

IN THE CIRCUIT COURT OF THE 15TH  
JUDICIAL CIRCUIT IN AND FOR PALM  
BEACH COUNTY, FLORIDA

CASE NO:

LAUREN TRUELOVE,

Plaintiff

vs.

MYLISSA GRABER M.D.,

Defendant.

\_\_\_\_\_ /

**PLAINTIFF'S COMPLAINT**

COMES NOW, the Plaintiff, LAUREN TRUELOVE, who hereby files this Complaint against the Defendant, MYLISSA GRABER M.D., and alleges as follows:

**JURISDICTIONAL ALLEGATIONS**

1. Venue is appropriate in this action as the events giving rise to the cause of action occurred/accrued in Palm Beach County, Florida.
2. The amount in controversy exceeds the sum of Fifty Thousand (\$50,000.00) Dollars exclusive of costs and fees and is within the jurisdiction of this court.
3. At all times material hereto, LAUREN TRUELOVE was and is a resident of Palm Beach County, Florida.
4. At all times material hereto, the Defendant, MYLISSA GRABER M.D., was and is a resident of Palm Beach County, Florida who provided medical care and treatment to patients, including LAUREN TRUELOVE, at Dr. G's Urgent Care Lake Worth LLC, (hereinafter "Dr. G's Urgent Care") located in Palm Beach County, Florida.

5. At all times material hereto, the Defendant, MYLISSA GRABER M.D., who provided medical care and treatment to LAUREN TRUELOVE, was a licensed Florida medical provider who provided care, treatment and supervision for patients, including LAUREN TRUELOVE, at Dr. G's Urgent Care.

6. Plaintiff has fully and completely complied with pre-suit notice and all requirements of such as set forth in Florida Statutes, sections 766 and 768.28, as precedents to the causes of action pled herein.

7. Plaintiff served the Notice of Intent on the Defendant, MYLISSA GRABER M.D., within the applicable statute of limitations and this Complaint is being filed within the applicable statute of limitations.

**DEFENDANT'S REPEATED FAILURE TO COMPLY WITH CHAPTER 766**

8. The Defendant, MYLISSA GRABER M.D., repeatedly failed to comply with the pre-suit requirements set forth in Florida Statutes, Chapter 766.

9. Specifically, on January 28, 2025, Plaintiff sent the Defendant, MYLISSA GRABER M.D., a request, pursuant to Florida Statutes, Section 766.204(1), for her medical records via certified mail requiring receipt of said medical records within (10) business days. *See Exhibit A, enclosed.*

10. The January 28, 2025 medical records request was received by the Defendant, MYLISSA GRABER M.D., on January 31, 2025. *See Exhibit B, enclosed.*

11. The Defendant, MYLISSA GRABER M.D., failed to provide Plaintiff with her medical records within the 10 business days required under Florida Statutes, Section 766.204(1).

12. On February 18, 2025, Plaintiff sent a Notice of Intent (hereinafter “NOI”), pursuant to Florida Statutes, Section 766.106, via certified mail to the Defendant, MYLISSA GRABER M.D. *See Exhibit C, enclosed.*

13. The Defendant, MYLISSA GRABER M.D., received the NOI on February 19, 2025, which started the running of the 90-day pre-suit period as required under Florida Statutes, Section 766.106(3)(a). *See Certified Mail tracking information, attached hereto as Exhibit D.*

14. As part of the Notice of Intent, Plaintiff made specific pre-suit discovery requests for documents and information from the Defendant, MYLISSA GRABER M.D., which required a response within 20 days of receipt of the NOI under Florida Statutes, Section 766.106(6).

15. At no time during the mandatory pre-suit period did the Defendant, MYLISSA GRABER M.D., respond to Plaintiff’s NOI and discovery requests. Ultimately the pre-suit period expired on May 20, 2025 (*i.e.* 90 days from February 19, 2025) without a single response or disclosure of information to the Plaintiff from the Defendant, MYLISSA GRABER M.D.

16. On or before the 90-day pre-suit period expired, the Defendant, MYLISSA GRABER M.D., failed to provide Plaintiff with a response to the allegations of the NOI either “rejecting the claim, making a settlement offer, or making an offer to arbitrate in which liability is deemed admitted and arbitration will be held on the issues of damages.” This was required under Florida Statutes, section 766.106(3)(b). Additionally, the Defendant, MYLISSA GRABER M.D., failed to provide Plaintiff with a verified written expert opinion from a medical expert at the end of the pre-suit investigative period, which is also required pursuant to Florida Statutes, section 766.203(3).

17. As detailed above, the Defendant, MYLISSA GRABER M.D., has repeatedly refused to comply with Plaintiff's pre-suit requests for information and documents and has repeatedly failed to comply with her legal obligations in responding to Plaintiff's NOI.

18. Due to the Defendant, MYLISSA GRABER M.D.'s, flagrant disregard of Florida law, Plaintiff has been severely prejudiced and will separately file a Motion to Strike Defendant's Answer and Affirmative Defenses, and Motion for Attorney's Fees and Costs, which is warranted under Florida Statutes, sections 766.205(2) and 766.206(3).

### **FACTUAL ALLEGATIONS**

19. On November 25, 2024, LAUREN TRUELOVE presented to Dr. G's Urgent Care due to severe sudden shortness of breath, pain while breathing and moving, and having a high heart rate while at rest. She advised the medical providers at Dr. G's Urgent Care, including but not limited to, nurse Courtney Distefano-Manolas RN, and the Defendant, MYLISSA GRABER M.D., of her symptoms and that said symptoms were very unusual as she was a marathon runner and in good health. Plaintiff also told the medical providers that she had recently been on a long flight for a work conference.

