician assistants, or other medical support staff. I have substantial knowledge, by virtue of my training and experience, concerning the standard of care among physicians, hospitals, health care facilities, or medical facilities of the same type, which are located in similar communities as North Shore Medical Center.

I have personally reviewed the following medical records pertaining to Markeisha Jenkins and Lamariya Redford:

North Shore Medical Center
University of Miami
Family Health Center
Florida Department of Health Children's Medical Services

It is my medical opinion based upon the afore-stated documents, as well as my education, training and experience, that Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc., deviated from the acceptable and appropriate standard of care in their care and treatment of Markeisha Jenkins in the following respects:

On or about August 20, 2004, Dr. Christ-Ann Magloire admitted Markeisha Jenkins to North Shore Medical Center for induction of labor.

On or about August 21, 2004, vacuum assisted vaginal delivery, with three vacuum pulls in total were negligently performed.

On or about August 21, 2004, fetal monitor tracings revealed abnormalities consistent with fetal hypoxia resulting in fetal encephalopathy indicating an emergency stat C-section.

On or about August 21, 2004, delivery was negligently delayed with two additional vacuum pulls in that after the first pull the standard of care indicates the performance of a stat C-section.

On or about August 21, 2004, the negligent delay in delivery with two additional vacuum pulls, the negligent failure to recognize the indication for and performance of a stat C-section directly and proximately caused fetal hypoxia that caused fetal encephalopathy that caused Lamariya Redford to suffer resultant brain damage, cerebral palsy and developmental delays.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to timely and appropriately monitor the fetal monitor tracings of Markeisha Jenkins.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to note the abnormalities in the fetal monitor tracings of Markeisha Jenkins.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to appreciate and recognize the abnormal fetal heart tracings of Markeisha Jenkins revealed fetal hypoxia resulting in fetal encephalopathy.

Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to timely and appropriately perform a stat C-section after the first vacuum pull during delivery.

Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently performed two subsequent vacuum pulls during delivery deviating from the standard of care that only one vacuum pull should be performed.

Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. negligently failed to perform a stat C-section after the first pull thereby perpetuating the fetal hypoxia causing fetal hypoxic encephalopathy.

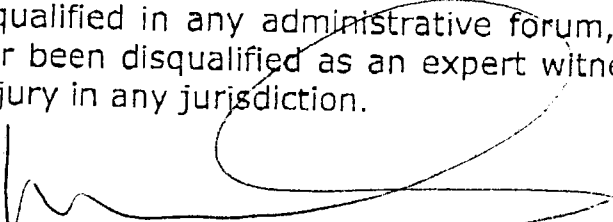
Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees negligently failed to intervene in the presence of fetal hypoxia causing fetal hypoxic encephalopathy to provide a stat C-section after the first vacuum pull during delivery.

Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center by and through its agents servants and employees negligently allowed a delay in delivery in the presence of fetal hypoxia causing fetal hypoxic encephalopathy with the two subsequent vacuum pulls.

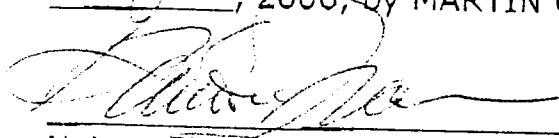
Had Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center and Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc. not deviated from the standard of care and a timely and appropriate emergency C-section been performed after the first pull indicated by the abnormal fetal monitor tracings showing fetal hypoxia, fetal hypoxic encephalopathy would not have occurred and Lamariya Redford would not have suffered the resultant brain damage, cerebral palsy and developmental delays.

It is my medical opinion that reasonable grounds exist for Markeisha Jenkins and Lamariya Redford to initiate medical negligence against Tenet Healthsystem North Shore, Inc., d/b/a North Shore Medical Center and, Christ-Ann Magloire, M.D., and Economic Opportunity Family Health Care Center, Inc.

I further state, that to the best of my knowledge, I have never had any opinions disqualified in any administrative forum, court of law, or other proceeding, nor have I ever been disqualified as an expert witness. I have never been found guilty of fraud or perjury in any jurisdiction.


MARTIN GUBERNICK, M.D.

The foregoing Affidavit was acknowledged before me, an officer duly authorized in the State and County aforesaid, to take acknowledgments, this 20th day of July, 2006, by MARTIN GUBERNICK, M.D., who is personally known to me.


Notary Signature
Ramon Navarro
Printed Name

RAMON NAVARRO
Notary Public, State of New York
No. 01NA5086495
Qualified in New York County
Commission Expires January 25, 2012

MARTIN GUBERNICK, M.D., P.C.

