

*FILE ORIGINAL FOR CHAPTERS 7 and 11, IN DUPLICATE FOR CHAPTER 13, FOR DATE-STAMPED COPY, SEE #9 BELOW

United States Bankruptcy Court	<input type="checkbox"/> CH 7 <input type="checkbox"/> CH 13 <input checked="" type="checkbox"/> CH 11 PLEASE CHECK CHAPTER
Northern District of Illinois, Eastern Division	

Name of Debtor F-MART CORP.	Case Number 02-02474	PROOF OF CLAIM
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

Name of Creditor (The person or other entity to whom the debtor owes money or property) TRENNA PICKUP	<input type="checkbox"/> Check box If you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	File Claim Form With: United States Bankruptcy Court P. O. Box A3613 Chicago, Illinois 60690-3612 Creditor # _____ THIS SPACE IS FOR COURT USE ONLY
Name and Address Where Notices Should be Sent BRIAN J. CONNELLY, ESQ. 979 BEACHLAND BLVD. VERO BEACH, FL 32963 Telephone No. 772 231-1100	<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor	Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated _____	

1. BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Services performed	<input type="checkbox"/> Wages, salaries, and compensation (Fill out below)
<input type="checkbox"/> Money loaned	<input checked="" type="checkbox"/> Personal injury/wrongful death	Your social security number _____
<input type="checkbox"/> Taxes	<input type="checkbox"/> Other _____	Unpaid compensation for services performed
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a)		from _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED: 3/15/01	3. IF COURT JUDGMENT, DATE OBTAINED
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4. Total Amount of Claim at Time Case Filed: **\$ 200,000 CONTINGENT UNLIQUIDATED**

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

<p>5. Secured claim</p> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <p>Brief Description of Collateral</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p> <p>Value of collateral \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim above, if any. \$ _____</p>	<p>6. Unsecured Priority Claim</p> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. § 507(a)(3)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)</p> <p><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____</p> <p><small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>
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<p>7. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p>8. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i>, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. ANY ATTACHMENT MUST BE 8-1/2" BY 11"</p> <p>9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.</p>	<p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p> <p style="text-align: center;">FILED</p> <p style="text-align: center;">MAR 25 2002</p> <p style="text-align: center;">BETH S. GARDNER CLERK COURT ROOM - MM</p> <p style="text-align: center;">NORTHERN DISTRICT OF ILLINOIS</p>
Date 3/22/02 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Brian J. Connelly, Esq.	

INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to the general rules.

DEFINITIONS

DEBTOR

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

SECURED CLAIM

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

UNSECURED CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Eastern District of Virginia), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges

in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5. Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured (See DEFINITIONS, above)

6. Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above) A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

7. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

8. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available you must attach an explanation of why they are not available.

Proof of Claims should be filed with Trumbull Services at:

Kmart Corp.
c/o Trumbull Services
P.O. Box 426
Windsor, Connecticut 06095

LAW OFFICES OF
**GOULD, COOKSEY, FENNELL,
O'NEILL, MARINE, CARTER & HAFNER, P.A.**

JOHN R. GOULD (1921-1988)
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TROY B. HAFNER, LL.M.**
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SANDRA G. RENNICK

OF COUNSEL
SAMUEL A. BLOCK

*FL. BOARD CERTIFIED
CIVIL TRIAL AND
BUSINESS LITIGATION

**FL. BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES

September 26, 2001

Mr. Eric Sanders
Cambridge Integrated Services Group, Inc.
P. O. Box 3697
Tallahassee, FL 32315-3697

Re: Our Client : Trenna Pickup
Your Insured : Kmart #7294
Vero Beach, Florida
Date of Accident : March 15, 2001

Dear Mr. Sanders:

We are writing this letter to present the facts of this claim on behalf of our client, Trenna Pickup, in an effort to settle this claim amicably without the necessity of litigation. This letter and the enclosed materials are submitted only for the purposes of settlement negotiations. In the event litigation is entered, we request that all materials be returned to our office, uncopied. The information we supply herewith is a brief summary of the facts of this claim which would be presented at a trial of this matter.

On March 15, 2001, our client, Trenna Pickup, was a business invitee of your insured, Kmart of Vero Beach, Florida. An employee of your insured was pushing a cart containing large boxes of grills that were to be displayed for sale. As the cart approached Mrs. Pickup, the boxes fell onto Mrs. Pickup striking her neck and back, shoving her forward. Mrs. Pickup was shoved into a display of fans. Mrs. Pickup felt immediate pain in her back and neck. A report of this incident was filed with your insured; however, Mrs. Pickup does not have a copy in her possession.

In the days following her accident, Mrs. Pickup was unable to obtain any relief from her pain. On March 19, 2001, she sought medical treatment from Dr. Joseph Hill of Doctors' Clinic. Dr. Hill noted Mrs. Pickup's complaints of neck stiffness and bilateral low back pain with numbness when walking or when lying on her side, left greater than right. Dr. Hill's examination revealed decreased

Page 2

Mr. Eric Sanders

Re: Trena Pickup

September 26, 2001

range of motion of the neck; lateral flexion to the left caused discomfort to the occipital muscle area and trapezius area on the right. Forward flexion caused pain in the same area. There was also tenderness of the occipital muscle groove on the right side. Dr. Hill's Impression following this examination was 1) acute cervical strain; 2) acute lumbar strain; and, 3) possible mild contusion of the lower back. A copy of the record of Dr. Joseph Hill of Doctors' Clinic is attached and marked as Exhibit "A."

Mrs. Pickup sought chiropractic treatment for her injuries from Cassara Chiropractic, Inc. Mrs. Pickup's first visit was March 28, 2001 at which time she presented with low back and neck pain radiating into her legs with numbness into the shoulders, arms, legs and feet. Specific segmental analysis of the lumbar spine revealed right pelvic deficiency with a decrease in the arthrokinematics of the T12 through L5 with interspinous ligament tenderness. There was also C5 through C2 fixation with tight musculature of the bilateral cervical and trapezius with interspinous ligament tightness at C5-C7-T1-T2. Also there was tight fibrotic nodules and suboccipital muscle hypertonicity and a segmental dysfunction of the C1-2. The Assessment following this initial visit was cervical and lumbar sprain/strain associated with a decrease in the arthrokinematics of the above mentioned segments producing the above mentioned signs and symptoms. Mrs. Pickup continued treatment at Cassara Chiropractic through April 4, 2001. During her course of treatment with Cassara Chiropractic it was noted that she had lumbar instability complicated by bilateral foot pronation associated with a decrease in the arthrokinematics of the aforementioned segments. A copy of the record of Cassara Chiropractic, Inc. is attached and marked as Exhibit "B."

On April 6, 2001, Mrs. Pickup sought medical treatment from Dr. Charlene Wilson of Vero Orthopaedics. Dr. Wilson noted Mrs. Pickup's complaints of significant burning pain in her back with radiating pain into her right gluteal region and proximal thigh. Dr. Wilson also noted Mrs. Pickup's complaints of neck pain, which was worse on the right than left and difficulties sleeping due to her back and neck discomfort/pain. Dr. Wilson's examination revealed spasm along the right greater than left cervical paraspinal muscles, trap ridge, and into the intrascapular region. Mrs. Pickup's cervical range of motion was restricted in all planes by pain. She had greater limitation with right-sided rotation and lateral bending. Palpation of the thoracolumbar paraspinals revealed tenderness and spasm, and she had pain with palpation over the right PSIS area. Forward flexion of the spine was restricted to 50 degrees by pain, extension 20 degrees, lateral bending and rotation to the right was painful and limited. Dr. Wilson also noted that Mrs. Pickup walked with a guarded gait with short stride length. Dr. Wilson prescribed therapy, Vioxx and Soma.

Mrs. Pickup returned to Dr. Wilson on April 23, 2001 at which time it was noted that she had a flare of pain and had been primarily at bed rest for the few days prior to this evaluation. Also at this time, Mrs. Pickup was having mid-back pain that extended out through the low back region bilaterally, but was worse on the left than the right. Dr. Wilson noted diffuse tenderness with light palpation from the upper thoracic through the lumbosacral paraspinal regions involving the left paraspinal

Page 3

Mr. Eric Sanders

Re: Trena Pickup

September 26, 2001

muscles greater than right. This was associated with moderate pain. Range of motion was guarded and restricted in all planes. Dr. Wilson's assessment following this examination was cervical, thoracic and lumbar strain. Following this visit, Dr. Wilson restricted Mrs. Pickup's work day to five hours per day with recommendations that she alternate sitting and standing periodically. Dr. Wilson also prescribed Darvocet N100, as well as instructing Mrs. Pickup to continue Vioxx and Soma. Mrs. Pickup continued treating with Dr. Wilson and in May, in addition to the aforesaid medications, Dr. Wilson prescribed Lorcet and a TENS Unit.

On June 4, 2001, Dr. Wilson noted that although Mrs. Pickup had not developed new or progressive symptoms, she did continue to have back and neck pain. At this time, Dr. Wilson placed Mrs. Pickup at maximum medical improvement with an assessment of cervical, thoracic and lumbar strain. Dr. Wilson further instructed Mrs. Pickup in the daily use of the TENS Unit, continue independent exercise program for the spine, a prescription for Norflex for spasms. Dr. Wilson further stated in her office note of June 4, 2001 that Ms. Pickup had sustained a permanent injury in the form of cervical, thoracic and lumbar strain and that it is likely that she will require additional intervention in the future in the form of therapy and medications for exacerbation of her pain. Further, Dr. Wilson recommended additional therapy treatment to Mrs. Pickup, for which Mrs. Pickup has incurred membership fees at Longevity Spa Lady in the amount of \$495.88. A copy of the record of Dr. Charlene Wilson of Vero Orthopaedic is attached and marked as Exhibit "C." Also attached and marked as Exhibit "D" is a copy of the receipt from Longevity Spa Lady for Mrs. Pickup's yearly membership.

Currently, Mrs. Pickup continues to experience daily pain in her neck and back. Based upon her consistent treatment and the nature of her injuries, it is likely that Mrs. Pickup will experience exacerbations of her symptomatology well into the future, as is further evidenced by the records of Dr. Charlene Wilson. Additionally, based upon her young age, Mrs. Pickup can expect a rapid deterioration and possibly arthritis in the areas in which she suffered trauma.

As a direct result of this accident, Mrs. Pickup has incurred the following medical expenses:

Dr. Joseph Hill	\$ 311.00
Cassara Chiropractic, Inc.	\$ 335.00
Dr. Charlene Wilson	\$ 4,856.00
Prescriptions and Medical Supplies	\$ 963.73
Total	\$ 6,465.73

A copy of the above medical expenses currently contained in our file is enclosed and marked as Exhibit "E."

In addition to the above medical expenses, Mrs. Pickup has lost wages totaling \$926.88, which is computed as follows:

Mr. Eric Sanders

Re: Trena Pickup

September 26, 2001

Time Period	:	March 15, 2001 through May 23, 2001
Total Hours Lost	:	96.25
Pay rate	:	\$9.25
Wages Lost	:	\$890.31
Time Period	:	May 24, 2001 through present
Total Hours Lost	:	3.25
Pay rate	:	\$11.25
Wages Lost	:	\$36.56
		\$890.31
		<u>+ 36.56</u>
Total Wages Lost	:	\$926.88

Mrs. Pickup also performed contract labor for her employer by cleaning the offices after hours weekly at a salary of \$200.00 per month. As a result of her injuries, Mrs. Pickup was unable to perform these duties and lost an additional \$900.00 from the date of the accident through June, 2001. In July, 2001, Mrs. Pickup began cleaning the office with the assistance of additional help, for which she has lost an additional \$100.00 per month from July, 2001 to the present totaling \$300.00. Mrs. Pickup's total lost wages as a result of the injuries she sustained in this accident total \$2,126.88. The loss of the additional \$100.00 per month for office cleaning continues through the date of this letter.

A copy of the Employers Wage and Salary Verification, letter from Mrs. Pickup's employer, MEEKS Plumbing, Inc. and itemized time cards is attached and marked as Exhibit "F."

Prior to this accident, Mrs. Pickup enjoyed an active social and professional life with her family and friends. Due to the injuries she sustained in this accident, Mrs. Pickup is unable to work in her yard, clean the office where she works and clean her home. Even such menial chores, such as sweeping and/or mopping are difficult due to the extreme pain associated with such activities. Mrs. Pickup is no longer able to bend or lift without exacerbating her injuries. Further, Mrs. Pickup is unable to sleep at night due to the pain and discomfort from her injuries. Although Mrs. Pickup's husband has been extremely supportive of Mrs. Pickup during this time, the injuries, pain and limitations Mrs. Pickup suffers has also affected her marriage. At this time, Mr. Anthony Pickup asserts his claim for loss of consortium with his wife due to the injuries she sustained in this accident.

In summary, this accident has severely affected Mrs. Pickup in both her employment and daily living. Your insured's negligence caused this accident and the permanent disability sustained by Mrs. Pickup. Mrs. Pickup is an extremely intelligent and presentable young woman who we feel will make a favorable impression on a jury.

In estimating her damages, we have taken into consideration her need for past, present and future medical care and treatment, her continuing medical expenses, her future medical expenses, loss of income, her permanent disability and her overall loss of enjoyment of life. If this case was tried to

Page 5

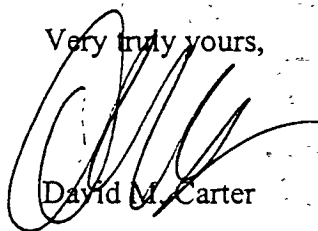
Mr. Eric Sanders

Re: Trenna Pickup

September 26, 2001

an Indian River County jury, a probable verdict would exceed \$200,000.00. However, Mr. and Mrs. Pickup have authorized me to accept \$150,000.00 in full and final settlement of their claim in an effort to avoid litigation. It is requested that you respond to this time limit demand no later than October 30, 2001. If we do not have a response from you by that date, this offer will be withdrawn and we will proceed to trial.