20. Despite obvious signs and symptoms of Plaintiff experiencing a pulmonary embolism, the medical providers of Dr. G's Urgent Care, including but not limited to, nurse Courtney Distefano-Manolas, RN and the Defendant, MYLISSA GRABER M.D., failed to timely and appropriately diagnose or treat Plaintiff for said condition.

21. Moreover, these medical providers, including the Defendant, MYLISSA GRABER M.D., failed to advise Plaintiff to immediately seek emergency and/or hospital care and treatment for a pulmonary embolism. Instead, the medical providers including the Defendant, MYLISSA



GRABER M.D., negligently concluded that Plaintiff was merely having “anxiety” and gave her Albuterol treatments and advised her to take Prednisone.

22. Due to the above failures of the medical providers including the Defendant, MYLISSA GRABER M.D., Plaintiff did not get timely and appropriate treatment for her pulmonary embolism and she was severely injured, as detailed below.

23. On November 30, 2024, LAUREN TRUELOVE went to a second urgent care facility for the aforementioned symptoms, where the medical staff advised her to go to the emergency room for a possible pulmonary embolism.

24. On November 30, 2024, LAUREN TRUELOVE went to the ER of HCA Florida Palms West Hospital to obtain medical treatment for her pulmonary embolism.

25. On December 1, 2024, LAUREN TRUELOVE underwent a mechanical thrombectomy procedure. During this procedure, LAUREN TRUELOVE went into cardiac arrest. Following the procedure, LAUREN TRUELOVE was noted as having no left side movement. She was eventually taken to JFK Medical Center in Atlantis, Florida by helicopter, where she underwent another thrombectomy procedure to remove clots in her head.

26. Due to the negligence of the medical providers, including but not limited to the Defendant, MYLISSA GRABER M.D., LAUREN TRUELOVE, has suffered permanent physical, mental, emotional, and neurological injuries, including but not limited to, permanent left side deficits including inability to use all and/or some of her left arm, fingers, legs, and toes. She also suffers from speech impediments, loss of memory, and loss of comprehension. Her treatment and injuries are on-going.

**COUNT I: NEGLIGENCE OF MYLISSA GRABER M.D.**

27. Plaintiff, LAUREN TRUELOVE, hereby incorporates and re-alleges paragraphs 1 through 26 as if fully set forth herein, and further alleges:

28. At all times material hereto, the Defendant, MYLISSA GRABER M.D., who provided medical care, supervision, and treatment to LAUREN TRUELOVE owed a duty to LAUREN TRUELOVE to administer health care in accordance with the prevailing professional standards of care for like health care providers.

29. Defendant, MYLISSA GRABER M.D., was negligent by failing to administer health care in accordance with the prevailing professional standards of care.

30. Specifically, the Defendant, MYLISSA GRABER M.D., breached her duty to LAUREN TRUELOVE as:

- a. MYLISSA GRABER M.D. failed to timely and appropriately diagnose LAUREN TRUELOVE as having a pulmonary embolism.
- b. MYLISSA GRABER M.D. failed to timely and appropriately treat LAUREN TRUELOVE for a pulmonary embolism;
- c. MYLISSA GRABER M.D. failed to timely and appropriately advise LAUREN TRUELOVE that she seek out immediate or emergent medical care and treatment for a pulmonary embolism; and
- d. MYLISSA GRABER M.D. failed to timely and appropriately supervise the nurse, Courtney Distefano-Manolas RN, who also negligently provided care and treatment to LAUREN TRUELOVE.

31. As a direct and proximate result of the negligence of the Defendant, MYLISSA GRABER M.D., as described above, LAUREN TRUELOVE did not receive timely and

appropriate care and treatment that was necessary for her condition. Due to the delay in diagnosis and treatment of her condition, LAUREN TRUELOVE suffers from permanent injuries, including but not limited to permanent left-sided deficits including inability to use all and/or some of her left arm, fingers, legs, and toes. She also suffers from speech impediments, loss of memory, and loss of comprehension. Her treatment and injuries are on-going and were avoidable and preventable but for the negligence described above.

32. As a direct and proximate result of the negligence of Defendant, MYLISSA GRABER M.D., and LAUREN TRUELOVE's resulting permanent injuries, LAUREN TRUELOVE has sustained the following damages, both in the past and in the future: bodily injury, resulting pain and suffering, disability, disfigurement, mental anguish, loss of the capacity for the enjoyment of life, the expense of hospitalization, medical care, nursing care and treatment, and loss of economic damages, including past and future lost earnings and earning capacity. Said damages are permanent and ongoing.

WHEREFORE, the Plaintiff, LAUREN TRUELOVE, demands judgment for damages and a trial by jury against the Defendant, MYLISSA GRABER M.D.

**CERTIFICATION OF COUNSEL**

I HEREBY CERTIFY that Plaintiff's counsel has satisfied all conditions precedent to filing suit pursuant to Chapter 766, Florida Statutes, and has made a reasonable investigation as permitted by the circumstances to determine that there are grounds for a good faith belief that there has been negligence in the care or treatment of the claimant by the Defendant.

DATED this 28th day May, 2025.