131 EAST 65TH STREET
NEW YORK, NEW YORK 10021
(212) 879-2101

- 1998 Reboarded in Obstetrics & Gynecology
- 1986-Present Private practice in Obstetrics & Gynecology at
131 East 65th Street, NYC 10021
- 1988- Board Certification in Obstetrics & Gynecology
- 1985-1986 Chief Resident OB/GYN New York Hospital
- 1982-1985 Resident OB/GYN New York Hospital

EDUCATION:

- 1978-1982 Northwestern University Medical School
Chicago, IL
Doctor of Medicine
- 1974-1978 Bucknell University, Lewisburg, Pa.
B.S. Biology
Phi Beta Kappa
Phi Sigma
Phi Eta Sigma

MEDICAL MALPRACTICE
REQUEST FOR INFORMAL DISCOVERY

Pursuant to §766.106(6), Florida Statutes, please provide a copy of the following, (at our expense).

1. A copy of the medical records for the patient in question for all admissions to North Shore Medical Center. This request includes all billing and other records kept by North Shore Medical Center.
2. A copy of all x-rays, tests, biopsies or other studies prepared for patient in question.
3. The Hospital's complete medical chart and records (including bills) for the patient.
4. Describe all insurance policies applicable to the within incident by providing:
 - (a) Name of insurer.
 - (b) Amount of coverage.
 - (c) Policy number.
 - (d) Effective dates of coverage.
 - (e) State whether there is a coverage defense and describe same if applicable.
5. List any excess or umbrella insurance applicable to the within incident by providing:
 - (a) Name of insurer.
 - (b) Amount of coverage.
 - (c) Policy number.

(d) Effective dates of coverage.

(e) State whether there is a coverage defense and describe same if applicable.

6. Please state the name and address of each person or entity who you will ask to be included on the verdict form in this case, as per the Supreme Court decision in Fabre vs. Marin, and for each person or entity state why you will ask that they be included.

AFFIANT

STATE OF FLORIDA)
)SS:
COUNTY OF _____)

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, this day personally appeared _____ known to me to be the person(s) described herein and who executed the foregoing instrument, who acknowledged before me that (s)he/they executed the same, that if relied upon the following form(s) of identification of the above-named person(s):
and that an oath was/was not taken.

WITNESS my hand and seal in the County and State last aforesaid, this ____ day of _____, 2006, A.D.

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My Commission Expires:

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.
FBN: 207810

MARKEISHA JENKINS, on behalf
of and as mother and natural guardian
LAMARIYAREDFORD, a minor and
MARKEISHA JENKINS, individually

Plaintiffs

vs.

UNITED STATES OF AMERICA,
UNITED STATES OF AMERICA DEPARTMENT
OF HEALTH AND HUMAN SERVICES, ECONOMIC
OPPORTUNITY FAMILY HEALTH CENTER, INC.
and CHRIST-ANN A.E. MAGLOIRE, M.D.

Defendants.

EXHIBIT "G"

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Richard Bergeron OGC Dept. of Health & Human Services Office of Gen. Counsel Business & Admin. Law Division 330 Independence Ave. S.W. Room 5362 Washington, DC 20001	B. Received by (Printed Name) LAWRENCE	C. Date of Delivery 5-21-04
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No Cambridge, Bedford	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: U.S. Department of Health & Human Services 200 Independence Ave. S.W. Washington, DC 20001 Attn: Secy. Mike Leavitt	B. Received by (Printed Name) LAWRENCE	C. Date of Delivery 5-21-04
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No Cambridge, Bedford NOT	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-02-M-1540		

JS 44 (Rev. 11/05)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.) **NOTICE: Attorneys MUST Indicate All Re-filed Cases Below.**

<p>I. (a) PLAINTIFFS</p> <p>MARKEISHA JENKINS, on behalf of and as mother and natural guardian LAMARIYA REDFORD, a minor and MARKEISHA</p> <p>(b) County of Residence of First Listed Plaintiff <u>Miami-Dade County</u></p> <p>(c) Attorney's (Firm Name, Address, and Telephone Number) <u>Jeffrey S. Hirsh, Esquire</u> <u>GOLDBERG & HIRSH, P.A.</u> <u>One Se.E. 3rd Avenue, Suite 1280</u> <u>Miami Fl 33130</u></p>	<p>DEFENDANTS</p> <p>UNITED STATES OF AMERICA, UNITED STATES OF AMERICA DEPARTMENT OF HEALTH AND HUMAN</p> <p>County of Residence of First Listed Defendant <u>Miami-Dade County</u></p> <p>(IN U.S. PLAINTIFF CASES ONLY)</p> <p>NOTE: IN LAND CONDEMNATION CASES, LIST THE LOCATION OF THE TRACT AND INVOLVED.</p> <p style="font-size: 2em; text-align: center;">07-20759</p> <p style="text-align: center;">MAGISTRATE JUDGE O'SULLIVAN CIV-UNGARO</p>
<p>FILED by <u>[Signature]</u> D.C. DKTG</p> <p style="font-size: 1.5em; font-weight: bold;">MAR 22 2007</p> <p>CLARENCE MADDOX CLERK U.S. DIST. CT.</p>	
<p>(d) Check County Where Action Arose: <input checked="" type="checkbox"/> MIAMI-DADE <input type="checkbox"/> PALM BEACH <input type="checkbox"/> MARTIN <input type="checkbox"/> ST. LUCIE <input type="checkbox"/> INDIAN RIVER <input type="checkbox"/> OKEECHOBEE HIGHLANDS</p>	