Very truly yours,



David M. Carter

DMC/ss

Enclosures

CC: Trenna Pickup

DOCTORS' CLINIC

2300 FIFTH AVENUE
VERO BEACH, FLORIDA 32960

NAME PICKUP, TRENNA DATE OF BIRTH MED REC. No. 6162853

MARCH 19, 2001

HISTORY OF PRESENT ILLNESS:

The patient was in K-mart four days ago, and some barbecue grills fell off of a shelf, hitting her in the back of the neck and in the lower back. She says she was pitched forward into the fans but actually caught herself before she fell.

She now indicates she has quite a stiff neck, but no real pain. She also has some bilateral low back pain that then turns into numbness when she is walking or if she lies on her left side or right side, but more of a problem on the left side. She indicates if she is sitting or standing still, it really does not bother her all that much. She is taking Advil 2 p.o. t.i.d. without much relief.

PHYSICAL EXAMINATION:

NECK: Decreased range of motion of the neck. She actually has about 80% of the range of motion that one would expect. Lateral flexion to the left causes some discomfort to the occipital muscle area and trapezius area on the right. Likewise, forward flexion causes pain in that same area. She also has some slight tenderness on palpation of the occipital muscle groove on the right side.

BACK: The lower back shows no straightening of the normal lordotic curve. No paravertebral muscle spasm or tenderness. No trigger points elicited.

LABORATORY DATA:

C-spine and LS spine films are negative for any obvious fracture or dislocation.

IMPRESSION:

1. Acute cervical strain.
2. Acute lumbar strain.
3. Possible mild contusion of the lower back.

PLAN:

Advised the patient that we will give her Feldene 20 mg 1 p.o. q.d. with food, #10; also Flexeril 10 mg 1 p.o. q. 8h. p.r.n., #20, and advised to take 1 at h.s. for sure. She can take a second one in the morning if she needs to, however, they may make her a little sleep as a side effect.

Advised wet heat twice daily for 20 minutes or so would be helpful. (The patient indicates she has access to a hot tub and will do that.)

RTC 10 days for follow-up. Nothing else need be done at this time.

JOSEPH A. HILL, M.D.

medi:93
D: 03/19/2001
T: 03/20/2001

DOCTORS' CLINIC

2300 FIFTH AVENUE
VERO BEACH, FLORIDA 32960

MED REC. No. 616285

DATE OF BIRTH 11-25-62

NAME Pickup, Treanna

Phone: (H) 564-7426 (W) _____

Date of Visit: 3-

Reason for Visit:

Barbecue grill fell on back 4 days ago while shopping in K-Mart @ ball.
4) Back pain (Disturb) need 3 pain
relief - best when walking, or when lying
down - bed

② pain - need relief
① > ② follow
Advised to take + 1 - relief

Vitals:

Age 38

Weight 200

BP 120/80

P 60

T _____

ALLERGIES:

Tetracycline

CURRENT MEDICATIONS:

None

Labs Pending:

C-spine + L5 spine
PR 10d

Dictation Pending _____ (inits)

FAMILY PRACTICE
(Joseph A. Hill, MD)

DOCTORS CLINIC
2300 5th Avenue
Vero Beach, Florida 32960

MCCORKLE RADIOLOGY ASSOCIATES
Consulting Radiologists

DATE: 03/19/01
REFERRING PHYSICIAN:
JOSEPH HILL, M.D.
MAIN CLINIC

NAME: PICKUP, TRENNNA G.
DOB: 11/25/62
X-RAY#: 0 616285 3

CERVICAL SPINE

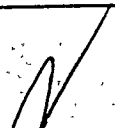
Prevertebral soft tissues are normal. Posterior cervical alignment intact. No fractures or dislocations are seen. No bony destruction is noted. Disc spaces are relatively well preserved. No spondylolisthesis is evident.

IMPRESSION
NORMAL CERVICAL SPINE EXAMINATION.

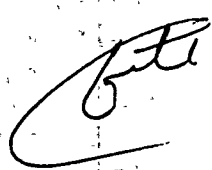
LUMBAR SPINE

Disc spaces are relatively well preserved. No spondylolisthesis or spondylolysis is noted. Pedicles are occultly identified. SI joints are within normal limits. No bony structure is noted.

IMPRESSION
NORMAL LUMBAR SPINE EXAMINATION.


William H. Price, M.D.
Consulting Radiologist

WHP/ras



CASSARA CHIROPRACTIC, INC.

TIN#59-2046845

DATE: 03/28/01

PATIENT NAME: TRENNA PICKUP

SUBJECTIVE:

Ms. Pickup presents with some low back and neck pain. She states that on March 15, 2001 she had three Bar-B-Q grills fall off of a cart onto her back and pushed her into another counter, pinning her against the counter, and now she is beginning to experience neck and low back pain. She states that the pain radiates into her legs and that she has buttock numbness and that she also feels intermittent numbness in her toes especially when she sits for a long period of time. She states that she has also been experiencing neck pain and stiffness with pain that radiates into down into her shoulders and arms with tingling in her hands at night when she is sleeping. The patient denies having these signs and symptoms at any other time in her life. The patient denies any type of motor vehicle accidents or other injury that could cause this discomfort. Also the patient is experiencing some neck pain and stiffness especially when she is working as a computer and a dispatcher.

OBJECTIVE:

Statistical analysis reveals that the patient is 63 inches tall, 198 pounds, blood pressure 140/90. Physical examination showed a positive cough test with a weak right opponens, weak right hip flexors and bilateral posterior deltoids. Range of motion is slightly restricted in all quadrants. There is a positive compression test in right maximal foraminal compression. Upper and lower deep tendon reflexes are +2. There is weakness of the right hip flexor, right gluteus maximums and right psoas. There is muscle hypertonicity of the bilateral sacrospinalis musculature with lumbosacral edema.

X-RAYS: X-rays of the cervical spine dated 03/19/01 shows that the patient has straightening of the cervical curve. Disc height within normal limits. Pedicles intact and equally spaced. Odontoid intact. There are no signs of masses or fractures.

X-rays of the lumbar spine dated 03/19/01 shows that there the lumbar curve is within normal limits. Disc height within normal limits. There are no signs of masses or fractures. Pedicles intact and equally spaced.

Specific segmental analysis reveals of the lumbar spine shows that there is a right pelvic deficiency with a decrease in the arthrokinematics of the T12 through L5 with interspinous ligament tenderness. Also there is a C5 through C2 fixation with tight musculature of the bilateral cervical and trapezius with interspinous ligament tightness at the C6-C7-T1-T2. Also there is tight fibrotic nodules and suboccipital muscle hypertonicity and a segmental dysfunction of the C1-2.

B

PAGE 2.

TRENNA PICKUP

DATE: 03/28/01

ASSESSMENT:

The patient has cervical and lumbar sprain/strain associated with a decrease in the arthrokinematics of the above mentioned segments producing the above mentioned signs and symptoms.

PLAN:

The patient will be treated three times a week for the next two weeks. The patient was instructed to put ice on the low back 20 minutes q.2h. Ultrasound will be applied to the areas of the lumbar and cervical in an effort to reduce the hypertonicity. Ms. Pickup is to return in one day for a follow-up visit.

CASSARA CHIROPRACTIC, INC.

TIN#59-2046845

DATE: 03/29/01

PATIENT NAME: TRENA PICKUP

SUBJECTIVE:

Ms. Pickup presents with continued soreness in the back of her neck. She states that she does have more range of motion in her neck.

OBJECTIVE:

Specific segmental analysis reveals a segmental dysfunction at the L1 through L5, T7-8 and C5-6-7 with hypertonicity of the lumbar paravertebral musculature and lumbosacral edema.

ASSESSMENT:

The patient is improving with treatment. She is still experiencing a decrease in arthrokinematics of the above mentioned segments resulting in nerve root irritation.

PLAN:

The patient was adjusted by way of specific chiropractic manipulation in an effort to restore the optimal arthrokinematics of the vertebral column. Ms. Pickup is to return in one day for a follow-up visit. The patient was instructed to continue the ice therapy. Ultrasound was utilized over the area to reduce the congestion in the lumbar region.

CASSARA CHIROPRACTIC, INC.

TIN#59-2046845

DATE: 03/30/01

PATIENT NAME: TRENNA PICKUP

SUBJECTIVE:

Ms. Pickup presents with neck and low back pain that is improving. Signs and symptoms are reducing. She is still experiencing stiffness and discomforts but at a lesser level.

OBJECTIVE:

Specific segmental analysis reveals fixations at L5, T12-L1 and C2-3-4 as well as T7-8.

ASSESSMENT:

The patient is improving with treatment. She is still experiencing some vertebral instabilities with a decrease in the arthrokinematics of the above mentioned segments.

PLAN:

The patient was adjusted by way of specific chiropractic manipulation in an effort to restore the optimal arthrokinematics of the vertebral column. Ms. Pickup is to return in three days for a follow-up visit.

CASSARA CHIROPRACTIC, INC.

TIN#59-2046845

DATE: 04/02/01

PATIENT NAME: TRENNA PICKUP

SUBJECTIVE:

Ms. Pickup presents with neck and low back discomfort. She states that she mostly feels low back pain, but the neck pain has improved at least 80% since the last visit. She states that she walked a lot over the weekend, and that seemed to have aggravated her last visit.

OBJECTIVE:

Specific segmental analysis reveals a right pelvic deficiency with a decrease in the arthrokinematics of the L3-4-5 with lumbosacral edema, T7-8, C5-6 and C7-T1. Also these signs and symptoms are associated with bilateral foot pronation.

ASSESSMENT:

The patient has lumbar instability complicated by bilateral foot pronation associated with a decrease in the arthrokinematics of the above mentioned segments.

PLAN:

The patient was adjusted by way of specific chiropractic manipulation in an effort to restore the optimal arthrokinematics of the vertebral column. Ms. Pickup is to return in two days for a follow-up visit.

CASSARA CHIROPRACTIC, INC.

TIN#59-2046845

DATE: 04/04/01

PATIENT NAME: TRENNA PICKUP

SUBJECTIVE:

Ms. Pickup presents with neck, low back and mid dorsal tightness that is still persistent but has reduced slightly.

OBJECTIVE:

Specific segmental analysis reveals a right pelvic deficiency that decreases and a decrease in the arthrokinematics of the L4-L5, T6-7-8, T3-4, C5-6 and C1-2.

ASSESSMENT:

The patient is improving with treatment. She is still experiencing vertebral instabilities with a decrease in the arthrokinematics of the above mentioned segments resulting in signs and symptoms.

PLAN:

The patient was adjusted by way of specific chiropractic manipulation in an effort to restore the optimal arthrokinematics of the vertebral column. Ms. Pickup is to return in two days for a follow-up visit.

VERO ORTHOPAEDICS

VERO JOINT IMPLANT & SPORTS MEDICINE CENTER
George K. Nichols, M.D., F.A.C.S., F.A.A.O.S.
Diplomate American Board of Orthopaedic Surgery
Member Arthritic Hip & Knee Society



VERO PHYSICAL MEDICINE CENTER
Charleen Wilson, M.D., F.A.A.P.M.R.
Diplomate American Board of Physical Medicine & Rehabilitation

VERO FOOT AND ANKLE CENTER
James L. Cain, M.D.
Member American Orthopaedic Foot & Ankle Society
Diplomate American Board of Orthopaedic Surgery

VERO NEUROLOGY
S. James Shafer, M.D.
Board Certified, Diplomate American Board of Psychiatry and Neurology

PICKUP, TRENN/DOB 11.25.62

c Joseph Hill, M.D.

04.06.2001 (CW) AM

CURRENT MEDICATIONS Flexeril, anti-inflammatory.

ALLERGIES Please see chart.

FAMILY HISTORY Not reported.

SOCIAL HISTORY Married 38-year-old dispatcher. She smokes cigarettes and occasionally uses alcohol.

PREVIOUS SURGERY Not reported.

REVIEW OF SYSTEMS Reviewed with the patient and is positive for back and neck pain.

PATIENT HISTORY Not reported.

CHIEF COMPLAINT Cervical and lumbar strain injury, 03.15.01.

SUBJECTIVE This is a 38-year-old woman who was injured in K-Mart on 03.15.01. She was standing in an aisle when she was hit from behind by a box of grills that fell. She was pushed forward against a counter which prevented her from falling to the ground. She was seen by her primary care physician, Dr. Hill, who had x-rays performed of her neck and low where she was complaining of pain. At that time, she was prescribed Flexeril and an anti-inflammatory medication which she cannot name. She has used those but did not note any significant relief of symptoms with those meds. She more recently has been seen by a chiropractor on three or four occasions. While she thought she was starting to improve she had some fairly significant burning pain in her back in the last few days and is here today for further evaluation. She has been having back pain since the incident bilaterally with burning in the center of her back and some radiating pain into her right gluteal region and proximal thigh. She is worse with sitting, walking, and moving about in general is less painful although she cannot walk any distance. At night she is not sleeping well unless she is able to lie flat on her back. She is also experiencing neck pain, worse on the right than left that she describes as more a stiffness. Symptoms are localized to the neck without any radiating symptoms and to the arms. Her job as a dispatcher requires her to sit for most of the day although she can alternate positions occasionally.

OBJECTIVE/PHYSICAL EXAMINATION She has spasm along the right greater than left cervical paraspinal muscles, trap ridge, and into the intrascapular region. Her cervical range of motion is restricted in all planes by pain. She has the greater limitation with right-sided rotation and lateral bending. Her upper extremity range of motion strength, sensation and reflexes are intact. Palpation of the thoracolumbar paraspinals reveals tenderness and spasm, and she has pain with palpation over the right PSIS area. Forward flexion of the spine is restricted to 50 degrees by pain, extension 20 degrees, lateral bending and rotation to the right are painful and limited. Straight leg raising is negative for nerve tension signs. She has normal hip range of motion, 5/5 lower extremity strength, normal dermatomal sensation, 2+ reflexes at the knees and ankles. She walks with a guarded gait with short stride length. No weakness with heel or toe walking.

(CONTINUED ON PAGE #2)

VERO ORTHOPAEDICS

2

PICKUP, TRENNNA/DOB 11.25.62

c Joseph Hill, M.D.
04.06.2001 (CW) AM

X-RAYS Review of outside films of the cervical spine show normal vertebral body alignment. There are no acute findings. Two views of the lumbar spine shows normal vertebral body height and alignment. No acute findings.