/s/ Thomas J. Chapman  
Thomas J. Chapman, Esq.  
Florida Bar No. 076445

Christa L. McCann, Esq.  
Florida Bar No.: 92329  
NextGen Injury Law  
515 N. Flagler Dr., Suite 350  
West Palm Beach, Florida 33401  
Phone: (561) 370-7393  
Fax:(561) 293-7057  
Email: [McCann@NextGenInjuryLaw.com](mailto:McCann@NextGenInjuryLaw.com)  
[Chapman@NextGenInjuryLaw.com](mailto:Chapman@NextGenInjuryLaw.com)

NOT A CERTIFIED COPY

# EXHIBIT A

NOT A CERTIFIED COPY



515 N. Flagler Dr. Suite 350  
West Palm Beach, Florida 33401  
Chapman@NextGenInjuryLaw.com  
McCann@NextGenInjuryLaw.com

(561)-370-7393

(561)-293-7057

January 28, 2025

**SENT VIA CERTIFIED MAIL: 9589 0710 5270 1020 4220 08**

Mylissa Graber M.D.  
1425 South Congress Ave  
Delray Beach, Florida 33445

Re: Our Client: Lauren Truelove  
Your Patient: Lauren Truelove  
Patient DOB: 3/24/2002  
Patient SS#: [REDACTED]  
Date of Service: 11/25/24-Present  
Our File No.: 25-1

Dear Sir/Madam:

Please be advised that this law firm has been retained to represent Lauren Truelove.

**THIS IS NOT A NOTICE OF INTENT TO INITIATE A MEDICAL NEGLIGENCE CLAIM PURSUANT TO FLORIDA STATUTES §766.106. HOWEVER, WE HAVE BEEN RETAINED TO INVESTIGATE A POTENTIAL CLAIM OF MEDICAL NEGLIGENCE ARISING OUT OF MEDICAL CARE AND TREATMENT OF THE ABOVE-NAMED PATIENT.**

Pursuant to F.S. § 766.204(1), please forward to my attention copies of ANY AND ALL MEDICAL RECORDS, MEDICAL BILLS, PHOTOGRAPHS (**PROVIDE IN COLOR**), and FILMS/X-RAYS which you may have concerning Lauren Truelove within ten (10) business days of the date of this letter. Enclosed please find a properly executed Medical Authorization for records.

***It is specifically requested that you provide the record copies in PDF format on CD.*** Please be advised that we will not pay for hardcopy (i.e. paper) records if you send them in lieu of electronic records as the above request is for items in PDF format on a CD. If you only have the patient's records in hardcopy (i.e. paper) format, then please provide me with an itemized invoice for the cost of producing the records along with an affidavit or other documentation verifying that the records are only stored in hardcopy (i.e. paper) format. In addition, please include with the records a letter from you, under your signature, which indicates that there have been no changes or additions in the medical records and that no such changes or additions are contemplated.

Please be advised that if you do not produce records as required by Florida Statutes § 766.204(1) within the time provided in Florida Statutes § 766.204(1), it shall constitute evidence of your failure to comply with your good faith discovery requirements and shall waive the requirement of a written medical corroboration as provided for in Florida Statutes § 766.204(2).



515 N. Flagler Dr. Suite 350  
West Palm Beach, Florida 33401  
Chapman@NextGenInjuryLaw.com  
McCann@NextGenInjuryLaw.com

(561)-370-7393

(561)-293-7057

Thank you for your cooperation and prompt attention regarding this matter.

Sincerely,

/s/ Thomas J. Chapman

THOMAS J. CHAPMAN, ESQ.

*Enclosures: HIPAA Authorization*

NOT A CERTIFIED COPY





# AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

## Section A: This section must be completed for all Authorizations

Patient/Plan Member Name: Lauren Truelove	Birth Date: 3/24/2002	Social Security No. (optional):	
Provider's/ Health Plan's Name: Myliisa Graber M.D.	Recipient's Name: NEXTGEN INJURY LAW		
Provider's/Health Plan's Address: 1425 South Congress Ave Delray Beach FL 33445	Address 1: 515 N. Flagler Dr.		
	Address 2: Suite 350		
	City: West Palm Beach	State: FL	Zip: 33401
This authorization will expire on the following: (Fill in the Date or the Event but not both.) Date: _____ Event: Unless otherwise revoked, this authorization will extend expiration to the end of litigation.			

Purpose of disclosure: To obtain information

## Description of Information to be used or disclosed

Is this request for psychotherapy notes? ☐ Yes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. ☒ No, then you may check as many items below as you need.

Description:	Date(s):	Description:	Date(s):	Description:	Date(s):
<input checked="" type="checkbox"/> All PHI in medical record <input checked="" type="checkbox"/> Admission form <input checked="" type="checkbox"/> Dictation reports <input checked="" type="checkbox"/> Physician orders <input checked="" type="checkbox"/> Intake/outtake <input checked="" type="checkbox"/> Clinical Test <input checked="" type="checkbox"/> Medication Sheets	11-25-24 to Present	<input checked="" type="checkbox"/> Operative Information <input checked="" type="checkbox"/> Cath lab <input checked="" type="checkbox"/> Special test/therapy <input checked="" type="checkbox"/> Rhythm Strips <input checked="" type="checkbox"/> Nursing Information <input checked="" type="checkbox"/> Transfer forms <input checked="" type="checkbox"/> ER Information	11-25-24 to Present	<input checked="" type="checkbox"/> Labor/delivery sum. <input checked="" type="checkbox"/> OB nursing assess <input checked="" type="checkbox"/> Postpartum flow sheet <input checked="" type="checkbox"/> Itemized bill <input type="checkbox"/> UB-92 <input checked="" type="checkbox"/> Other healthcare provider and/or hospital records <input type="checkbox"/> Other:	11-25-24 to Present

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. LY (Initial) If not applicable, check here ☐

- I may refuse to sign this authorization and that it is strictly voluntary.
- My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
- I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.
- If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed.
- I understand that I may see and obtain a copy of the information described on this form, for the reasonable copy fee, if I ask for it.
- I get a copy of this form after I sign it.

