IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT IN AND FOR SARASOTA COUNTY, FLORIDA CIVIL DIVISION

	In re:			
	AMBULATORY SERVIC	ES CORPORATION	Case # 2023 CA 005686 NC	
	Assignor,			
	to			
	LARRY S. HYMAN,			
	Assignee.			
	TO RECEIVE ANY DIVIDEND IN THIS PROCEEDING, YOU MUST COMPLETE AND SUBMIT THIS FORM VIA U.S. MAIL OR EMAIL, ALONG WITH SUPPORTING DOCUMENTATION, SO THAT THE ASSIGNEE RECEIVES IT NO LATER THAN NOVEMBER 16, 2023 Larry S. Hyman, Assignee PO Box 18625 Tampa, FL 33679 Claims@LarryHymanCPA.com			
1.	NAME OF CREDITOR: ADDRESS OF CREDITOR: TELEPHONE NUMBER OF CREDITE			
2.	BASIS FOR CLAIM:	• •	ge of address, it is your responsibility nee in writing of your new address.	
	[] Goods Sold	[] Wages, Salaries and Con	mpensation	
	[] Services Performed	[] Taxes		
	[] Money Loaned	[] Other:		
3.	DATE DEBT WAS INCURRED): 		
4.	AMOUNT OF CLAIM:	\$		
purc	SUPPORTING DOCUMENTS: chase orders, invoices, itemized statements are not available, explain.	atements of running accounts, cou	ORTING DOCUMENTS , such as promissory note art judgments, or evidence of security interests. If the attach a summary.	
6.	SIGNATURE: Sign and print name	ne and title, if any, of the creditor	or other person authorized to file this claim:	
DATED:		By:		
		Signature	of Claimant or Representative	

Print Name and Title here