ASSESSMENT Cervical and lumbar strain.

PLAN

- #1 I have referred her for a program of physical therapy in place of the chiropractic treatments and she has been given Vioxx and Soma to use for the next two to three weeks.
- #2 I have recommended that she alternate positions while at work and follow through with the exercises given to her in therapy.
- #3 Follow-up with me in three to four weeks.

Charleen Wilson, M.D.
dmm (04.09.2001)



VERO ORTHOPAEDICS

3

PICKUP, TRENNNA / DOB 11.25.1962

c Joseph Hill, M.D.

04.23.2001 (CW) AM

MEDICATIONS/ALLERGIES/ROS/PFSH No change from previous visit.

CHIEF COMPLAINT The patient is here today for follow-up.

SUBJECTIVE She has had several sessions of physical therapy, was receiving gentle modalities, massage and had started on some exercise. She had a flare of pain five days ago and has been primarily at bed rest for the past few days, using 50 mg Vioxx daily. Today she is complaining primarily of mid back pain that extends out through the low back region bilaterally but worse on the left than the right. Her cervical movements are starting to improve and she feels a stiffness but no worsening of pain in this region and no radicular arm symptoms. In her mid-back her symptoms are localized. Her pain is relatively persistent with some radiation out into the left gluteal area. She is having difficulty sitting at her dispatcher's job throughout the day and by mid-day she is in significant pain. She does try to alternate positions.

OBJECTIVE/PHYSICAL EXAMINATION Today she has diffuse tenderness with light palpation from the upper thoracic through the lumbosacral paraspinal regions involving the left paraspinal muscles greater than right. This is associated with moderate spasm. Her range of motion is guarded and restricted in all planes. There is no evidence of a neurologic deficit.

X-RAYS Two views of the thoracic spine show normal vertebral body height and alignment. There are mild diffuse degenerative disc changes. No compression fractures or subluxations. No acute findings.

ASSESSMENT Cervical, thoracic, lumbar strain.

PLAN

- #1 She is being scheduled for MRIs of the thoracic and lumbar regions.
- #2 She will then return to review those studies with me.
- #3 I am restricting her to five hours of work per day. She may continue with her regular job as it is sedentary with recommendations to alternate sitting and standing periodically.
- #4 I would like her to continue with therapy and avoid any exercise or activities that significantly increase her pain.
- #5 She has also been given a prescription for Darvocet N100 #60 for pain (potential precautions and limitations regarding this medication were given).
- #6 She will continue with her Vioxx; reducing to 20 mg q day.
- #7 Soma at bedtime.

Charleen Wilson, M.D.

alt (04.23.2001)

PICKUP, TRENNNA / DOB 11.25.1962

c Joseph Hill, M.D.

04.23.2001 (CW) AM X-RAYS

Two views of the thoracic spine show normal vertebral body height and alignment. There are mild diffuse degenerative disc changes. No compression fractures or subluxations. No acute findings.

Charleen Wilson, M.D.

alt (04.23.2001)

VERO ORTHOPAEDICS



JAMES L. CAIN, M.D. - DEA# ACS424041
GEORGE K. NICHOLS, M.D. - DEA# AN2625703
CHARLEEN WILSON, M.D. - DEA# BW2380525

"A Tradition of Excellence"

1260-37TH, SUITE A • VERO BEACH, FL 32960 • 561-569-2330

Name Emma Pickup

Address _____

Date 7.23.01

Rx

Restricted to 5 hrs/day
work x 1 month

Label

Refill _____

(times, PRN, NR)

Do Not Substitute

Cash

M.D.

VERO ORTHOPAEDICS

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Diplomate American Board of Orthopaedic Surgery

VERO NEUROLOGY
S. James Shafer, M.D.

PATIENT: PICKYP, TRENNA
DATE OF BIRTH: 11/25/62
X-RAY#: IRR-45717
REFERRED BY: DR. WILSON
DATE OF EXAM: 04/30/01

MRI LUMBAR SPINE:

HISTORY: Back pain, left leg pain, mid-thoracic pain.

No prominent ventral defects. No discrete nor focal disc herniations. No significant abnormal signal is seen within the lumbar vertebral bodies.

No critical neural foraminal stenosis. Unremarkable for age degenerative changes of the facets.

IMPRESSION:
NORMAL FOR AGE MRI OF THE LUMBAR SPINE.

MRI THORACIC SPINE:

COMPARISON: Earlier thoracic spine films 4/23/01.

No prominent ventral defects. No significant abnormal signal is seen within the thoracic cord nor within the thoracic vertebral bodies. No evidence of paraspinal abnormalities.

No critical stenosis nor prominent structural abnormality.

IMPRESSION:
NEGATIVE MRI THORACIC SPINE.

A handwritten signature in black ink, appearing to read 'H. Paul Hatten, Jr.', written over a horizontal line.

H. Paul Hatten, Jr., M.D.

HPH/jho
d. 05/01/01, t. 05/01/01

VERO ORTHOPAEDICS

4

PICKUP, TRENNA / DOB 11.25.62

c: Joseph Hill, MD

05.07.01 (CW) AM

MEDICATIONS/ALLERGIES/ROS/PFSH: No change from previous visit.

CHIEF COMPLAINT: Low back pain.

SUBJECTIVE: The patient underwent her MRI of the lumbar and thoracic region. She continues to complain of burning type pain across the low back. She has days where she has minimal pain but any activity that involves bending or twisting will often provoke symptoms and then she has a great deal of difficulty getting that pain to lessen. She typically feels fairly good in the morning upon awakening and symptoms arise throughout the day as activities proceed. She has been working five hours a day and is able to tolerate that reasonably well. The Darvocet has not been very helpful for pain, she still has been using 50mg of Vioxx for the most part and the Soma at bedtime is helpful. She is in physical therapy but has been receiving only passive modalities since her flare of symptoms the past week.

OBJECTIVE/PHYSICAL EXAMINATION: She has tenderness with palpation over the cervical, thoracic and lumbar paraspinal muscles with moderate restrictions in range of motion. There is no neurologic deficits.

THORACIC AND LUMBAR MRI: Within normal limits.

ASSESSMENT: Cervical, thoracic and lumbar strain.

PLAN:

- #1 She is to advance with her physical therapy adding an active exercise regimen.
- #2 I have given her Lorcet 7.5mg #60 for pain as needed (potential precautions and limitations regarding this medication were given).
- #3 I have asked her to reduce her Vioxx to 25mg a day.
- #4 She may call for refills on the Soma if needed.
- #5 Follow-up in one month.

Charleen Wilson, MD

CW/vs (05.08.01)

5.11.01 Rx for TENS Unit - CW/SKA

VERO ORTHOPAEDICS

5

PICKUP, TRENNNA / DOB 11.25.62

c: Joseph Hill, MD

06.04.01 (CW) AM

MEDICATIONS/ALLERGIES/ROS/PFSH: No change from previous visit.

CHIEF COMPLAINT: Continued back and neck pain.

SUBJECTIVE: The patient has completed her physical therapy and is now on an independent program. She has her TENS unit and uses that as necessary for her pain. She is not taking her medication regularly although she feels that the Soma relieves the muscle spasms at the end of the day effectively. She would like a refill on this for spasms. She has developed no new or progressive symptoms and continues to have back and neck pain.

OBJECTIVE/PHYSICAL EXAMINATION: No new findings.

ASSESSMENT: Cervical, thoracic and lumbar strain.

PLAN:

- #1 I believe she is at maximal medical improvement as of today 06.04.01.
- #2 She is instructed to use her TENS unit daily or as needed for pain control.
- #3 She is to continue with her independent exercise program for the spine.
- #4 I have given her Norflex 100mg which she may use once or twice a day as needed for spasm on a more long term basis (potential precautions and limitations regarding this medication were given).
- #5 She may otherwise call for results on her meds as necessary and see me p.r.n.
- #6 I believe she has sustained a permanent injury in the form of cervical, thoracic and lumbar strain and is likely to require additional intervention in the future in the form of therapy and medication for exacerbations of pain.

Charleen Wilson, MD

CW/vs (06.05.01)



7-12-01 Soma 350mg. 5004HS #30/c (Walgreens) w/skin
+ Norflex did not help. ~~_____~~

LONGEVITY SPA LADY MEMBERSHIP AGREEMENT

Buyer's Last Name <u>MELBA</u>	First <u>TERESA</u>	Date of Birth <u>11-15-69</u>	Age <u>31</u>	Social Security No. <u>102-11-2121</u>	Home Phone No. <u>386-1115</u>
Street Address <u>1515 92nd Ave SW</u>	City <u>SEWALAKE</u>	State <u>FL</u>	Zip Code <u>33422</u>	Employer	

Dear Customer:

We are writing this Agreement in easy-to-read language because we want you to understand its terms. Please read your Agreement carefully and feel free to ask us any questions you may have about it. We are using the words, you, your and yours to mean all persons signing the Agreement as the Buyer. The words we, us and our refer to the Seller indicated below. Also please refer to any Additional Terms and Conditions on the back of this Agreement.

Promise to Pay: You promise to pay the Total of Payments plus applicable sales tax according to your payment schedule shown below.

Description of Services: You now buy, and we sell the following services:

SPA Membership: LONGEVITY SPA LADY

Type: ASSOCIATE

Term: 12 Mos

Persons Covered: 1 ADULT

Services purchased under this agreement shall begin on 7-16-01

and continued through 7-16-02

Term of Agreement: The initial term of this Agreement shall not be longer than 36 months, but you may renew your membership before it expires for additional 12 month periods that Seller may offer on the terms and conditions prevailing at the time of your renewal.

TRUTH-IN-LENDING DISCLOSURE

FINANCE CHARGE The dollar amount the credit will cost you.	<u>N/A</u>
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	<u>N/A %</u>
Amount Financed The amount of credit provided to you or on your behalf.	<u>\$384.00</u>
Total Payments and 7% sales tax The amount you will have paid after you have made all payments as scheduled.	<u>\$410.88</u>
Total Sale Price The total cost of your purchase on credit, including your downpayment and sales tax.	<u>\$495.88</u>
Your payment schedule is: <u>12</u> Payments of <u>\$34.24</u> are due on the <u>16</u> day of each month beginning <u>AUGUST</u> , 2001.	

Itemization of the Amount Financed of \$ 410.88

1. \$ 495.88 Cash Price
2. Less \$ 75.00 Total Downpayment, consisting of Cash Downpayment \$ 75.00
3. Equals \$ 410.88 Amount you still owe and Amount Financed.

Notice to the Buyer: (A) Do not sign this Contract before you read it or if it contains any blank spaces. (B) You are entitled to an exact copy of the Contract you sign. Keep it to protect your legal rights.

You confirm receiving a completed copy of this Agreement with disclosures of your credit costs.

Melba Teresa
Buyer Signature

[Signature]
Seller Signature

Date of Agreement July 16, 2001

Consumer's Right of Cancellation: You may cancel this Agreement penalty-free within 3 days, exclusive of holidays and weekends upon mailing or delivering written Notice of Cancellation. You may also cancel this Agreement for reasons of death or substantial disability (see reverse side for explanation). You may also cancel this Agreement if the Health Studio goes out of business and fails to provide facilities within 5 miles of, or moves more than 5 miles from its present facilities (see reverse side for explanation). If you cancel this Agreement for either of these reasons, the seller may keep only a portion of the tuition or Agreement price. If you cancel this Agreement for any of these reasons you must notify, in written the Seller,

Longevity Spa Lady
650 12th Street
Vero Beach, Florida 32960

EFT - INFORMATION

AUTHORIZATION FOR AUTOMATIC PAYMENT
I (WE) HEREBY AUTHORIZE LONGEVITY SPA LADY OR ITS ASSIGNS TO CHARGE THE MONTHLY AMOUNT AS INDICATED BELOW TO MY (OUR) ACCOUNT AT THE FINANCIAL INSTITUTION SHOWN OR CREDIT CARD INDICATED.

INITIATION FEE \$ 4

PER MONTH FOR 12 MONTHS, BEGINNING 7/16/01

MONTHLY DUES:
\$ 211.11 PER MONTH, BEGINNING 8/1/01

PLEASE ATTACH A BLANK, VOIDED CHECK OR VOIDED CREDIT CARD SLIP.

VISA MASTERCARD OTHER _____

ACCOUNT NUMBER 4477111101010101

CUSTOMER'S FINANCIAL INSTITUTION _____

BRANCH (cross streets) _____

ACCOUNT NUMBER 01/03 EXPIRATION DATE

I FURTHER UNDERSTAND THAT IF ANY CHECK IS REJECTED DUE TO INSUFFICIENT FUNDS, ACCOUNT CLOSED, OR ANY REASON WITHIN MY CONTROL, LONGEVITY SPA LADY OR ITS ASSIGNS MAY RESUBMIT THE SAME AMOUNT PLUS A RETURNED CHECK FEE AS SOON AS FUNDS ARE AVAILABLE. THE APPLICATION FEE FOR EACH CONCERNED AREA IS POSTED AT EACH OFFICE.