Section B: Is the request of PHI for the purpose of marketing? Yes ☐ No ☒

If yes, the health plan or health care provider must complete Section B, otherwise skip to Section C.

Will the recipient receive financial or in-kind compensation in exchange for using or disclosing this information? Yes ☒ No ☒  
If yes, describe:

## Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Plan Member/Guardian/Patient/Plan Member Representative: <u>Lauren Truelove</u>	Date: 11/28/2025
Print Name of Patient/Plan Member's Representative: Lauren Truelove	Relationship to Patient/Plan Member: Self



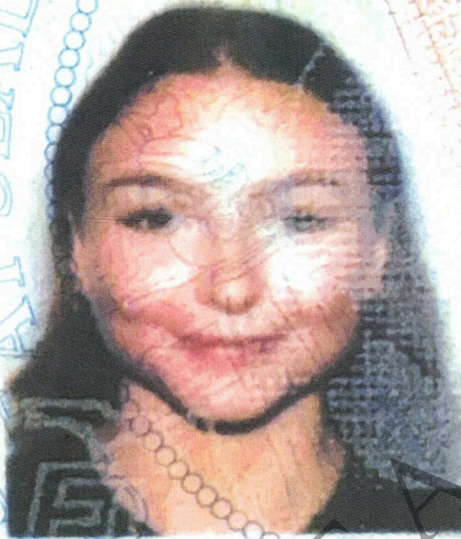
Florida

DRIVER LICENSE



USA

CLASS E



1 TRUE LOVE  
2 LAUREN PATRICIA

3 DOB  
4b EXP  
12 REST

SAFE DRIVER

DONOR

500 P732410250063



*Lauren True Love*

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

**EXHIBIT B**

NOT A CERTIFIED COPY

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mylicca Grabe - M.O.  
1425 South Congress Ave  
Delray Beach FL 33445



9590 9402 8932 4064 0386 52

## 2. Article Number (Transfer from service label)

9589 0710 5270 1020 4220 08

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2020 PSN 7530-02-000-9053

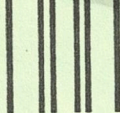
Domestic Return Receipt



USPS TRACKING#



9590 9402 8932 4064 0386 52



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Next Gen Enjune Law  
515 N. Flagler Dr. Suite 300  
West Palm Beach FL 33401

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EXHIBIT C

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515 N. Flagler Dr. Suite 350  
West Palm Beach, Florida 33401  
Chapman@NextGenInjuryLaw.com  
McCann@NextGenInjuryLaw.com

(561)-370-7393

(561)-293-7057

February 18, 2025

**CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED: 9589 0710 5270 1020 5027 24**

Dr. G's Urgent Care Lake Worth LLC  
127 N. Dixie Highway # 4  
Lake Worth Beach, Florida 33460

**CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED: 9589 0710 5270 1020 5027 31**

Mylissa Graber M.D.  
1425 South Congress Ave  
Delray Beach, Florida 33445

Re: Lauren Truelove v. Dr. G's Urgent Care Lake Worth LLC; Mylissa Graber M.D.  
Our File No.: 25-1

**Notice of Intent to Initiate Litigation**

Dear Sir/Madam:

Pursuant to §766.106, Florida Statutes, you are now served by Certified Mail, Return Receipt Requested, a Notice of Intent to Initiate Litigation for Medical Malpractice on behalf of Lauren Truelove, by and through the undersigned attorneys. Pursuant to Florida Rules of Civil Procedure, Rule 1.650(b)(1), this notice serves not only as notice to you, but also to any other prospective defendant who bears a legal relationship to you. It is your obligation to investigate, determine, notify and be aware of those with whom you may have a legal relationship.

To the extent that any potential defendant in this matter may claim sovereign immunity protection under the provisions of Florida Statutes, Chapter 768, this Notice of Claim is sent in fulfillment of Florida Statutes, section 768.28 on behalf of:

Claimant: Lauren Truelove

Address: c/o NextGen Injury Law  
515 N. Flagler Drive, Suite 350  
West Palm Beach, FL 33401

S.S.N.: [REDACTED] 7 (Lauren Truelove)

D.O.B.: 3/24/2002 (Lauren Truelove)

List of Providers and medical records: See medical records provided on the enclosed flash drive.

Amount of adjudicated penalties, fines, fees, victim restitution fund, and other judgments in excess of \$200.00, whether imposed by civil, criminal, or administrative tribunal, owed by claimant to state, its agency, office or subdivision: None.

This matter pertains to an incident which occurred due to medical care provided to Lauren Truelove by the prospective Defendants on November 25, 2024.

