

IN THE COUNTY COURT OF THE FOURTH JUDICIAL CIRCUIT OF THE STATE
OF FLORIDA, IN AND FOR DUVAL COUNTY
CIVIL DIVISION

ANESTHESIOLOGIST
Plaintiff,

vs.

CASE NO. 1

PATIENT
Defendant(s),
_____ /

AFFIDAVIT IN PROOF OF PLAINTIFF'S CLAIM WITH COSTS

STATE OF WISCONSIN
COUNTY OF WAUKESHA

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared §P BILLING CO. VP , who, after being duly sworn upon oath, and upon **personal knowledge** of the facts herein, deposes and says:

1. That affiant is the **REGISTERED AGENT** (incorrect) for the Plaintiff. In the regular performance of my job functions, I am familiar with **business records** maintained by ANESTHESIOLOGIST (but not the hospital) , for the purposes of servicing loans, contracts, or accounts. These records include data compilations, electronically imaged documents and other instruments, which are made at or near the time of the occurrence of the matters set forth by, or from information provided by, **a person with knowledge** of the activity and **transactions** reflected in such records. These records are kept in the **normal course of business** by **ANESTHESIOLOGIST** and it is the regular practice of ANESTHESIOLOGIST , to make these records. In connection with making this affidavit, I have **personally examined** (bulk affidavit) these business records reflecting data and information as of even date herewith and **hereby attach same**. (nothing attached)

2. That these amounts are a just demand and are actually due.

3. That attached hereto and made a part hereof is a **true copy** of **supporting business records** upon which this suit is based.

4. That this action has been brought in the proper venue in accordance with Chapter 47 of the Florida Statutes.

5. That the Defendants, _____, is/are indebted to the Plaintiff in the principal sum of \$2,226.00.

6. The Plaintiff expended the following costs in bringing this action:

Clerk's Filing Fee:	\$191.48
Service of Process Fee:	\$55.00
TOTAL:	\$246.48

FURTHER AFFIANT SAYETH NAUGHT.

NAME:

TITLE: REGISTERED AGENT

STATE OF WISCONSIN
COUNTY OF WAUKESHA

SWORN TO AND SUBSCRIBED before me by means of personal appearance or by means of audio-video communication technology this 19 day of December, 2023, by _____, who is personally known to me or produced identification.

NOTARY PUBLIC

My commission expires: 12/8/27