[Signature] 7/16/01
SIGNATURE DATE

[Signature]
PRINT NAME OF 2ND PERSON (if not account only)

E

06-05-01 13:34 DOCTORS' CLINIC

TRANSACTION HISTORY REPORT

PG 1

ACCOUNT: 81231250 PICKUP, TRENNA G

TOTAL DUE: 349.45

TRANS DATE	T PROC P CODE	TRAN DESC	DIAG CODE	PAT NAME	TRAN AMOUNT	ENCT NO	ACC TYP PRO
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1 RECORD(S) PRINTED

06-05-01 13:34 DOCTORS CLINIC

TRANSACTION HISTORY REPORT
PG 1

ACCOUNT: 81231250 PICKUP, TRENNNA G

TOTAL DUE: 349.45

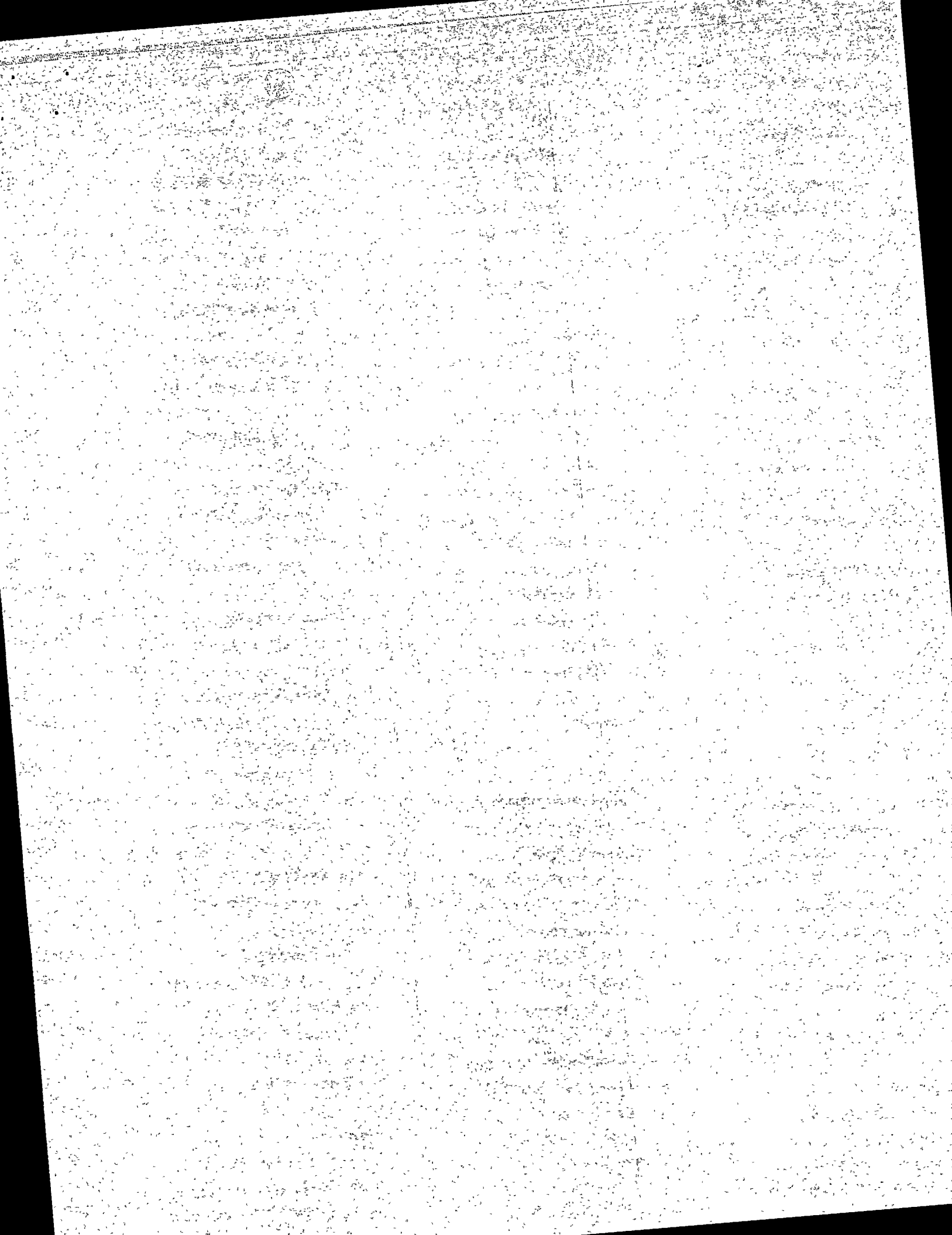
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03-19-01	C 72110	LUMBOSACRAL COMP	724.5	TRENNNA G	121.00	2522566	SP	87
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TOTAL 254.00

2 RECORD(S) PRINTED





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EMPLOYER'S REPORT OF CONTRIBUTIONS

100-100000
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Insurance Company Policy # Group Name Policyholder
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		10/1/00	EXPENSE			
		10/1/00	EXPENSE			
6000000	ASSETS	10/1/00	ASSETS			
		10/1/00	ASSETS			
		10/1/00	ASSETS			
6000000	LIABILITIES	10/1/00	LIABILITIES			
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6000000	EQUITY	10/1/00	EQUITY			
		10/1/00	EQUITY			
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Date	Account	Description	Amount	Balance
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05/15/01	00000	INITIAL DEPOSIT	1000.00	4000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	5000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	6000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	7000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	8000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	9000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	10000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	11000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	12000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	13000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	14000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	15000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	16000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	17000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	18000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	19000.00
05/15/01	00000	INITIAL DEPOSIT	1000.00	20000.00

ADMISSION DATE	PATIENT NAME	CODE	DESCRIPTION	UNIT	QUANTITY	COST
06/23/01	PATIENT NAME	0100	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01		0101	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01	PATIENT NAME	0100	STRAIN ISOLATION	LAB	1.00	15.00
		0101	STRAIN ISOLATION	LAB	1.00	15.00
		0102	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01	PATIENT NAME	0100	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01		0101	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01	PATIENT NAME	0100	STRAIN ISOLATION	LAB	1.00	15.00
		0101	STRAIN ISOLATION	LAB	1.00	15.00
		0102	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01	PATIENT NAME	0100	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01		0101	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01	PATIENT NAME	0100	STRAIN ISOLATION	LAB	1.00	15.00
		0101	STRAIN ISOLATION	LAB	1.00	15.00
		0102	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01	PATIENT NAME	0100	STRAIN ISOLATION	LAB	1.00	15.00
06/23/01		0101	STRAIN ISOLATION	LAB	1.00	15.00

UNITED STATES DEPARTMENT OF THE INTERIOR

Section No.	Section Name	Code	Description	Quantity	Unit Price	Total Price	Notes
05/01/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/02/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/03/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/04/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/05/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/06/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/07/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/08/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/09/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	
05/10/01	SOUTH BRANCH	0000	GRAVEL	1000	0.00	0.00	
		0001	GRAVEL	1000	0.00	0.00	
		0002	GRAVEL	1000	0.00	0.00	



05/10/01
 05/10/01
 05/10/01

05/10/01
 05/10/01

Contract Date	Contract Name	Code	Description	Contract Amount	Actual Contract Value
05/10/01		01	WARRANTY SERVICE	10000	10000
05/10/01		02	WARRANTY SERVICE	10000	10000
05/10/01	WARRANTY SERVICE	03	WARRANTY SERVICE	10000	10000
05/10/01		04	WARRANTY SERVICE	10000	10000
05/10/01		05	WARRANTY SERVICE	10000	10000
05/10/01		06	WARRANTY SERVICE	10000	10000
05/10/01		07	WARRANTY SERVICE	10000	10000
05/10/01		08	WARRANTY SERVICE	10000	10000
05/10/01		09	WARRANTY SERVICE	10000	10000
05/10/01		10	WARRANTY SERVICE	10000	10000
05/10/01		11	WARRANTY SERVICE	10000	10000
05/10/01		12	WARRANTY SERVICE	10000	10000
05/10/01		13	WARRANTY SERVICE	10000	10000
05/10/01		14	WARRANTY SERVICE	10000	10000
05/10/01		15	WARRANTY SERVICE	10000	10000
05/10/01		16	WARRANTY SERVICE	10000	10000
05/10/01		17	WARRANTY SERVICE	10000	10000
05/10/01		18	WARRANTY SERVICE	10000	10000
05/10/01		19	WARRANTY SERVICE	10000	10000
05/10/01		20	WARRANTY SERVICE	10000	10000
05/10/01		21	WARRANTY SERVICE	10000	10000
05/10/01		22	WARRANTY SERVICE	10000	10000
05/10/01		23	WARRANTY SERVICE	10000	10000
05/10/01		24	WARRANTY SERVICE	10000	10000
05/10/01		25	WARRANTY SERVICE	10000	10000
05/10/01		26	WARRANTY SERVICE	10000	10000
05/10/01		27	WARRANTY SERVICE	10000	10000
05/10/01		28	WARRANTY SERVICE	10000	10000
05/10/01		29	WARRANTY SERVICE	10000	10000
05/10/01		30	WARRANTY SERVICE	10000	10000

110 100 100

60574-0004 4 1953 Account No. 1000
 CHECK OF THE

Posting Date	Office No.	Code	Description	Rate	Amount	Balance	Interest
		Diagn: 277.0	STRAIN SURVEY				
		Diagn: 277.2	STRAIN SURVEY				
05/17/51	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	25.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
7/11/51	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	50.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
9/11/51	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	75.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
11/11/51	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	100.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
01/15/52	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	125.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
03/15/52	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	150.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
05/15/52	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	175.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
07/15/52	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	200.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
09/15/52	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	225.00	0.00
		Diagn: 277.2	STRAIN SURVEY				
11/15/52	PHOSP 10000	Diagn: 277.0	STRAIN SURVEY	1.00	25.00	250.00	0.00
		Diagn: 277.2	STRAIN SURVEY				

10-10-59
 10-10-59
 10-10-59

10-10-59
 10-10-59

Planting Date	Plants/Block	Code	Description	Plant	Chemical	Block	Notes
10/10/59	PLANTING SYSTEMS	07100	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07101	SUBSTITUTED				
		07102	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07101	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07102	SUBSTITUTED				
		07103	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07104	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07105	SUBSTITUTED				
		07106	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07107	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07108	SUBSTITUTED				
		07109	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07110	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07111	SUBSTITUTED				
		07112	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07113	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07114	SUBSTITUTED				
		07115	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07116	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07117	SUBSTITUTED				
		07118	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07119	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07120	SUBSTITUTED				
		07121	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07122	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07123	SUBSTITUTED				
		07124	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07125	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07126	SUBSTITUTED				
		07127	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07128	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07129	SUBSTITUTED				
		07130	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07131	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07132	SUBSTITUTED				
		07133	SUBSTITUTED				
10/10/59	PLANTING SYSTEMS	07134	PLANTING SYSTEMS	1.00	1.00	1.00	PLANTING SYSTEMS
		07135	SUBSTITUTED				
		07136	SUBSTITUTED				

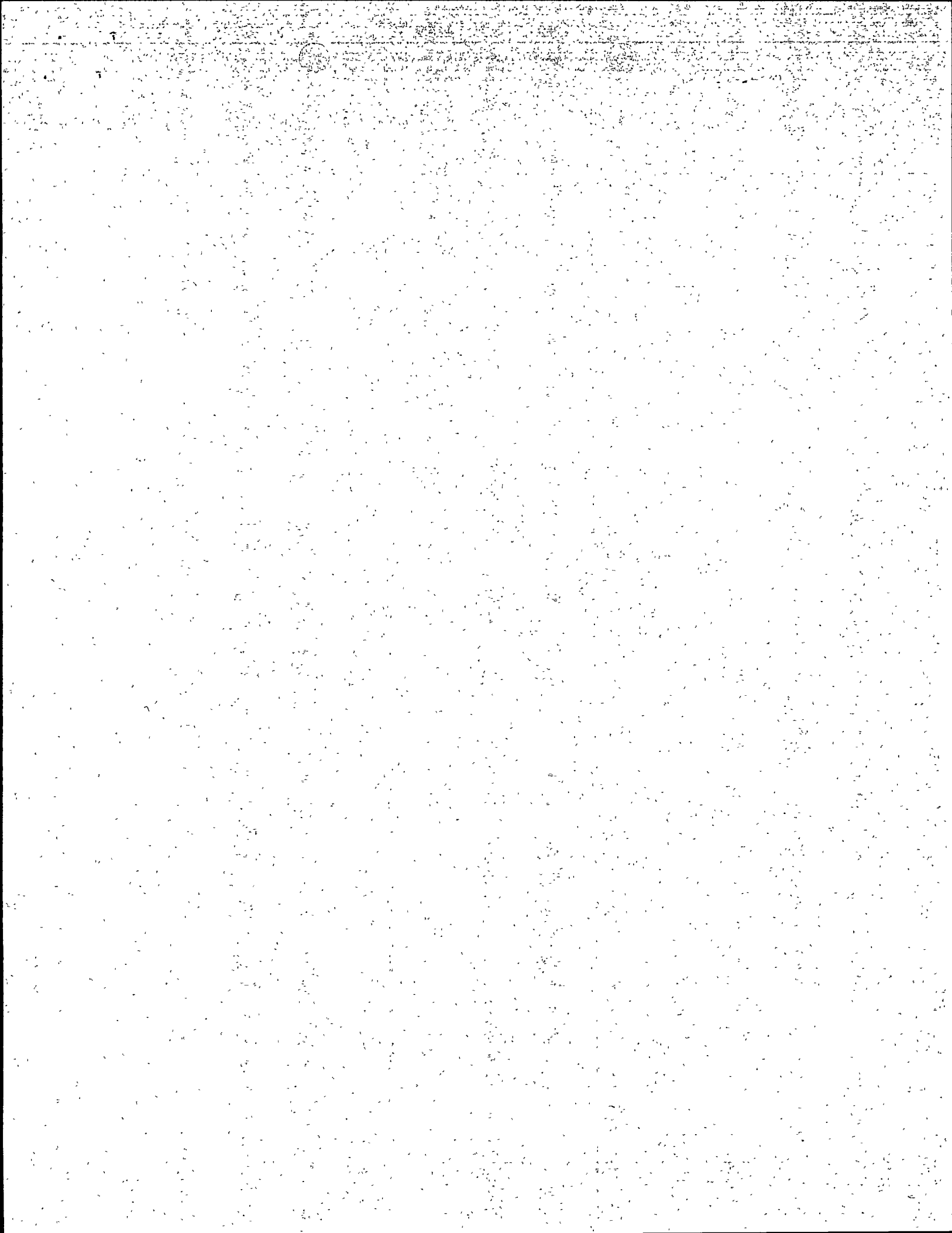
01/10/01
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 01/10/01

0000000000
 0000000000

Account Name	Balance	Description	Amount	Balance
01/10/01		01/10/01		
01/10/01		01/10/01		
01/10/01		01/10/01		

01/10/01
 01/10/01
 01/10/01
 01/10/01

Account Balance	Amount	Description	Amount
Account Balance	11/1/00	Interest	100.00
Open Balance	11/1/00	Insurance Payments	100.00
Insurance Balance	11/1/00	Costs	100.00
Insurance Balance	11/1/00	Adjustments	100.00
Collection Balance	11/1/00	Costs	100.00
Collection Balance	11/1/00	Adjustments	100.00



RECEIPT

(561) 562-7920

(561) 588-8888

NDC: 00378-2020-01

K Pharmacy Dept# 7294
1501 US 1
VERO BEACH, FL 32960

Rx: 6744789
PICKUP, TRENNA
1525 22ND AVE SW
VERO BEACH, FL 32982

PIROXICAM 20MG CAP MYLA CAP
Generic For: FELDENE 20MG

Dr. HILL, JOSEPH A.