<p>II. BASIS OF JURISDICTION (Place an "X" in One Box Only)</p> <p><input type="checkbox"/> 1 U.S. Government Plaintiff</p> <p><input checked="" type="checkbox"/> 2 U.S. Government Defendant</p> <p><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p>III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2"></th> <th>PTF</th> <th>DEF</th> <th colspan="2"></th> <th>PTF</th> <th>DEF</th> </tr> <tr> <td>Citizen of This State</td> <td><input checked="" type="checkbox"/></td> <td>1</td> <td><input checked="" type="checkbox"/></td> <td>Incorporated or Principal Place of Business In This State</td> <td><input type="checkbox"/></td> <td>4</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/></td> <td>5</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> <td>Foreign Nation</td> <td><input type="checkbox"/></td> <td>6</td> <td><input type="checkbox"/></td> </tr> </table>			PTF	DEF			PTF	DEF	Citizen of This State	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	Incorporated or Principal Place of Business In This State	<input type="checkbox"/>	4	<input type="checkbox"/>	Citizen of Another State	<input type="checkbox"/>	2	<input type="checkbox"/>	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/>	5	<input type="checkbox"/>	Citizen or Subject of a Foreign Country	<input type="checkbox"/>	3	<input type="checkbox"/>	Foreign Nation	<input type="checkbox"/>	6	<input type="checkbox"/>
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1:2007CV20759/UV/550