On January 28, 2025, Lauren Truelove, by and through her attorneys, requested all of her medical records from Dr. G's Urgent Care Lake Worth LLC and Mylissa Graber M.D. pursuant to Florida Statutes, section 766.204(1) requiring receipt within (10) business days (see attached). The January 28, 2025 letter was received by Dr. G's Urgent Care Lake Worth LLC and Mylissa Graber M.D. on January 31, 2025 (see attached). Despite the clear statutory language to provide medical records to our client within 10 business days, Dr. G's Urgent Care Lake Worth LLC and [REDACTED] D. did not provide the medical records of Lauren Truelove. To date, Dr. G's Urgent Care Lake Worth LLC and Mylissa Graber M.D. have failed to turn over the medical records of Lauren Truelove. The above actions – failing to timely turn over medical records – constitutes a violation of Florida Statutes, section 766.204(1). As a result of this failure, claimant need not provide a written medical corroboration as stated under Florida Statutes, section 766.204(2).

### SUMMARY OF OCCURRENCE

On November 25, 2024, Lauren Truelove presented to Dr. G's Urgent Care Lake Worth LLC due to severe sudden shortness of breath, pain while breathing and moving, and having a high heart rate while at rest. She advised the nurse and physician overseeing her care of these alarming conditions and that this was extremely unusual given she was 22 years old and was a marathon runner. Thus, being very short of breath and having a high heart rate while at rest was extremely unusual for her. She also advised the medical team that she had just been on a flight as she had recently attended a work conference in Nevada. Despite these obvious signs and symptoms of a pulmonary embolism, the nurse and physician negligently diagnosed Lauren as merely having "anxiety" and gave her some albuterol treatments and advised her to take prednisone. She was never told to immediately get emergency care/treatment or that she was experiencing a pulmonary embolism which required immediate treatment.

From November 25, 2024 to November 30, 2025, Lauren continued to experience severe shortness of breath and high heart rate despite taking the medication recommended by Dr. G's Urgent Care. Her condition continued to worsen during this time interval, including becoming extremely short of breath with exertion which was so bad that she was even short of breath while brushing her teeth. She was also unable to do basic daily activities of living. Due to the worsening of her condition, on November 30, 2025, Lauren decided she had to seek treatment again and went to a second urgent care named Cocoa Beach MedFast Urgent Care in Cocoa Beach, Florida. Lauren again advised the urgent care of the same symptoms she was experiencing at Dr. G's Urgent Care: shortness of breath, pain while breathing, and a high heart rate. This time, the APRN overseeing her

care recognized that she was experiencing a pulmonary embolism and advised that she seek ER treatment for further evaluation to rule out a PE/DVT/VTE.

Per the recommendation to go to the ER, on November 30, 2025, Lauren went to Palms West Hospital for Emergency Care and Treatment. During this visit it was discovered that Lauren had a massive “bilateral obstructive pulmonary embolism in the main pulmonary arteries.” The pulmonary embolism was so severe at this point that imaging studies also showed that she had an “enlarged right cardiac ventricle consistent with right heart strain.” Over the course of the next 16 hours, Lauren experienced serious shortness of breath and inability to breathe even on full oxygenation and was sent to the ICU. Due to her declining condition, on December 1, 2024, the medical team overseeing her care elected to perform a mechanical thrombectomy procedure for her massive pulmonary embolism. During this procedure, Lauren coded with acute respiratory failure and hypoxia and emergency resuscitation efforts had to be initiated. Following the procedure, Lauren was taken to the ICU where she awoke with inability to move her left side of the body. The medical team did a CT scan of her brain which also showed her having a right MCA thrombosis. As a result, the medical team planned an emergency helicopter transport to JFK Medical Center where an emergent head thrombectomy procedure was performed. Despite this second thrombectomy, Lauren has permanent left side deficits at the age of 22, including having to relearn how to walk, use her arm, speech impediments, and loss of comprehension.

We contend that Dr. G’s Urgent Care Lake Worth LLC and Mylissa Graber M.D., by and through its/their employees, agents, apparent agents and servants, specifically Mylissa Graber M.D. and Courtney Distefano-Manolas RN, fell below the acceptable standard of care in the diagnosis and treatment of Lauren Truelove. This includes the care and treatment described above, including their failure to diagnose her as having a pulmonary embolism or recommending she seek out immediate ER treatment. As a result of the foregoing deviations from the standard of care, Lauren Truelove suffered injuries, including but not limited to, a delay in diagnosis of her pulmonary embolism which went untreated for over 5 days and caused her to significantly decline, needing multiple surgeries, and causing her to have permanent left side deficits at the age of 22.

In addition to the above, we further contend that Dr. G’s Urgent Care Lake Worth LLC was owned or managed by, in a joint venture with, in partnership with, is the principal of, or is a subsidiary of Mylissa Graber M.D., individually, and, as a result, Mylissa Graber M.D., individually, is responsible for the negligence of Dr. G’s Urgent Care Lake Worth LLC’s employees, agents, apparent agents and servants, including Mylissa Graber M.D. and Courtney Distefano-Manolas RN.

On behalf of Lauren Truelove, we will be bringing forth a claim for all damages afforded under Florida law as a result of the injuries sustained by Lauren Truelove caused by the above-mentioned deviations from the standard of care. This includes past and future pain and suffering, disfigurement, mental anguish, and mental suffering of Lauren Truelove; past and future medical expenses and bills; past and future economic damages, including but not limited to lost wages/earning capacity, and any out-of-pocket expenses.



The undersigned counsel attests that, based on our investigation, there has been a good faith investigation of the subject claim and there is a good faith basis for bringing the instant medical malpractice claim.