Generic Substitution Saves You \$31.88
03/19/01 Qty: 10

Subtotal:

\$6.29

\$6.29

CASH:

#:
Name For:
Patient's Name:
Phone:
Expires:
NAME: **PIROXICAM 20MG CAP MYLA**
C NAME: **PIROXICAM (peer-OX-i-kam)**

INDICATIONS: This medicine is a nonsteroidal anti-inflammatory drug (NSAID) used to relieve the symptoms of arthritis. It is also used to relieve pain and to treat other conditions as determined by your doctor.

PRECAUTIONS: Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking heparins, tacrolimus, or HIV protease inhibitors. **ADDITIONAL MONITORING OF YOUR BLOOD** may be needed if you are taking aminoglycoside antibiotics, anticoagulants, cyclosporine, lithium, or other drugs. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. **TAKE THIS MEDICINE** with food or a full glass of milk or water. **STORE THIS MEDICINE** at room temperature, away from heat and moisture. **IF YOU MISS A DOSE OF THIS MEDICINE** and you are taking 1 dose daily, take the missed dose if you remember the next day. Skip the missed dose if you do not remember until the next day. **DO NOT take 2 doses at once.**

ADDITIONAL INFORMATION: DO NOT TAKE THIS MEDICINE if you ever had any unusual or allergic reaction to aspirin, ibuprofen, or any other medicine used to treat pain, fever, swelling, or arthritis. **THIS MEDICINE MAY CAUSE drowsiness or dizziness.** Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. **THIS MEDICINE MAY CAUSE increased sensitivity to the sun.** Avoid exposure to the sun or sunlamps while you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. **DO NOT DRINK ALCOHOL** while you are taking this medicine, unless you first discuss it with your doctor. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE** either prescription or over-the-counter, check with your doctor or pharmacist. This includes aspirin and other non-prescription pain relievers. **FOR WOMEN: THIS MEDICINE HAS BEEN SHOWN TO INCREASE THE RISK OF BIRTH DEFECTS.**

(MORE)

Drug Utilization Review

New
Rx: 6744789

Current Medications*	Drug Name	Reference	Recam Rx#
For R.Ph. Use	PIROXICAM 20MG CAP MYLA		
	CYCLOBENZAPRIN 10MG		6744788

Prescription #: 6744788
Prescription For: PICKUP, TRENNA
Pharmacist's Name: E. JOAN
Pharmacy Phone: (561)562-7920
This drug expires: 03/19/2002

DRUG NAME: CYCLOBENZAPRIN 10MG TAB SCHN
GENERIC NAME: CYCLOBENZAPRINE (sy-eh-kloe-BEN-za-preen)

COMMON USES: This medicine is a muscle relaxant used to treat muscle spasms.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking a monoamine oxidase inhibitor (MAOI). **USE OF THIS MEDICINE** is not recommended if you are also taking tramadol. If you are taking tramadol, be sure your doctor knows. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking droperidol or fluoxetine. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach. **STORE THIS MEDICINE** at room temperature, away from heat and light. **IF YOU MISS A DOSE OF THIS MEDICINE** and you are using it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: **THIS MEDICINE MAY CAUSE** drowsiness, dizziness, or blurred vision. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. **THIS MEDICINE WILL ADD TO THE EFFECTS** of other depressants or alcohol. Ask your pharmacist if you have questions about which medicines are depressants. **IF YOU EXPERIENCE DRY MOUTH**, use sugarless candy or gum, or melt bits of ice in your mouth. If dry mouth continues for more than 2 weeks, contact your dentist or doctor. **DO NOT USE THIS MEDICINE** longer than recommended by your doctor. **FOR WOMEN: IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED** in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. **POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include drowsiness,



Pharmacy Dept# 7294
1501 US 1
VERO BEACH, FL 32909

Rx: 6744788
PICKUP, TRENNA
1525 22ND AVE SW
VERO BEACH, FL 32902

CYCLOBENZAPRIN 10MG TAB SCHN
Generic For: FLEXERIL 10MG TAB

Dr. HILL, JOSEPH A.

Generic Substitutes Save You \$18.98
03/19/01 Qty: 20

Subtotal: \$10.99

CASH: \$10.99

(561)562-7920

(561) 569-8988

NDC:20364-2348-0

CYCLOBENZAPRIN 10MG TAB SCHN

Drug Utilization Review

New

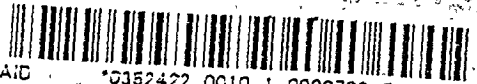
Rx: 6744788

(MORE)

No other current prescriptions on file

NEW
10 DRAM

PI



PAID *0352422 0010 1 0000700 5*

PROMISED TIME
FRI 11 30AM
04/06/01

CELL 11

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH, FL 32962
NEW

\$7.00

04/06/01
BL3E

Walgreens The Pharmacy America Trusts **Customer Receipt**

915 SOUTH US HWY 1 VERO BEACH, FL 32962

TRENNA PICKUP

1525 22ND AVENUE SW
VERO BEACH, FL 32962

NO 0352422-03607 DATE 04/06/01

CARISOPRODOL 350MG TABLETS
QTY 30 1 REFILL BEFORE 04/06/02
NEW

DEB/DFB

PLAN PAID

GROUP# FLBCS

PH (561)569-5323

PATIENT PH (561)569-8996
NDC 00603-2582-28

MFG QUALITEST

\$7.00

DR. C. WILSON
CLAIM REF# WEFH7CM
RECIP# 406118959001

NABP# 1077444

Walgreens The Pharmacy America Trusts **Duplicate Receipt**

915 SOUTH US HWY 1 VERO BEACH, FL 32962

TRENNA PICKUP

1525 22ND AVENUE SW
VERO BEACH, FL 32962

NO 0352422-03607 DATE 04/06/01

CARISOPRODOL 350MG TABLETS
QTY 30 1 REFILL BEFORE 04/06/02
NEW

DEB/DEB

PLAN PAID

GROUP# FLBCS

PH (561)569-5323

PATIENT PH (561)569-8996
NDC 00603-2582-28

MFG QUALITEST

\$7.00

DR. C. WILSON
CLAIM REF# WEFH7CM
RECIP# 406118959001

NABP# 1077444

Walgreens The Pharmacy America Trusts **Your Personal Prescription Information**

PATIENT TRENNA PICKUP
MEDICATION CARISOPRODOL 350MG TABLETS
DIRECTIONS TAKE 1 TABLET AT BEDTIME AS
NEEDED

NDC 00603-2582-28

WHITE

Side 1: 2410 V

DR. C. WILSON
Please tell us about any allergies you have:

PHARMACY PH (561)569-5323
DOB: 11/25/62

Please tell us about any health conditions you have:

GENERIC NAME:

CARISOPRODOL (kar-eye-soe-PROE-dole)

COMMON USES:

This medicine is a muscle relaxant used to treat pain caused by muscle spasms.

HOW TO USE THIS MEDICINE:

Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If you do not remember until later, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS:

THIS MEDICINE MAY CAUSE drowsiness or dizziness. If dizziness occurs, sit up or stand slowly. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. THIS MEDICINE WILL ADD TO THE EFFECTS of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS:

SIDE EFFECTS, that may go away during treatment, include drowsiness, dizziness, nausea, or headache. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience rash or itching. If you notice any unusual effects, contact your doctor, nurse, or pharmacist.

YOU CAN NOW USE THE INTERNET TO REQUEST REFILLS AT www.walgreens.com

KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA

NEW
30 DRAM

PI



PROMISED TIME
MON 1 09PM
04/23/01

CELL 88

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH, FL 32962
NEW

\$7.00
04/23/01
UNHN

Walgreens The Pharmacy America Trusts Customer Receipt

915 SOUTH US HWY 1 VERO BEACH, FL 32962

PH (561)569-5323

TRENNA PICKUP

1525 22ND AVENUE SW
VERO BEACH, FL 32962

NO 0355916-03607 DATE 04/23/01

PROPOXYPHENE-N 100 W/ APAP 650 TABS

QTY 60 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

PATIENT PH (561)569-8996
NDC 00378-1155-05

MFG MYLAN-LILLY

\$7.00

MKO/SCV

PLAN PAID

GROUP# FLBCS

DR C. WILSON

CLAIM REF# WE1DNX7

NABP# 1077444

RECIP# 406118959001

Walgreens The Pharmacy America Trusts Duplicate Receipt

915 SOUTH US HWY 1 VERO BEACH, FL 32962

PH (561)569-5323

TRENNA PICKUP

1525 22ND AVENUE SW
VERO BEACH, FL 32962

NO 0355916-03607 DATE 04/23/01

PROPOXYPHENE-N 100 W/ APAP 650 TABS

QTY 60 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

PATIENT PH (561)569-8996
NDC 00378-1155-05

MFG MYLAN-LILLY

\$7.00

MKO/SCV

PLAN PAID

GROUP# FLBCS

DR C. WILSON

CLAIM REF# WE1DNX7

NABP# 1077444

RECIP# 406118959001

Walgreens The Pharmacy America Trusts Your Personal Prescription Information

PATIENT TRENNA PICKUP

NDC 00378-1155-05

MEDICATION PROPOXYPHENE-N 100 W/ APAP 650 TABS
DIRECTIONS TAKE 1-2 TABLETS EVERY 6 HOURS AS
NEEDED FOR PAIN

WHITE



Side 1: MYLAN
Side 2: 1155

DR C. WILSON PHARMACY PH (561)569-5323
DOB 11/25/62

Please tell us about any allergies you have:

Please tell us about any health conditions you have:

GENERIC NAME:

PROPOXYPHENE (proe-POX-i-feen) and ACETAMINOPHEN (a seat-a-MIN-oh-fen)

COMMON USES:

This medicine is an analgesic combination used to relieve pain.

HOW TO USE THIS MEDICINE:

Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE and you are taking it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS:

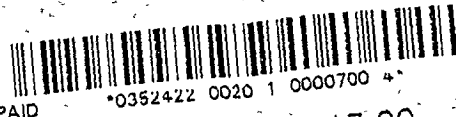
DO NOT EXCEED THE RECOMMENDED DOSE or take this medicine for longer than prescribed without checking with your doctor. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. AVOID ALCOHOL while you are using this medicine. This medicine will add to the effects of alcohol and other depressants. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE CONTAINS ACETAMINOPHEN. Do not take additional acetaminophen for pain or fever without checking with your doctor or pharmacist. Ask your pharmacist if you have questions about which medicines contain acetaminophen. Acetaminophen may cause liver damage. If you drink alcohol on a daily basis, do not take this medicine without first discussing it with your doctor. Alcohol use combined with acetaminophen may increase your risk for liver damage. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS:

SIDE EFFECTS, that may go away during treatment, include dizziness, drowsiness, lightheadedness, constipation, nausea, or vomiting. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience rash or itching. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

YOU CAN NOW USE THE INTERNET TO REQUEST REFILLS AT www.walgreens.com

KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA



PROMISED TIME
MON 12 00PM
05/07/01

REFILL
10 DRAM

PI

PAID

\$7.00

05/07/01
BLBE

CELL 11

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH, FL 32962
REFILL

Walgreens The Pharmacy America Trusts
915 SOUTH US HWY 1 VERO BEACH, FL 32962

Customer Receipt
PH (561)569-5323

PATIENT PH (561)569-8996
NDC 00603-2582-28

MFG QUALITEST

\$7.00

DR C. WILSON
CLAIM REF# WFKDNPT
RECIP# 406118959001

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH, FL 32962
NO 0352422-03607 DATE 05/07/01
CARISOPRODOL 350MG TABLETS
QTY 30 NO REFILLS - DR. AUTHORIZATION REQUIRED
REFILL

SCV/SCV
PLAN PAID
GROUP# FLBCS

NABP# 1077444

Walgreens The Pharmacy America Trusts
915 SOUTH US HWY 1 VERO BEACH, FL 32962

Duplicate Receipt
PH (561)569-5323

PATIENT PH (561)569-8996
NDC 00603-2582-28

MFG QUALITEST

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TRENNA PICKUP
1525 22ND AVENUE SW
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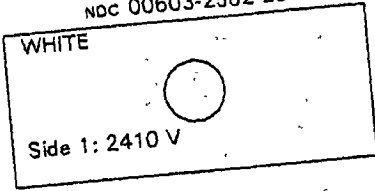
SCV/SCV
PLAN PAID
GROUP# FLBCS

NABP# 1077444

PHARMACY PH (561)569-5323
DOB 11/25/62

Walgreens The Pharmacy America Trusts
Your Personal Prescription Information
NDC 00603-2582-28

PATIENT MEDICATION DIRECTIONS
TRENNA PICKUP
CARISOPRODOL 350MG TABLETS
TAKE 1 TABLET AT BEDTIME AS NEEDED



DR C. WILSON
Please tell us about any allergies you have:

Please tell us about any health conditions you have:

GENERIC NAME:
CARISOPRODOL (kar-eye-soe-PROE-dole)

COMMON USES:
This medicine is a muscle relaxant used to treat pain caused by muscle spasms.

HOW TO USE THIS MEDICINE:
Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If you do not remember until later, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS:
THIS MEDICINE MAY CAUSE drowsiness or dizziness. If dizziness occurs, sit up or stand slowly. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. THIS MEDICINE WILL ADD TO THE EFFECTS of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS:
SIDE EFFECTS, that may go away during treatment, include drowsiness, dizziness, nausea, or headache. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience rash or itching. If you notice any unusual effects, contact your doctor, nurse, or pharmacist.
YOU CAN NOW USE THE INTERNET TO REQUEST REFILLS AT www.walgreens.com.

KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA

PI



PAID *0358898 0010 1.0000700 9*

PROMISED TIME
MON 1.00PM
05/07/01

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH, FL 32962
NEW

\$7.00
05/07/01
SBL3

Walgreens The Pharmacy America Trusts Customer Receipt

915 SOUTH US HWY 1 VERO BEACH, FL 32962

PH (561)569-5323

TRENNA PICKUP

1525 22ND AVENUE SW
VERO BEACH, FL 32962

NO 0358898-03607 DATE 05/07/01

HYDROCODONE/APAP 7.5MG/650MG TABS

QTY 60 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

PATIENT PH (561)569-8996
NDC 00603-3884-21

MFG QUALITEST

\$7.00

SCV/BPN
PLAN PAID
GROUP# FLBCS

DR. C. WILSON
CLAIM REF# WFKKCHM
RECIP# 406118959001

NABP# 1077444

Walgreens The Pharmacy America Trusts Duplicate Receipt

915 SOUTH US HWY 1 VERO BEACH, FL 32962

PH (561)569-5323

TRENNA PICKUP

1525 22ND AVENUE SW
VERO BEACH, FL 32962

NO 0358898-03607 DATE 05/07/01

HYDROCODONE/APAP 7.5MG/650MG TABS

QTY 60 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

PATIENT PH (561)569-8996
NDC 00603-3884-21

MFG QUALITEST

\$7.00

SCV/BPN
PLAN PAID
GROUP# FLBCS

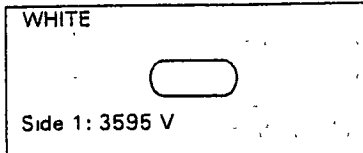
DR. C. WILSON
CLAIM REF# WFKKCHM
RECIP# 406118959001

NABP# 1077444

Walgreens The Pharmacy America Trusts Your Personal Prescription Information

PATIENT TRENNA PICKUP
MEDICATION HYDROCODONE/APAP 7.5MG/650MG TABS
DIRECTIONS TAKE 1 TABLET EVERY 6 HOURS AS
NEEDED FOR PAIN.

NDC 00603-3884-21



DR. C. WILSON
Please tell us about any allergies you have:

PHARMACY PH (561)569-5323
DOB 11/25/62

Please tell us about any health conditions you have:

GENERIC NAME:
HYDROCODONE (hye-droe-KO-done) and ACETAMINOPHEN (a-seat-a-MIN-oh-fen)

COMMON USES:
This medicine is an analgesic combination used to relieve pain.

HOW TO USE THIS MEDICINE:
Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE and you are taking it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS:
IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to codeine, hydrocodone, dihydrocodeine, or oxycodone (such as Tylox, Tylenol with Codeine, Vicodin), contact your doctor or pharmacist BEFORE TAKING THIS MEDICINE. A severe allergic reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine or if a certain medicine contains codeine, hydrocodone, dihydrocodeine, or oxycodone, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more doses of this medicine unless your doctor tells you to do so. DO NOT EXCEED THE RECOMMENDED DOSE or take this medicine for longer than prescribed without checking with your doctor. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. AVOID ALCOHOL while you are using this medicine. This medicine will add to the effects of alcohol and other depressants. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE CONTAINS ACETAMINOPHEN. Do not take additional acetaminophen for pain or fever without checking with your doctor or pharmacist. Ask your pharmacist if you have questions about which medicines contain acetaminophen. Acetaminophen may cause liver damage. If you drink alcohol on a daily basis, do not take this medicine without first discussing it with your doctor. Alcohol use combined with acetaminophen may increase your risk for liver damage. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS:
SIDE EFFECTS, that may go away during treatment, include dizziness, drowsiness, lightheadedness, constipation, nausea, or vomiting. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience rash or itching. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

For faster service, phone in your refill request 24 hours in advance

KEEP OUT OF REACH OF CHILDREN - STORE IN SAFETY CONTAINERS OR SECURE AREA

pharmacist, how you

greens.com for store

location

our

to Refill or

pharmacy

MAINTAINING YOUR

over, consult

difficult diagnosis

the your doctor

not diagnosis

POSSIBLE SIDE EFFECTS:

may occur

while taking this medicine during:

FOR WOMEN: IF YOU PLAN ON

pregnancy, ask your

doctor how you react to

it. It may be that you

react to it differently

than you do now.

CAUTIONS:

Do not

take other doses of this medicine

unless your doctor tells you

to. It is not safe to take

more than one dose of this

medicine without your doctor's

direction.

The medicine is for oral use.

COMMENTS:

None

PHARMACY NAME

ORPHENADRINE (ORPHEN)

GENERIC NAME

even if you are not sure if

you are allergic to it.

Do not use if you are

allergic to any of the

ingredients listed on the

label. If you are allergic

to any of these ingredients,

do not take this medicine.

915 SOUTH US HWY 1 VERO BEACH, FL 32962

TRENNA PICKUP

1525 22ND AVENUE SW

VERO BEACH, FL 32962

NO 0367202-03607 DATE 06/17/01

ORPHENADRINE CITRATE 100MG TABS

QTY 60 1 REFILL BEFORE 06/17/02

NEW

PH (561)569-5323

PATIENT PH (561)569-8996

NDC 00364-2830-01

MFG SCHEIN

\$7.00

915 SOUTH US HWY 1 VERO BEACH, FL 32962

TRENNA PICKUP

1525 22ND AVENUE SW

VERO BEACH, FL 32962

NO 0367202-03607 DATE 06/17/01

ORPHENADRINE CITRATE 100MG TABS

QTY 60 1 REFILL BEFORE 06/17/02

NEW

PH (561)569-5323

PATIENT PH (561)569-8996

NDC 00364-2830-01

MFG SCHEIN

\$7.00

NJR/NJR
PLAN PAID
GROUP# FLBCS

DR. C. WILSON
CLAIM REF# WHXPCRK
NABP# 1077444
RECIP# 406118959001

Walgreens Customer Receipt

NJR/NJR
PLAN PAID
GROUP# FLBCS

DR. C. WILSON
CLAIM REF# WHXPCRK
NABP# 1077444
RECIP# 406118959001

Walgreens Duplicate Receipt

Take This Medicine With A
Snack Or Small Meal If Stomach
Upset Occurs

915 SOUTH US HWY 1 VERO BEACH, FL 32982
PATIENT PH (561)569-5323
PH (561)569-8998
NDC 00603-2582-28
MFG QUALITEST

TRENNNA PICKUP
1525 22ND AVENUE SW
VERO BEACH, FL 32962
DATE 07/12/01
NO 0371813-03607 TABLETS

\$7.00

CARISOPRODOL 350MG TABLETS
NO REFILLS - DR. AUTHORIZATION REQUIRED
DR. C. WILSON NABP# 1077444
QTY 30

NEW
CAC/SCV
PLAN PAID
GROUP# FLBCS
CLAIM REF# WKTOM9F
RECIP# 406118959001
DR. C. WILSON
Customer Receipt

PH (561)569-5323
PATIENT PH (561)569-8998
NDC 00603-2582-28
MFG QUALITEST

915 SOUTH US HWY 1 VERO BEACH, FL 32982
PATIENT PH (561)569-5323
PH (561)569-8998
NDC 00603-2582-28
MFG QUALITEST

TRENNNA PICKUP
1525 22ND AVENUE SW
VERO BEACH, FL 32962
DATE 07/12/01
NO 0371813-03607 TABLETS

\$7.00

CARISOPRODOL 350MG TABLETS
NO REFILLS - DR. AUTHORIZATION REQUIRED
DR. C. WILSON NABP# 1077444
QTY 30

NEW
CAC/SCV
PLAN PAID
GROUP# FLBCS
CLAIM REF# WKTOM9F
RECIP# 406118959001
DR. C. WILSON
Duplicate Receipt



**Blue Cross
Blue Shield**
of Florida



532 Riverside Avenue
P. O. Box 1798
Jacksonville, FL 32231-0014



TRENNA PICKUP
1525 22ND AVE SW
VERO BEACH FL 32962-6140

013 D

Please keep this statement for your records. Copies are not available.

THE PAYMENT OR PAYMENTS HAVE BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

DATE:	06/26/01
CONTRACT NUMBER	XJB406118959
GROUP NUMBER	91240

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

PROVIDER OF SERVICE	SERVICE DATE FROM TO	TYPE OF SERVICE	AMOUNT CHARGED	ALLOWED AMOUNT	DEDUCTIBLE	CO-INSURANCE	PAYMENT AMOUNT	* SEE REMARKS BELOW	PATIENT RESPONSIBILITY
TRENNA CLAIM #: /11634012240 SERVICE DATES: 06/06/01-06/06/01 ITS SERIAL #: 72020011620195400									
EMPI INC	06/06-06/06	ELECTRODES, PAIR	102.00	102.00			102.00		
EMPI INC	06/06-06/06	DEVICE HANDLING	9.20	9.20			9.20		
CLAIM TOTAL:			111.20	111.20			111.20		0.00

REMARKS*** FOR CUSTOMER SERVICE PLEASE CALL 1-800-322-2808 ***



**Blue Cross
Blue Shield**
of Florida



532 Riverside Avenue
P. O. Box 1798
Jacksonville, FL 32231-0014



TRENNA PICKUP
1525 22ND AVE SW
VERO BEACH FL 32962-6140

023 D

Please keep this statement for your records. Copies are not available.

THE PAYMENT OR PAYMENTS HAVE BEEN SENT DIRECTLY TO THE PROVIDER OF SERVICE.

CCW064-5975-1097RM FL

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

DATE:	07/18/01
CONTRACT NUMBER	XJB406118959
GROUP NUMBER	91240

PROVIDER OF SERVICE	SERVICE DATE FROM TO	TYPE OF SERVICE	AMOUNT CHARGED	ALLOWED AMOUNT	DEDUCTIBLE	CO-INSURANCE	PAYMENT AMOUNT	* SEE REMARKS BELOW	PATIENT RESPONSIBILITY
TRENNA	CLAIM #:	/11934013510	SERVICE DATES: 05/18/01-05/18/01		ITS SERIAL #: 72020011920145600				
/EMPI INC	05/18-05/18	TENS FOUR LEAD	725.00	340.00		1.98	338.02		
/EMPI INC	05/18-05/18	ELECTRODES, PAIR	34.00	34.00			34.00		
/EMPI INC	05/18-05/18	ELECTRODES, PAIR	24.75	24.72			24.72		
/EMPI INC	05/18-05/18	DEVICE HANDLING	9.50	9.48			9.48		
CLAIM TOTAL:			793.25	408.20		1.98	406.22		1.98

REMARKS*** FOR CUSTOMER SERVICE PLEASE CALL 1-800-322-2808 ***



MEEKS

PLUMBING, INC.

1111 7th Avenue, Vero Beach, FL 32960
(561) 569-2285 · Ft Pierce (561) 460-2850

August 3, 2001

Gould, Cooksey, Fennell, O'Neill,
Marine, Carter & Hafner, P.A.
979 Beachland Blvd
Vero Beach, FL 32963

To Whom It May Concern,

Enclosed are time cards from the date of the accident to the present, a payroll check history report for the year to date and the employer's wage and salary verification that you requested.

Trenna Pickup (SSN: 406-11-8959) has been employed as a dispatcher for our service department from the 10-30-2000 to the present. Ms. Pickup's rate of pay was \$9.25 per hour from 10-30-2000 to 5-23-2001. On 5-23-2001, she received a \$2.00 per hour pay increase. Her present rate of pay is \$11.25 per hour. Ms. Pickup is also covered under the group health insurance plan for Meeks Plumbing, Inc. The group plan is through Blue Cross Blue Shield of Florida, Inc. Our policy number is 91240-01. Meeks Plumbing, Inc. pays for the monthly premium of \$197.90. In addition, she also cleaned the offices and received \$50.00 per week before the accident.

If you have any questions or need additional information, please give me a call at 561-569-2285.

Sincerely,

Meagan A. Kerr
Bookkeeper

F

EMPLOYER'S WAGE AND SALARY VERIFICATION

Date	Our Policyholder	Date of Accident	Claim Number
------	------------------	------------------	--------------

Employer's Name and Address
 • Meeks Plumbing, Inc.
 1111 7th Avenue
 Vero Beach, FL 32960

Employee's Name and Address
 Trena Pickup
 1525 22nd Avenue SW
 Vero Beach, FL 32962
 Social Security No. 406-11-8959

Gentlemen:

The above named person has applied for benefits under the "No Fault" Insurance as a result of injuries in an automobile accident on the date indicated. We understand this person is your employee or former employee. To determine benefits that may be due the applicant, this law requires you to provide us with the answers to the following seven questions, and to return this form properly.

Thank you for your cooperation.

Claim Department

1. Dates of Employment: _____ From: 10-30-2000 Through: present
2. Dates Absent Following Accident: see attached time From: cards Through: _____
3. Was Employee paid during this absence? _____ Yes No If "Yes", Amount Paid: \$ _____
4. Is Employee entitled to Benefits under a Wage or Salary Continuation Plan? Yes No
5. Name of your Workmen's Compensation Insurer: _____
6. Has or will a claim be filed under any Workmen's Compensation Law for this accident? Yes No

7. SCHEDULE OF WEEKLY EARNINGS — FOR 13 WEEKS PRIOR TO DATE OF ACCIDENT? Our payweeks - Wed → Tues

Week No.	Week		No. of Days Worked	Amount Earned Including Overtime or Extra Work	Gratuities				Gross Earnings
	From Date	To Date			Meals	Board	Tips	All Other	
1.	3-14-01	3-14-01	1	90.00					
2.	3-7-01	3-13-01	5	392.25					392.25
3.	2-28-01	3-6-01	5	501.22					501.22
4.	2-21-01	2-27-01	5	446.31					446.31
5.	2-14-01	2-20-01	5	482.44					482.44
6.	2-7-01	2-13-01	5	478.97					478.97
7.	1-31-01	2-6-01	5	548.34					548.34
8.	1-24-01	1-30-01	5	544.88					544.88
9.	1-17-01	1-23-01	4	320.56					320.56
10.	1-10-01	1-16-01	5	447.75					447.75
11.	1-3-01	1-9-01	5	458.16					458.16
12.	12-27-01	1-2-01	5	453.88					433.88
13.	12-20-01	12-26-01	5	386.19					386.19
TOTAL				5530.95					

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of third degree.