IV. NATURE OF SUIT (Place an "X" in One Box Only)					
<p>CONTRACT</p> <p><input type="checkbox"/> 110 Insurance</p> <p><input type="checkbox"/> 120 Marine</p> <p><input type="checkbox"/> 130 Miller Act</p> <p><input type="checkbox"/> 140 Negotiable Instrument</p> <p><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment</p> <p><input type="checkbox"/> 151 Medicare Act</p> <p><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)</p> <p><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits</p> <p><input type="checkbox"/> 160 Stockholders' Suits</p> <p><input type="checkbox"/> 190 Other Contract</p> <p><input type="checkbox"/> 195 Contract Product Liability</p> <p><input type="checkbox"/> 196 Franchise</p>	<p>TORTS</p> <p>PERSONAL INJURY</p> <p><input type="checkbox"/> 310 Airplane</p> <p><input type="checkbox"/> 315 Airplane Product Liability</p> <p><input type="checkbox"/> 320 Assault, Libel & Slander</p> <p><input type="checkbox"/> 330 Federal Employers' Liability</p> <p><input type="checkbox"/> 340 Marine</p> <p><input type="checkbox"/> 345 Marine Product Liability</p> <p><input type="checkbox"/> 350 Motor Vehicle</p> <p><input type="checkbox"/> 355 Motor Vehicle Product Liability</p> <p><input type="checkbox"/> 360 Other Personal Injury</p> <p>PERSONAL INJURY</p> <p><input checked="" type="checkbox"/> 362 Personal Injury - Med. Malpractice</p> <p><input type="checkbox"/> 365 Personal Injury - Product Liability</p> <p><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability</p> <p>PERSONAL PROPERTY</p> <p><input type="checkbox"/> 370 Other Fraud</p> <p><input type="checkbox"/> 371 Truth in Lending</p> <p><input type="checkbox"/> 380 Other Personal Property Damage</p> <p><input type="checkbox"/> 385 Property Damage Product Liability</p>	<p>FORFEITURE/PENALTY</p> <p><input type="checkbox"/> 610 Agriculture</p> <p><input type="checkbox"/> 620 Other Food & Drug</p> <p><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881</p> <p><input type="checkbox"/> 630 Liquor Laws</p> <p><input type="checkbox"/> 640 R.R. & Truck</p> <p><input type="checkbox"/> 650 Airline Regs.</p> <p><input type="checkbox"/> 660 Occupational Safety/Health</p> <p><input type="checkbox"/> 690 Other</p> <p>LABOR</p> <p><input type="checkbox"/> 710 Fair Labor Standards Act</p> <p><input type="checkbox"/> 720 Labor/Mgmt. Relations</p> <p><input type="checkbox"/> 730 Labor/Mgmt Reporting & Disclosure Act</p> <p><input type="checkbox"/> 740 Railway Labor Act</p> <p><input type="checkbox"/> 790 Other Labor Litigation</p> <p><input type="checkbox"/> 791 Empl. Ret. Inc. Security Act</p>	<p>BANKRUPTCY</p> <p><input type="checkbox"/> 422 Appeal 28 USC 158</p> <p><input type="checkbox"/> 423 Withdrawal 28 USC 157</p> <p>PROPERTY RIGHTS</p> <p><input type="checkbox"/> 820 Copyrights</p> <p><input type="checkbox"/> 830 Patent</p> <p><input type="checkbox"/> 840 Trademark</p> <p>SOCIAL SECURITY</p> <p><input type="checkbox"/> 861 HIA (1395ff)</p> <p><input type="checkbox"/> 862 Black Lung (923)</p> <p><input type="checkbox"/> 863 DIWC/DIWW (405(g))</p> <p><input type="checkbox"/> 864 SSID Title XVI</p> <p><input type="checkbox"/> 865 RSI (405(g))</p> <p>FEDERAL TAX SUITS</p> <p><input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)</p> <p><input type="checkbox"/> 871 IRS—Third Party 26 USC 7609</p>	<p>OTHER STATUTES</p> <p><input type="checkbox"/> 400 State Reapportionment</p> <p><input type="checkbox"/> 410 Antitrust</p> <p><input type="checkbox"/> 430 Banks and Banking</p> <p><input type="checkbox"/> 450 Commerce</p> <p><input type="checkbox"/> 460 Deportation</p> <p><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations</p> <p><input type="checkbox"/> 480 Consumer Credit</p> <p><input type="checkbox"/> 490 Cable/Sat TV</p> <p><input type="checkbox"/> 810 Selective Service</p> <p><input type="checkbox"/> 850 Securities/Commodities/Exchange</p> <p><input type="checkbox"/> 875 Customer Challenge 12 USC 3410</p> <p><input type="checkbox"/> 890 Other Statutory Actions</p> <p><input type="checkbox"/> 891 Agricultural Acts</p> <p><input type="checkbox"/> 892 Economic Stabilization Act</p> <p><input type="checkbox"/> 893 Environmental Matters</p> <p><input type="checkbox"/> 894 Energy Allocation Act</p> <p><input type="checkbox"/> 895 Freedom of Information Act</p> <p><input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice</p> <p><input type="checkbox"/> 950 Constitutionality of State Statutes</p>	
<p>REAL PROPERTY</p> <p><input type="checkbox"/> 210 Land Condemnation</p> <p><input type="checkbox"/> 220 Foreclosure</p> <p><input type="checkbox"/> 230 Rent Lease & Ejectment</p> <p><input type="checkbox"/> 240 Torts to Land</p> <p><input type="checkbox"/> 245 Tort Product Liability</p> <p><input type="checkbox"/> 290 All Other Real Property</p>	<p>CIVIL RIGHTS</p> <p><input type="checkbox"/> 441 Voting</p> <p><input type="checkbox"/> 442 Employment</p> <p><input type="checkbox"/> 443 Housing/Accommodations</p> <p><input type="checkbox"/> 444 Welfare</p> <p><input type="checkbox"/> 445 Amer. w/Disabilities - Employment</p> <p><input type="checkbox"/> 446 Amer. w/Disabilities - Other</p> <p><input type="checkbox"/> 440 Other Civil Rights</p>	<p>PRISONER PETITIONS</p> <p><input type="checkbox"/> 510 Motions to Vacate Sentence</p> <p>Habeas Corpus:</p> <p><input type="checkbox"/> 530 General</p> <p><input type="checkbox"/> 535 Death Penalty</p> <p><input type="checkbox"/> 540 Mandamus & Other</p> <p><input type="checkbox"/> 550 Civil Rights</p> <p><input type="checkbox"/> 555 Prison Condition</p>			

V. ORIGIN (Place an "X" in One Box Only)

1 Original Proceeding

2 Removed from State Court

3 Re-filed- (see VI below)

4 Reinstated or Reopened

5 Transferred from another district (specify)

6 Multidistrict Litigation

7 Appeal to District Judge from Magistrate Judgment

VI. RELATED/RE-FILED CASE(S). (See instructions second page):

a) Re-filed Case YES NO

b) Related Cases YES NO

JUDGE _____ DOCKET NUMBER _____

VII. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing and Write a Brief Statement of Cause (Do not cite jurisdictional statutes unless diversity):

This is an action pursuant to the Federal Tort Claims Act for medical malpractice causing injury to a newborn during her mother's labor and delivery

LENGTH OF TRIAL via 5 days estimated (for both sides to try entire case)

VIII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$ 20,000,000.00 CHECK YES only if demanded in complaint:

JURY DEMAND: Yes No

ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF ATTORNEY OF RECORD: [Signature] DATE: 3-16-07

FOR OFFICE USE ONLY

AMOUNT: \$350.00 RECEIPT # 956967

03/22/07