Also enclosed are:

- A. Cocoa Beach MedFast Urgent Care Medical Records
- B. HCA Florida Palms West Hospital Medical Records
- C. Medical Specialists of the Palm Beaches Medical Records
- D. Cancer Center of South Florida Medical Records

Additionally, pursuant to Florida Statutes, section 766.106(2)(a), provided below is a list of Lauren Truelove's health providers:

Lauren Truelove's health care providers during the 2-year period prior to the alleged acts of negligence:

None

Lauren Truelove's health care providers subsequent to the alleged acts of negligence:

Cocoa Beach MedFast Urgent Care  
275 W Cocoa Beach Causeway  
Cocoa Beach, Florida 32931

HCA Florida Palms West Hospital  
13001 Southern Blvd  
Loxahatchee, Florida 33470

JFK Medical Center  
5301 S. Congress Ave.  
Atlantis, Florida 33462

Medical Specialists of the Palm Beaches  
140 John F. Kennedy Drive, Suite 140  
Atlantis, Florida 33462

Cancer Center of South Florida  
1630 South Congress Ave. Suite 200  
Palm Springs, Florida 33461

### **AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

Attached is a signed waiver that is specified in Fla. Stat., section 766.1065.

### **REQUEST FOR INSURANCE INFORMATION**

If you carry medical malpractice insurance which provides, or may provide, liability insurance coverage (**including excess or umbrella coverage**) for these claims, please direct this letter immediately to your insurance company. Please consider this letter a demand, pursuant to Florida Statutes, section 627.4137, for a statement from the insurance carrier which provides the following information for any coverage that applies to Dr. G's Urgent Care Lake Worth LLC, Mylissa Graber M.D., Mylissa Graber, individually, Courtney Distefano-Manolas RN, or any other person who treated Lauren Truelove at Dr. G's Urgent Care Lake Worth LLC, or any other entity who has a legal relationship with the above named individuals/entities:

1. The name of each of your insurers, including excess or umbrella coverage;
2. The named insured on each policy which does or may provide coverage to you;
3. The limits of liability coverage on each policy, including excess or umbrella coverage;
4. A statement of any policy or coverage defenses which such insurer reasonably believes is available to such insurer at the time of filing such statement; and
5. A copy of the policy or policies, including excess or umbrella coverage.

### **PRE-SUIT DISCOVERY**

Section 766.106(3)(a), Florida Statutes, provides that no suit shall be filed for a period of 90 days after notice is served upon a prospective defendant. During this 90-day period, you or your insurer are to conduct a good-faith investigation of this claim employing one of the several procedures provided for in the statute. Any unreasonable failure to comply with this section justifies the dismissal of defenses in the event a subsequent lawsuit is filed.

Further, section 766.106(6), Florida Statutes, provides that "[u]pon receipt by a prospective defendant of a notice of claim, the parties shall make discoverable information available without formal discovery. Failure to do so is grounds for dismissal of claims or defenses ultimately asserted."

**Accordingly, I ask that within twenty (20) days from the date of this letter, you or your representative respond in writing to the requests below and forward the following materials to my office. Please consider this letter a formal request,**

**pursuant to Florida Statutes, section 766.106(6)(b)2, for you to produce the following items for inspection and copying:**

1. Color laser copies of all photographs, videos, or radiology studies in your possession of Lauren Truelove. Any imaging studies may be provided via CD in lieu of hard copies.
2. Color laser copies of all original medical records, medical bills, correspondence complete charts, cytology reports, cytology specimens, pathology reports, pathology specimens, pathology logs, paraffin materials, pathology slides (originals and recuts), x-rays, radiographic images, MRIs, CTs, intraoperative photos, raw data, audit trails, meta-data, intrapartum flow sheets, electronic records including nursing and EEG tracings and any other tangible data which pertains or relates in any way to the care, treatment or services rendered by you or anyone else to Lauren Truelove at any time.
3. Copies of any and all rules, regulations, policies, procedures, protocols and bylaws, or other written documentation pertaining to the treatment of urgent care patients maintained by you which were in effect on November 25, 2024.
4. Copies of all bills or statements for medical services rendered to or for the benefit of Lauren Truelove together with all documentation reflecting payment of such bills.
5. Copies and/or screen grabs of any audit trail history showing who has accessed and/or reviewed Lauren Truelove's chart and medical records.
6. All photographs, videotape or slides of Lauren Truelove, including all photographs and videotapes of all diagnostic testing, radiographic testing, tissue specimens, wound sites, operations and operative sites maintained by you.
7. Any and all incident reports related to Lauren Truelove.
8. Any and all policies and procedures regarding pulmonary embolisms that were in effect on November 25, 2024.
9. Any and all documents, not in the medical records, created by you, your nurses, doctors, employees, agents or at your request regarding Lauren Truelove prior to the receipt of the Notice of Intent in this case.
10. Any and all policies and procedures discussing how medical care is to be rendered to patients at Dr. G's Urgent Care Lake Worth LLC that were in effect on November 25, 2024.
11. Any and all policies and procedures governing how, where, when, or why medical care is to be rendered by any physician or nurse at Dr. G's Urgent Care Lake Worth LLC that were in effect on November 25, 2024.

12. Any and all records, reports, or memoranda of any kind relating to the care rendered to Lauren Truelove that were prepared by or generated by any peer review, risk management, quality assurance, credentials or similar committee, or any representative of such committee.

13. Any records, reports, or memoranda of any kind relating to the care rendered to Lauren Truelove that were reported to any governmental agency, regulatory body or licensing authority, including, but not limited to, any such records or reports submitted to the Agency for Health Care Administration, the Joint Commission on the Accreditation of healthcare Organizations, Medicare, Medicaid.