Employer Meeks Plumbing Date 8-3-01 Signed [Signature] Title Bookkeeper

MEEKS PLUMBING, INC.
PAYROLL CHECK HISTORY REPORT
 DETAIL FOR YEAR 2001
 SORTED BY EMPLOYEE NUMBER

DEPARTMENT NO: V4 00-24 ADMIN VERO SERVICE

EMPLOYEE/ CHK DATE	CHK NO	REG HOURS	O/T HOURS	GROSS WAGES	FEDERAL W/H	FICA W/H	MEDICARE W/H	STATE W/H	OTHER TAXES	OTHER DEDUCTIONS	CHECK AMOUNT
V4-PICKTR	PICKUP, TRENNIA			SSN: 406-11-8959							
01/05/01	D01358 D	41.50	0.00	433.88	57.44	26.90	6.29	0.00	0.00	0.00	343.25
01/12/01	D01379 D	40.00	2.75	458.18	61.08	28.41	6.64	0.00	0.00	0.00	382.03
01/19/01	D01400 D	40.00	2.00	447.75	59.52	27.78	6.49	0.00	0.00	0.00	353.98
01/26/01	D01421 D	29.25	0.00	320.56	40.44	19.87	4.65	0.00	0.00	0.00	255.60
02/02/01	D01442 D	40.00	9.00	544.88	74.09	33.78	7.90	0.00	0.00	0.00	429.11
02/09/01	D01462 D	40.00	9.25	548.34	74.81	34.00	7.95	0.00	0.00	0.00	431.78
02/16/01	D01482 D	40.00	4.25	478.97	64.20	29.70	6.95	0.00	0.00	0.00	378.12
02/23/01	D01507 D	40.00	4.50	482.44	64.72	29.91	7.00	0.00	0.00	0.00	380.81
03/02/01	D01526 D	40.00	5.50	448.31	59.30	27.67	6.47	0.00	0.00	0.00	352.87
03/09/01	D01548 D	40.00	2.25	501.22	67.54	31.08	7.27	0.00	0.00	0.00	395.33
03/16/01	D01570 D	37.00	0.00	392.25	51.19	24.32	5.69	0.00	0.00	0.00	311.05
03/23/01	D01591 D	24.00	0.00	222.00	25.86	13.78	3.22	0.00	0.00	0.00	179.38
03/30/01	D01633 D	40.00	6.00	503.25	67.84	31.20	7.30	0.00	0.00	1.48	395.43
PICKTR QTR 1:		491.75	45.50	5,780.01	767.83	358.36	83.82	0.00	0.00	1.48	4,568.72
04/06/01	D01656 D	39.75	0.00	417.69	55.01	25.90	6.08	0.00	0.00	0.00	330.72
04/13/01	D01679 D	33.50	0.00	309.88	38.84	19.21	4.49	0.00	0.00	0.00	247.34
04/20/01	D01702 D	40.00	2.25	401.22	52.54	24.88	5.82	0.00	0.00	0.00	317.98
04/27/01	D01725 D	20.75	0.00	191.94	21.15	11.90	2.78	0.00	0.00	0.00	156.11
05/04/01	D01747 D	24.75	0.00	228.94	28.70	14.19	3.32	0.00	0.00	0.00	184.73
05/11/01	D01769 D	24.00	0.00	222.00	25.86	13.78	3.22	0.00	0.00	0.00	179.38
05/18/01	D01790 D	29.75	0.00	275.19	33.83	17.08	3.99	0.00	0.00	0.00	220.51
05/25/01	D01831 D	30.25	0.00	340.31	43.40	21.10	4.93	0.00	0.00	0.00	270.88
06/01/01	D01874 D	42.50	0.00	478.13	64.08	29.84	6.93	0.00	0.00	0.00	377.48
06/08/01	D01894 D	40.00	4.50	525.94	71.25	32.61	7.63	0.00	0.00	0.00	414.45
06/15/01	D01916 D	40.00	5.50	567.81	79.59	35.20	8.23	0.00	0.00	0.00	444.79
06/22/01	D01939 D	40.00	0.00	475.00	63.61	29.45	6.89	0.00	0.00	0.00	375.05
06/29/01	D01961 D	36.75	0.00	438.44	58.12	27.18	6.36	0.00	0.00	0.00	346.78
PICKTR QTR 2:		442.00	12.25	4,872.49	633.58	302.08	70.65	0.00	0.00	0.00	3,866.18
07/06/01	D01983 D	40.00	4.25	546.72	74.36	33.90	7.93	0.00	0.00	0.00	430.53
07/13/01	D02005 D	45.00	0.00	531.25	72.04	32.94	7.70	0.00	0.00	0.00	418.57
07/20/01	D02028 D	40.00	4.50	550.94	75.00	34.16	7.99	0.00	0.00	0.00	433.79
07/27/01	D02050 D	40.00	7.00	593.13	86.27	36.77	8.60	0.00	0.00	0.00	461.49
08/03/01	D02073 D	40.00	1.75	504.53	68.04	31.28	7.32	0.00	0.00	0.00	397.89
PICKTR QTR 3:		205.00	17.50	2,726.57	375.71	169.05	39.54	0.00	0.00	0.00	2,142.27
YTD TOTAL:		1138.75	75.25	13,379.07	1,776.92	829.49	194.01	0.00	0.00	1.48	10,577.17
DEPT V4 TOTAL:		1138.75	75.25	13,379.07	1,776.92	829.49	194.01	0.00	0.00	1.48	10,577.17
REPORT TOTAL:		1138.75	75.25	13,379.07	1,776.92	829.49	194.01	0.00	0.00	1.48	10,577.17

No. _____

Week Ending _____

Name _____

MON	A M	IN	OUT	OFF
	P M	IN	OUT	
TUE	A M	IN	OUT	
	P M	IN	OUT	
WED	A M	IN	OUT	
	P M	IN	OUT	
THU	A M	IN	OUT	
	P M	IN	OUT	
FRI	A M	IN	OUT	OFF
	P M	IN	OUT	
SAT	A M	IN	OUT	
	P M	IN	OUT	
SUN	A M	IN	OUT	
	P M	IN	OUT	

E 3-14 / 3-20
SIGNATURE _____ PRODUCT 222

No. _____

Week Ending _____

Name _____

9 ¹⁵ MON	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
9 TUE	A	IN		7:30 am
	M	OUT		
	P	IN		
	M	OUT		
9 ¹⁵ WED	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
9 ¹⁵ THU	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
9 FRI	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
SAT.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
SUN.	A	IN		Contract \$ 50. ⁰⁰
	M	OUT		
	P	IN		
	M	OUT		

E SIGNATURE 3/21 - 3/27

No. _____ Week Ending _____

Name _____

	A	IN		
	M	OUT		
8 MON	A	IN		7
	M	OUT		
	P	IN		
	M	OUT		3
9 TUE	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
6 WED	A	IN		
	M	OUT		
	P	IN		
	M	OUT		4:30 7:30
8 THU	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
5 FRI	A	IN		7:30
	M	OUT		30 min
	P	IN		
	M	OUT		
SAT	A	IN		
	M	OUT		
	P	IN		
	M	OUT		
SUN	A	IN		
	M	OUT		
	P	IN		
	M	OUT		

E SIGNATURE 3/28 - 4/3 PRODUCT 222

Week Ending _____

No. _____

Name _____

	A M	IN	
		OUT	
9 ⁵ MON	A	IN	
	M	OUT	
	P	IN	
	M	OUT	
9 ⁵ TUE	A	IN	
	M	OUT	
	P	IN	
	M	OUT	
7 ⁵ WED.	A	IN	
	M	OUT	
	P	IN	
	M	OUT	
1 THU	A	IN	
	M	OUT	
	P	IN	2:30
	M	OUT	
FRI.	A	IN	Off to Apt + Back Hunting
	M	OUT	
	P	IN	
	M	OUT	
SAT	A	IN	Cart Clean due to Back
	M	OUT	
	P	IN	
	M	OUT	
SUN	A	IN	
	M	OUT	
	P	IN	
	M	OUT	

E SIGNATURE _____

4/4 - 4/10

PRODUCT 222

No _____ Week Ending _____

Name _____

8.5 MON.	A M	IN	
		OUT	
	P M	IN	
		OUT	
5:00 5:45			
9.5 TUE.	A M	IN	
		OUT	
	P M	IN	
		OUT	
9.5 WED.	A M	IN	7:30
		OUT	
	P M	IN	
		OUT	
7.5 THU.	A M	IN	
		OUT	
	P M	IN	- 2 hrs Doc's Appt.
		OUT	
7.15 FRI.	A M	IN	
		OUT	
	P M	IN	
		OUT	
SAT.	A M	IN	- \$50.00 Contract Due to Injury
		OUT	
	P M	IN	
		OUT	
SUN.	A M	IN	
		OUT	
	P M	IN	
		OUT	

E SIGNATURE 4-11 / 4-16

No. _____ Week Ending _____

Name _____

MON	A	IN		OFF
	M	OUT		
TUE	P	IN		
	M	OUT		
WED	A	IN		
	M	OUT		
THU	P	IN		
	M	OUT		
FRI	A	IN		OFF
	M	OUT		
SAT	P	IN		
	M	OUT		
SUN	A	IN		
	M	OUT		

E SIGNATURE 4/19 - 4/24

No. _____ Week Ending _____

Name _____

	A M	IN		
		OUT		
MON.	P M	IN		
		OUT		
TUE.	P M	IN		
		OUT		
WED.	P M	IN		
		OUT		
THU.	P M	IN		
		OUT		
FRI.	P M	IN		
		OUT		
SAT.	P M	IN		- \$0.00 Contract Due to Back
		OUT		
SUN.	P M	IN		
		OUT		

E SIGNATURE 4/25 - 5/1

No. _____ Week Ending _____

Name _____

	A	M	IN	OUT	
3 MON	A	M	IN	OUT	
			IN	OUT	
5 TUE	A	M	IN	OUT	
			IN	OUT	
7 WED	A	M	IN	OUT	
			IN	OUT	
6 THU	A	M	IN	OUT	
			IN	OUT	
6 FRI	A	M	IN	OUT	
			IN	OUT	
SAT	A	M	IN	OUT	50.00 Contract
			IN	OUT	Due to Back.
SUN	A	M	IN	OUT	
			IN	OUT	

E SIGNATURE 5/2 - 5/8 PRODUCT 222

No. _____

Week Ending _____

Name _____

5 MON.	A	IN	'01 MAY 14 AM 7:27
	M	OUT	
	P	IN	'01 MAY 14 PM 1:09
	M	OUT	
9 TUE.	A	IN	'01 MAY 15 AM 7:29
	M	OUT	
	P	IN	'01 MAY 15 PM 4:23
	M	OUT	
5 WED.	A	IN	
	M	OUT	
	P	IN	
	M	OUT	
5 THU.	A	IN	
	M	OUT	
	P	IN	
	M	OUT	
5 FRI.	A	IN	
	M	OUT	
	P	IN	
	M	OUT	
SAT.	A	IN	
	M	OUT	
	P	IN	
	M	OUT	
SUN.	A	IN	
	M	OUT	
	P	IN	
	M	OUT	

E

SIGNATURE

5/9 - 5/15

PRODUCT 22

No. _____

Week Ending _____

Name _____

5.5 MON.	A M	IN	'01 MAY 21 AM 7:28
		OUT	
	P M	IN	'01 MAY 21 PM 12:44
		OUT	
9 TUE.	A M	IN	
		OUT	'01 MAY 22 AM 7:29
	P M	IN	May 22 PM 4:30
		OUT	
5.5 WED.	A M	IN	
		OUT	'01 MAY 16 AM 7:30
	P M	IN	
		OUT	'01 MAY 16 PM 1:00
5.5 THU.	A M	IN	'01 MAY 17 AM 7:39
		OUT	
	P M	IN	'01 MAY 17 PM 12:56
		OUT	
5 FRI.	A M	IN	
		OUT	'01 MAY 18 AM 7:37
	P M	IN	
		OUT	'01 MAY 18 PM 12:45
SAT.	A M	IN	
		OUT	
	P M	IN	
		OUT	
SUN.	A M	IN	
		OUT	
	P M	IN	
		OUT	

E

SIGNATURE

5-16 to 5-22

PRODUCT 22

No. _____ Week Ending _____

Name _____

MON.	A	IN	8	Holiday
	M	OUT		
	P	IN		
	M	OUT		
11.5 TUE.	A	IN	'01 MAY 29 AM 6:25	
	M	OUT		
	P	IN	'01 MAY 29 PM 6:01	
	M	OUT		
6 WED.	A	IN	'01 MAY 23 AM 7:39	
	M	OUT		
	P	IN	'01 MAY 23 PM 12:24	
	M	OUT		
9 THU.	A	IN	'01 MAY 24 AM 7:27	
	M	OUT		
	P	IN	'01 MAY 24 PM 4:34	
	M	OUT		
9 FRI.	A	IN	'01 MAY 25 AM 7:29	
	M	OUT		
	P	IN		
	M	OUT		
SAT.	A	IN	'01 MAY 25 PM 4:20	
	M	OUT		
	P	IN		
	M	OUT		
SUN.	A	IN		
	M	OUT		
	P	IN		
	M	OUT		

E SIGNATURE 9/23 - 9/29 PRODUCT 222

No. _____

Week _____

Ending _____

Name _____

8 MON.	A M	IN	'01 JUN 4 AM 7:18
		OUT	'01 JUN 4 AM 10:31
	P M	IN	'01 JUN 4 PM 12:09
		OUT	'01 JUN 4 PM 4:41
95 TUE.	A M	IN	'01 JUN 5 AM 7:29
		OUT	
	P M	IN	'01 JUN 5 PM 4:57
		OUT	
9 WED.	A M	IN	'01 MAY 30 AM 7:20
		OUT	'01 MAY 30 PM 4:30
	P M	IN	
		OUT	
9 THU.	A M	IN	'01 MAY 31 AM 7:25
		OUT	'01 MAY 31 PM 4:34
	P M	IN	
		OUT	
9 FRI.	A M	IN	'01 JUN 1 AM 7:24
		OUT	
	P M	IN	'01 JUN 1 PM 4:35
		OUT	
SAT.	A M	IN	
		OUT	
	P M	IN	
		OUT	
SUN.	A M	IN	
		OUT	
	P M	IN	
		OUT	

