

Date: 4/1/09
Initials: [Signature]

IN THE CIRCUIT COURT OF THE 11TH
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

KHASAN GRACE, individually and as
parent and natural guardian of ANDREW
MASON GRACE, a minor,

Plaintiff,

CIVIL DIVISION

CASE NO: **09-25541CA06**

v.

HOMESTEAD HOSPITAL, INC. d/b/a
HOMESTEAD HOSPITAL, a Florida
corporation; MARK H. WEINSTEIN, M.D.;
JAMES A. FISH, D.O.;
HOMESTEADMED, P.A., a Florida
corporation; JOSEPH N. NICAISSE, M.D.;
JOSEPH N. NICAISSE, M.D., P.A., a
Florida corporation; HOMESTEAD
MEDICAL CLINIC, P.A., a Florida
corporation; ROBERT S. ELIAS, M.D.;
ELIAS RADIOLOGY ASSOCIATES, P.A.,
a Florida corporation; HOMESTEAD
DIAGNOSTIC CENTER, INC., a Florida
corporation.

Defendants.

**ORIGINAL
FILED
MAR 30 2009
HARVEY RUVIN
CLERK**

**PLAINTIFFS' NOTICE OF SERVICE OF MEDICAL MALPRACTICE
INTERROGATORIES TO DEFENDANT JAMES A. FISH, D.O.**

The Plaintiff, KHASAN GRACE, individually and as parent and natural guardian of ANDREW MASON GRACE, a minor, by and through undersigned attorney, pursuant to the Florida Rules of Civil Procedure, hereby propounds the following Interrogatories to Defendant, JAMES A. FISH, D.O., to be answered under oath, in writing, in accordance with Rule 1.340,

Florida Rules of Civil Procedure, within forty-five (45) days from the date of service of said interrogatories.

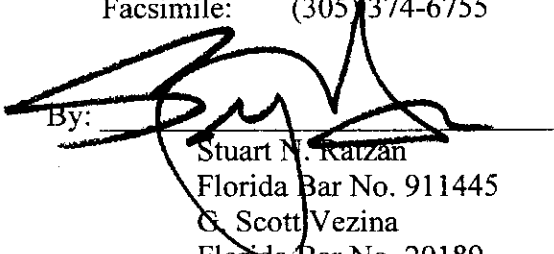
CERTIFICATE OF SERVICE

WE HEREBY CERTIFY that a true and correct copy of the foregoing Interrogatories has been attached to the summons and complaint to be served upon the Defendant, James A. Fish, D.O., contemporaneously with the Summons and Complaint herein.

DATED this 30th day of March 2009.

RATZAN & RUBIO, P.A.
Attorneys for Plaintiffs
Wachovia Financial Center
54th Floor
200 South Biscayne Boulevard
Miami, FL 33131
Telephone: (305) 374-6366
Facsimile: (305) 374-6755

By: _____


Stuart N. Ratzan
Florida Bar No. 911445
G. Scott Vezina
Florida Bar No. 20189

**MEDICAL MALPRACTICE INTERROGATORIES
TO DEFENDANT, JAMES A. FISH, D.O.**

1. What is the name and address of the person answering these interrogatories, and, if applicable, the person's official position or relationship with the party to whom the interrogatories are directed?

ANSWER:

2. List all former names and when you were known by those names. State all addresses where you have lived for the past 10 years, the dates you lived at each address, your Social Security number and your date of birth.

ANSWER:

3. Have you ever been convicted of a crime, other than any juvenile adjudication, which under the law under which you were convicted was punishable by death or imprisonment in excess of 1 year, or that involved dishonesty or a false statement regardless of the punishment? If so, state as to each conviction, the specific crime and the date and place of conviction.

ANSWER:

4. Describe any and all policies of insurance which you contend cover or may cover you for the allegations set forth in plaintiff's complaint, detailing as to such policies the name of the insurer, the number of the policy, the effective dates of the policy, the available limits of liability, and the name and address of the custodian of the policy.

ANSWER:

5. Describe in detail how the incident described in the complaint happened, including all actions taken by you to prevent the incident.

ANSWER:

6. Describe in detail each act or omission on the part of any party to this lawsuit that you contend constituted negligence that was a contributing legal cause of the incident in question.

ANSWER:

7. Do you contend any person or entity other than you is, or may be, liable in whole or part for the claims asserted against you in this lawsuit? If so, state the full name and address of each such person or entity, the legal basis for your contention, the facts or evidence upon which your contention is based, and whether or not you have notified each such person or entity of your contention.

ANSWER:

8. Were you charged with any violation of law (including any regulations or ordinances) arising out of the incident described in the complaint? If so, what was the nature of the charge; what plea or answer, if any, did you enter to the charge; what court or agency heard the charge; was any written report prepared by anyone regarding the charge, and, if so, what is the name and address of the person or entity who prepared the report; do you have a copy of the report; and was the testimony at any trial, hearing, or other proceeding on the charge recorded in any manner, and, if so, what is the name and address of the person who recorded the testimony?