14. Any and all employment, partnership, independent contractor, or other professional contracts entered into between Dr. G's Urgent Care Lake Worth LLC (or any other name in which this company operated) and Mylissa Graber M.D. who treated and/or supervised treatment to Lauren Truelove on November 25, 2024, which were in effect on November 25, 2024.

15. Any and all employment, partnership, independent contractor, or other professional contracts entered into between Dr. G's Urgent Care Lake Worth LLC (or any other name in which this company operated) and Courtney Distefano-Manolas RN who treated and/or supervised treatment to Lauren Truelove on November 25, 2024, which were in effect on November 25, 2024.

16. Please provide copies of all insurance policies that may apply to this action, including any umbrella or excess insurance policies, including any that apply to:

- a. Dr. G's Urgent Care Lake Worth LLC
- b. Mylissa Graber M.D.
- c. Courtney Distefano-Manolas RN

17. Provide any adverse incident reports related to the medical care of Lauren Truelove on November 25, 2024. (Incident reports are not protected due to the constitution, and failure to provide them claiming a bogus privilege is a direct violation of the constitution and constitutes unethical abuse of process by anyone refusing to provide such incident reports).

18. Provide any agreements that you contend require Lauren Truelove to engage in alternative methods of litigation (e.g. Arbitration Agreement) as opposed to initiation of a lawsuit.

19. Provide all evidence and documentation as to the authority of the person that agreed to any such arbitration agreement indicating the person had the legal authority, such as any copies of durable powers of attorney.

20. Please produce all documents (e.g. pay stubs, billing summaries, professional fee agreements, etc..) which evidence whether Dr. G's Urgent Care Lake Worth LLC (or any other Dr. G's Urgent Care entity) has paid a salary, financial expenses, or any money for



services (*i.e.* medical care, training, treatment, teaching, etc..) performed by Mylissa Graber M.D. in 2024.

21. Please produce all documents (*e.g.* pay stubs, billing summaries, professional fee agreements, etc..) which evidence whether Dr. G's Urgent Care Lake Worth LLC (or any other Dr. G's Urgent Care entity) has paid a salary, financial expenses, or any money for services (*i.e.* medical care, training, treatment, teaching, etc..) performed by Courtney Distefanos-Manolas RN in 2024.

22. Please produce all insurance policies (**including all underlying, excess, or umbrella policies**) that are in your possession, custody, or control that exist for this claim for the following entities or individuals:

- a. Dr. G's Urgent Care Lake Worth LLC
- b. Mylissa Graber M.D.
- c. Courtney Distefanos-Manolas RN

23. Please produce employment, independent contractor, partnership, or joint venture agreements, or other contracts or agreements, maintained between Dr. G's Urgent Care Lake Worth LLC and the following individuals and entities that were in effect on November 25, 2024:

- a. Mylissa Graber M.D.
- b. Mylissa Graber, individually
- c. Courtney Distefanos-Manolas RN

24. Please produce the C.V. and license for Mylissa Graber M.D.

25. Please produce the C.V. and license for Courtney Distefanos-Manolas RN.

26. Please produce any documents which evidence how many patients were seen at Dr. G's Urgent Care Lake Worth LLC on November 25, 2024 (please redact all patient names or other confidential information so that this can be provided).

27. Please produce any documents that evidence the date and time Lauren Truelove arrived and left Dr. G's Urgent Care Lake Worth LLC on November 25, 2024.

28. Please produce all meta-data stored (*e.g.* electronic/computer information) on any computer or software program that pertains to Lauren Truelove's November 25, 2024 visit at Dr. G's Urgent Care Lake worth LLC.

29. Please produce all handwritten or paper documents that Lauren Truelove completed or any medical provider completed as it pertains to Lauren Truelove's November 25, 2024 visit at Dr. G's Urgent Care Lake Worth LLC.

30. Please provide the entire employment file/hiring file/disciplinary file for Mylissa Graber M.D. maintained by Dr. G's Urgent Care Lake Worth LLC.

31. Please provide the entire employment file/hiring file/disciplinary file for Courtney Distefano-Manolas RN maintained by Dr. G's Urgent Care Lake Worth LLC

**Also pursuant to Florida Statutes, section 766.106, please provide responses to the following request for information:**

1. Please state the name, address, occupation and employer of the person or persons investigating this claim and the specific investigative procedure used to evaluate this claim, as prescribed in §766.106(3)(a), Florida Statutes.
2. Please provide the full names and present addresses of all witnesses to your treatment of Lauren Truelove on November 25, 2024 and all persons having knowledge of such treatment. In addition to their names and present addresses, please briefly indicate each individual's interest in this matter, i.e., treating nurse, referring physician, eye-witness, etc., and the subject matter of their statement.
3. Considering everything you know regarding Lauren Truelove, and the condition for which you rendered treatment, state whether or not, in your opinion, any adverse outcome alleged by the claimant could have been avoided had some step been taken by Mylissa Graber M.D. or Courtney Distefano-Manolas RN?
4. Please state the name, profession, and professional address of each person who has submitted an opinion, written or otherwise, related to this matter. Please provide a copy of such written report or opinion.
5. Please state the name and address of your medical malpractice insurance carrier, as well as the type and amount of coverage available to you as protection against this claim. If insurance coverage is not available, please explain the method of compliance with Florida Financial Responsibility Statute Florida Statute §458.320 that will protect against loss of your Florida Medical License.
6. Indicate whether the records for the treatment of Lauren Truelove are available to be copied in an electronic format (pdf).
7. Do you contend that the actions or omissions of any person or entity caused or contributed to the injuries of Lauren Truelove? 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 such person or entity of your contention.
8. Do you contend that any person or entity is or may be liable in whole or in part to you for damages resulting from the injuries of Lauren Truelove? If so, state the full name and address of each such person or entity, the legal basis for the contention, the facts or evidence upon which the contention is based, and whether or not you have notified each such person or entity of the contention.