E SIGNATURE

PRODUCT 222

5/30 - 6/5

No _____ Week Ending _____

Name _____

9.5 MON.	A M	IN	'01 JUN 11 AM 7:33
		OUT	
	P M	IN	'01 JUN 11 PM 4:52
		OUT	
9 TUE.	A M	IN	'01 JUN 12 AM 7:32
		OUT	
	P M	IN	'01 JUN 12 PM 4:33
		OUT	
8.5 WED.	A M	IN	'01 JUN 6 AM 7:31
		OUT	'01 JUN 6 PM 12:12
	P M	IN	'01 JUN 6 PM 1:00
		OUT	'01 JUN 6 PM 4:54
9.5 THU.	A M	IN	'01 JUN 7 AM 7:32
		OUT	
	P M	IN	'01 JUN 7 PM 4:54
		OUT	
9 FRI.	A M	IN	'01 JUN 8 AM 7:25
		OUT	
	P M	IN	'01 JUN 8 PM 4:40
		OUT	
SAT.	A M	IN	
		OUT	Contact \$ 25.00
	P M	IN	
		OUT	
SUN.	A M	IN	
		OUT	
	P M	IN	
		OUT	

E SIGNATURE 6/6 - 6/12 PRODUCT 222

No _____ Week Ending _____

Name _____

MON.	A M	IN	'01 JUN 18 AM 7:23
		OUT	9
	P M	IN	
		OUT	'01 JUN 18 PM 4:37
TUE.	A M	IN	'01 JUN 19 AM 7:34
		OUT	9
	P M	IN	4:30
		OUT	
WED.	A M	IN	'01 JUN 13 AM 7:32
		OUT	9
	P M	IN	'01 JUN 13 PM 4:36
		OUT	
THU.	A M	IN	'01 JUN 14 AM 8:29
		OUT	
	P M	IN	'01 JUN 14 AM 11:43
		OUT	3:25
FRI.	A M	IN	'01 JUN 15 AM 7:20
		OUT	9 1/2
	P M	IN	'01 JUN 15 PM 4:57
		OUT	
SAT.	A M	IN	
		OUT	\$25.00 Contract
	P M	IN	
		OUT	
SUN.	A M	IN	
		OUT	
	P M	IN	
		OUT	

E SIGNATURE 6/13 - 6/19

No _____ Week _____
Ending _____

Name _____

9.25 MON.	A M	IN	01 JUN 25 AM 7:15
		OUT	
	P M	IN	01 JUN 25 PM 4:39
		OUT	
9.5 TUE.	A M	IN	01 JUN 26 AM 7:26
		OUT	
	P M	IN	01 JUN 26 PM 4:56
		OUT	
WED.	A M	IN	01 JUN 26 AM 7:26
		OUT	
	P M	IN	
		OUT	
9 THU.	A M	IN	Jun 21 7:30
		OUT	
	P M	IN	
		OUT	
9 FRI.	A M	IN	01 JUN 22 AM 7:28
		OUT	
	P M	IN	01 JUN 22 PM 4:35
		OUT	
SAT.	A M	IN	
		OUT	
	P M	IN	
		OUT	
SUN.	A M	IN	
		OUT	
	P M	IN	
		OUT	

E _____ 6/20 - 6/26
SIGNATURE _____ PRODUCT 22

No _____ Week _____
Ending _____

Name _____

9 MON.	A	IN	'01 JUL 9 AM 7:30
	M	OUT	
	P	IN	'01 JUL 9 PM 4:35
	M	OUT	
10 TUE.	A	IN	'01 JUL 10 AM 7:35
	M	OUT	
	P	IN	'01 JUL 10 PM 5:27
	M	OUT	
8 WED.	A	IN	Holiday 8 hrs
	M	OUT	
	P	IN	
	M	OUT	
9 THU.	A	IN	'01 JUL 5 AM 7:23
	M	OUT	
	P	IN	'01 JUL 5 PM 4:28
	M	OUT	
9 FRI.	A	IN	'01 JUL 6 AM 7:33
	M	OUT	
	P	IN	'01 JUL 6 PM 4:28
	M	OUT	
SAT.	A	IN	Contract \$25.00
	M	OUT	
	P	IN	
	M	OUT	
SUN.	A	IN	
	M	OUT	
	P	IN	
	M	OUT	

E SIGNATURE _____ 7/4 - 7/10
PRODUCT 222

No. _____ Week Ending _____

Name _____

9.5 MON.	A M	IN	'01 JUL 16 AM 7:32
		OUT	
	P M	IN	'01 JUL 16 PM 4:58
		OUT	
10 TUE.	A M	IN	'01 JUL 17 AM 7:36
		OUT	
	P M	IN	'01 JUL 17 PM 5:28
		OUT	
8 WED.	A M	IN	'01 JUL 11 AM 8:08
		OUT	
	P M	IN	'01 JUL 11 PM 4:40
		OUT	
9 THU.	A M	IN	'01 JUL 12 AM 7:35
		OUT	
	P M	IN	
		OUT	'01 JUL 12 PM 4:29
8 FRI.	A M	IN	'01 JUL 13 AM 8:13
		OUT	
	P M	IN	'01 JUL 13 PM 4:52.
		OUT	
SAT.	A M	IN	
		OUT	Contract \$ 25.00
	P M	IN	
		OUT	
SUN.	A M	IN	
		OUT	
	P M	IN	
		OUT	

E SIGNATURE _____ 7/11 - 7/17

PRODUCT 222

No _____ Week Ending _____

Name _____

9.5 MON.	A M	IN	'01 JUL 23 AM 7:12
		OUT	
	P M	IN	'01 JUL 23 PM 4:38
		OUT	
10 TUE.	A M	IN	'01 JUL 24 AM 7:29
		OUT	
	P M	IN	'01 JUL 24 PM 5:33
		OUT	
9.5 WED.	A M	IN	'01 JUL 18 AM 7:26
		OUT	
	P M	IN	'01 JUL 18 PM 4:55
		OUT	
9 THU.	A M	IN	'01 JUL 19 AM 7:39
		OUT	
	P M	IN	'01 JUL 19 PM 4:31
		OUT	
9 FRI.	A M	IN	'01 JUL 20 AM 7:32
		OUT	
	P M	IN	'01 JUL 20 PM 4:31
		OUT	
SAT.	A M	IN	
		OUT	Contract \$95.00
	P M	IN	
		OUT	
SUN.	A M	IN	
		OUT	
	P M	IN	
		OUT	

E SIGNATURE 7/18 - 7/24

MEEKS PLUMBING, INC.
1111 7TH AVENUE
VERO BEACH, FL 32960

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH FL 32962

06/15/01

V4-PICKTR	SOCIAL SEC NO	PAY RATE	PERIOD END	STUB NO.
	406-11-8959	11.250 HW	06/12/01	D01916
** EARNINGS		HOURS	AMOUNT	YTD
Regular		40.00	450.00	8,068.77
HOLIDAY		.00	.00	164.00
OVERTIME		5.50 ³	92.81	831.29
CONTRACT		.00	25.00	675.00
** TAX DEDUCT				
Federal W/H			79.59	1,279.48
FICA			35.20	603.81
MEDICARE			8.23	141.22
** DEDUCTIONS				
NEX AIRTIME			.00	1.48
** DIR DEPOSITS				
	0106606401		444.79	7,713.07

CHECK AMOUNT:	.00	TOTAL DIR DEP:	444.79	7,713.07
GROSS EARNINGS:	567.81	TOTAL DEDUCT:	123.02	2,025.99
NET EARNINGS:	444.79			

MEEKS PLUMBING, INC.
1111 7TH AVENUE
VERO BEACH, FL 32960

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH FL 32962

06/01/01

V4-PICKTR	SOCIAL SEC NO	PAY RATE	PERIOD END	STUB NO.
	406-11-8959	11.250 HW	05/30/01	D01874
** EARNINGS		HOURS	AMOUNT	YTD
Regular		34.50	388.13	7,168.77
HOLIDAY		8.00	90.00	164.00
OVERTIME		.00	.00	662.54
CONTRACT		.00	.00	650.00
** TAX DEDUCT				
Federal W/H			64.08	1,128.64
FICA			29.64	536.00
MEDICARE			6.93	125.36
** DEDUCTIONS				
NEX AIRTIME			.00	1.48
** DIR DEPOSITS				
	0106606401		377.48	6,853.83

CHECK AMOUNT:	.00	TOTAL DIR DEP:	377.48	6,853.83	
GROSS EARNINGS:	478.13	8,645.31	TOTAL DEDUCT:	100.65	1,791.48
NET EARNINGS:	377.48				

MEEKS PLUMBING, INC.
 1111 7TH AVENUE
 VERO BEACH, FL 32960

TRENNA PICKUP
 1525 22ND AVENUE SW
 VERO BEACH FL 32962

05/25/01

V4-PICKTR	SOCIAL SEC NO	PAY RATE	PERIOD END	STUB NO.
	406-11-8959	11.250 HW	05/22/01	D01831
** EARNINGS	HOURS	AMOUNT	YTD	
Regular	30.25	340.31	6,780.64	
HOLIDAY	.00	.00	74.00	
OVERTIME	.00	.00	662.54	
CONTRACT	.00	.00	650.00	
** TAX DEDUCT				
Federal W/H		43.40	1,064.56	
FICA		21.10	506.36	
MEDICARE		4.93	118.43	
** DEDUCTIONS				
NEX AIRTIME		.00	1.48	
** DIR DEPOSITS				
	0106606401	270.88	6,476.35	

CHECK AMOUNT:	.00	TOTAL DIR DEP:	270.88	6,476.35
GROSS EARNINGS:	340.31	TOTAL DEDUCT:	69.43	1,690.83
NET EARNINGS:	270.88			

MEEKS PLUMBING, INC.
1111 7TH AVENUE
VERO BEACH, FL 32960

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH FL 32962

05/18/01

V4-PICKTR SOCIAL SEC NO 406-11-8959 PAY RATE 9.250 HW PERIOD END 05/15/01 STUB NO D01790

** EARNINGS	HOURS	AMOUNT	YTD
Regular	29.75	275.19	6,440.33
HOLIDAY	.00	.00	74.00
OVERTIME	.00	.00	662.54
CONTRACT	.00	.00	650.00

** TAX DEDUCT			
Federal W/H		33.63	1,021.16
FICA		17.06	485.26
MEDICARE		3.99	113.50

** DEDUCTIONS			
NEX AIRTIME		.00	1.48

** DIR DEPOSITS			
0106606401		220.51	6,205.47

CHECK AMOUNT:	.00	TOTAL DIR DEP:	220.51	6,205.47
GROSS EARNINGS:	275.19	TOTAL DEDUCT:	54.68	1,621.40
NET EARNINGS:	220.51			

MEEKS PLUMBING, INC.
 1111 7TH AVENUE
 VERO BEACH, FL 32960

TRENNA PICKUP
 1525 22ND AVENUE SW
 VERO BEACH FL 32962

05/11/01

V4-PICKTR	SOCIAL SEC NO	PAY RATE	PERIOD END	STUB NO.
	406-11-8959	9.250 HW	05/08/01	D01769
** EARNINGS		HOURS	AMOUNT	YTD
Regular		24.00	222.00	6,165.14
HOLIDAY		.00	.00	74.00
OVERTIME		.00	.00	662.54
CONTRACT		.00	.00	650.00
** TAX DEDUCT				
Federal W/H			25.66	987.53
FICA			13.76	468.20
MEDICARE			3.22	109.51
** DEDUCTIONS				
NEX AIRTIME			.00	1.48
** DIR DEPOSITS				
	0106606401		179.36	5,984.96

CHECK AMOUNT:	.00	TOTAL DIR DEP:	179.36	5,984.96
GROSS EARNINGS:	222.00	TOTAL DEDUCT:	42.64	1,566.72
NET EARNINGS:	179.36			

MEEKS PLUMBING, INC.
 1111 7TH AVENUE
 VERO BEACH, FL 32960

TRENNA PICKUP
 1525 22ND AVENUE SW
 VERO BEACH FL 32962

05/04/01

V4-PICKTR	SOCIAL SEC NO	PAY RATE	PERIOD END	STUB NO.
	406-11-8959	9.250 HW	05/01/01	D01747
** EARNINGS	HOURS	AMOUNT	YTD	
Regular	24.75	228.94	5,943.14	
HOLIDAY	.00	.00	74.00	
OVERTIME	.00	.00	662.54	
CONTRACT	.00	.00	650.00	
** TAX DEDUCT				
Federal W/H		26.70	961.87	
FICA		14.19	454.44	
MEDICARE		3.32	106.29	
** DEDUCTIONS				
NEX AIRTIME		.00	1.48	
** DIR DEPOSITS				
	0106606401	184.73	5,805.60	

CHECK AMOUNT:	.00	TOTAL DIR DEP:	184.73	5,805.60
GROSS EARNINGS:	228.94	TOTAL DEDUCT:	44.21	1,524.08
NET EARNINGS:	184.73			

MEEKS PLUMBING, INC.
1111 7TH AVENUE
VERO BEACH, FL 32960

TRENNA PICKUP
1525 22ND AVENUE SW
VERO BEACH FL 32962

04/27/01

V4-PICKTR	SOCIAL SEC NO	PAY RATE	PERIOD END	STUB NO.
	406-11-8959	9.250 HW	04/24/01	D01725
** EARNINGS		HOURS	AMOUNT	YTD
Regular		20.75	191.94	5,714.20
HOLIDAY		.00	.00	74.00
OVERTIME		.00	.00	662.54
CONTRACT		.00	.00	650.00
** TAX DEDUCT				
Federal W/H			21.15	935.17
FICA			11.90	440.25
MEDICARE			2.78	102.97
** DEDUCTIONS				
NEX AIRTIME			.00	1.48
** DIR DEPOSITS				
	0106606401		156.11	5,620.87

CHECK AMOUNT:	.00	TOTAL DIR DEP:	156.11	5,620.87
GROSS EARNINGS:	191.94	7,100.74 TOTAL DEDUCT:	35.83	1,479.87
NET EARNINGS:	156.11			