ANSWER:

9. List the names and addresses of all persons who are believed or known by you, your agents, or your attorneys to have any knowledge concerning any of the issues in this lawsuit; and specify the subject matter about which the witness has knowledge.

ANSWER:

10. Have you heard or do you know about any statement or remark made by or on behalf of any party to this lawsuit, other than yourself, concerning any issue in this lawsuit? If so, state the name and address of each person who made the statement or statements, the name and address of each person who heard it, and the date, time, place, and substance of each statement.

ANSWER:

11. State the name and address of every person known to you, your agents, or your attorneys who has knowledge about, or possession, custody, or control of, any model, plat, map, drawing, motion picture, videotape, or photograph pertaining to any fact or issue involved in this controversy; and describe as to each, what item such person has; the name and address of the person who took or prepared it, and the date it was taken or prepared.

ANSWER:

12. Do you intend to call any expert witnesses at the trial of this case? If so, state as to each such witness the name and business address of the witness, the witness's qualifications as an expert, the subject matter upon which the witness is expected to testify, the substance of the facts and opinions to which the witness is expected to testify, and a summary of the grounds for each opinion.

ANSWER:

13. Have you made an agreement with anyone that would limit that party's liability to anyone for any of the damages sued upon in this case? If so, state the terms of the agreement and the parties to it.

ANSWER:

14. Please state if you have ever been a party, either plaintiff or defendant, in a lawsuit other than the present matter, and, if so, state whether you were plaintiff or defendant, the nature of the action, and the date and court in which such suit was filed.

ANSWER:

15. Please give us your entire education background, starting with your college education and chronologically indicating by date and place each school, college, course of study, title of seminars, length of study, and honors received by you up to the present time, including internships, residencies, degrees received, licenses earned or revoked, medical specialty training, board memberships, authorship of any books, articles, or texts, including the names of those writings and their location in medical journals, awards honors received, and continuing medical education.

ANSWER:

16. Please give us your entire professional background up to the present time, including dates of employment or association, the names of all physicians with whom you have practiced, the form of employment or business relationship such as whether by partnership, corporation, or sole proprietorship, and the dates of the relationships, including hospital staff privileges and positions, and teaching experience.

ANSWER:

17. In respect to your office library or usual place of work, give us the name, author, name of publisher, and date of publication of every medical book or article, journal, or medical text, to which you had access, which deals with the overall subject matter described in paragraph (whatever paragraph number that concerns negligence) of the complaint. (In lieu of answering this interrogatory you may allow plaintiff's counsel to inspect your library at a reasonable time.)

ANSWER:

18. If you believe there was any risk to the treatment you rendered to the plaintiff, state the nature of all risks, including, whether the risks were communicated to the plaintiff; when, where, and in what manner they were communicated; and whether any of the risks in fact occurred.

ANSWER:

- 19 Tell us your experience in giving the kind of treatment or examination that you rendered to the plaintiff before it was given to the plaintiff, giving us such information as the approximate number of times you have given similar treatment or examinations, where the prior treatment or examinations, where the prior treatment or examinations took place, and the successful or unsuccessful nature of the outcome of that treatment or those examinations.

ANSWER:

- 20 Please identify, with sufficient particularity to formulate the basis of a request to produce, all medical records of any kind of which you are aware which deal with the medical treatment or examinations furnished to the plaintiff at any time, whether by you or another person or persons.

ANSWER:

21. Please state whether any claim for medical malpractice has ever been made against you and, if so, state as to each such claim the names of the parties, the claim number, the date of the alleged incident, the ultimate disposition of the claim, and the name of your attorney, if any.

ANSWER:

22. Taking into consideration everything that you presently know regarding Khasan Grace and the condition for which she was provided care and treatment during the scope of her pregnancy with Andrew Mason Grace, during the November 2006 admission to Homestead Hospital, state whether or not, in your opinion at the present time, any complication or injury could have been avoided had some step been taken or had some step been avoided during the course of treatment at Homestead Hospital. If, upon such consideration, you have an opinion that a complication or injury could have been avoided in such a manner, please describe what step or steps you feel should have been taken or could have been taken to prevent the complication or injury and describe the nature of the complication or injury.

ANSWER:

23. Has your license to practice medicine ever been revoked or suspended? If so, please provide the date of the suspension or revocation and the reason for the suspension or revocation.

ANSWER:

STATE OF _____)
) SS:
COUNTY OF _____)

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or who has presented _____ as identification, and who has executed the foregoing instrument and has/has not taken an oath.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 200__.

NOTARY PUBLIC
State of _____

Print Name: _____

My Commission Expires: _____

(Seal)