9. Do you know of any statement or remark made by Lauren Truelove, her mother, or any family member or representative of Lauren Truelove, concerning any of the medical care rendered to Lauren Truelove? If so, state the name, address, telephone number and last known employer of each person who heard the statement(s), and the date, time, place and precisely what allegedly said in each statement.

10. Do you know of any statement or remark made to Lauren Truelove, her mother, or any family member or representative of Lauren Truelove, concerning any medical care rendered to Lauren Truelove? If so, state the name, address, telephone number and last known employer of each person who heard the statement(s), and the date, time, place and precisely what allegedly said in each statement.

11. Will you provide the opportunity to inspect and examine the original chart which pertains or relates in any way to the care and treatment or services rendered by you or anyone else to Lauren Truelove?

12. Please state whether Mylissa Graber M.D. is currently an employee of Dr. G's Urgent Care Lake Worth LLC. Was Mylissa Graber M.D. an employee of Dr. G's Urgent Care Lake Worth LLC on November 25, 2024? If yes, was Mylissa Graber M.D. in the course and scope of that employment when treating and/or supervising care rendered to Lauren Truelove on November 25, 2024?

13. Please state whether Courtney Distefano-Manolas RN is currently an employee of Dr. G's Urgent Care Lake Worth LLC. Was Courtney Distefano-Manolas RN an employee of Dr. G's Urgent Care Lake Worth LLC on November 25, 2024? If yes, was Courtney Distefano-Manolas RN in the course and scope of that employment when she provided care and treatment to Lauren Truelove on November 25, 2024?

14. Please state whether your law office represents any of these individuals or entities. If you do not represent them, please advise if you know whether they are represented by counsel and the name and address of such counsel:

- a. Mylissa Graber M.D.
- b. Dr. G's Urgent Care Lake Worth LLC
- c. Courtney Distefano-Manolas RN

15. Please identify the computer system, ipad, or laptop (e.g. Windows or Mac, desktop, laptop, tablet) that was utilized by either Mylissa Graber M.D. or Courtney Distefano-Manolas RN to chart and record the visit of Lauren Truelove on November 25, 2024.

16. Please identify the type of electronic health record software (e.g. epic, etc.) that was utilized by Dr. G's Urgent Care Lake Worth LLC to chart and record the visit of Lauren Truelove on November 25, 2024.

17. Please state whether Mylissa Graber M.D. was the owner of Dr. G's Urgent Care Lake Worth LLC as of November 25, 2024. If she was an owner, please state the percentage

of ownership she had of Dr. G's Urgent Care Lake Worth LLC as of November 25, 2024 and as of present day.

18. Please state whether any other individual or entity had ownership or management interest in Dr. G's Urgent Care Lake Worth LLC as of November 25, 2024. If multiple individuals or entities, please state the percentage of ownership each had of Dr. G's Urgent Care Lake Worth LLC as of November 25, 2024 and as of present day.

19. Please state whether Mylissa Graber M.D. was managing (i.e. handled hiring/firing of medical providers, billing, record keeping) Dr. G's Urgent Care Lake Worth LLC as of November 25, 2024. If no, please state the name of the individual who was responsible for these tasks at Dr. G's Urgent Care Lake Worth LLC as of November 25, 2024.

20. Please state the date that Courtney Distefano-Manolas RN stated working at Dr. G's Urgent Care Lake Worth LLC and the rate of pay for when she worked at Dr. G's Urgent Care Lake Worth LLC.

The purpose of this 90-day investigatory period is to allow all parties concerned an opportunity to determine the validity of a claim, fairly assess the extent of damages, and, hopefully, resolve the matter without the necessity of a lawsuit. I intend to fully cooperate with you and your agents; therefore, I expect reciprocity. In the event you or your representatives fail to fully comply with the requirements contained within this statute, then I will move to strike any and all defenses raised in response to a lawsuit, if one is ultimately filed.

You are now notified that a Notice of Intent to Initiate Litigation has also been sent to the above-named potential Defendants, covering this same incident. Thank you for your cooperation. I look forward to hearing from you.

Sincerely,

/s/ Thomas J. Chapman

THOMAS J. CHAPMAN, ESQ.  
TJC/EM

Enclosures on flash drive:

*10 day letters, green cards*

*Medical Authorization Form*

*Medical Records and Billing Records for Lauren Truelove*

I HEREBY CERTIFY that the foregoing was served by certified mail, return receipt requested, this 18th day of February 2025, to the above named and that a good faith investigation was made regarding the allegations of medical malpractice.

/s/ Thomas J. Chapman

Thomas J. Chapman



**EXHIBIT D**

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## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Myliisa Graser M.D.  
1425 South Congress Ave.  
Delray Beach FL 33445



9590 9402 9269 4295 8579 45

## 2. Article Number (Transfer from service label)

9589 0710 5270 1020 5027 31

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

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| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
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| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
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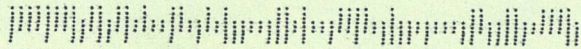
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