

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA**

CASE NO. 0:17-CV-61920

EVAGELIA ANGELAKOPOULOS,  
Individually and on behalf of  
all other similarly situated,  
Plaintiff(s), CLASS REPRESENTATION

vs.  
SYNDICATED OFFICE SYSTEMS, LLC,  
D/B/A CENTRAL FINANCIAL CONTROL,  
Defendant.

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**PLAINTIFF'S COMPLAINT**

COMES NOW the Plaintiff, EVAGELIA ANGELAKOPOULOS (hereinafter "Plaintiff"), by and through her undersigned attorney, individually and on behalf of all others similarly situated, files this Complaint and sues the Defendant, SYNDICATED OFFICE SYSTEMS, LLC, D/B/A CENTRAL FINANCIAL CONTROL, (hereinafter referred to as the "Defendant" or "SYNDICATED"), for damages and temporary and permanent injunctive relief and other relief pursuant to the Federal Fair Debt Collection Practices Act (hereinafter "FDCPA") and the Florida Consumer Collection Practices Act (hereinafter "FCCPA") and in support thereof alleges:

**ALLEGATIONS COMMON TO ALL COUNTS**

1. The Court has original jurisdiction in this action by virtue of 28 U.S.C. §1331 because the matter in dispute involves a federal law arising under the Constitution, laws, or treatises of the United States, to wit: the FDCPA, 15 U.S.C. §1692. The Court has supplemental jurisdiction over the state law claims pursuant to 28 U.S.C. §1367(a), as the other claims are so related to claims in the action within such original jurisdiction that they form part of the same case or controversy under Article III of the United States Constitution.
2. Venue is proper in this District under 28 U.S.C. §1391(b) because the allegations herein relate to Defendant's transactions in this District, and its infliction of injury on Plaintiff in the State of Florida. This is the judicial district in which a substantial part of the events or omissions giving rise to the claim occurred, or a substantial part of property that is the subject of the action is situated.

3. This is an action for damages and other relief for violation of the FDCPA 15 U.S.C. §1692, et seq, and the FCCPA, Chapter 559, F.S.,
4. Defendant SYNDICATED OFFICE SYSTEMS, LLC, does business under the fictitious name CENTRAL FINANCIAL CONTROL.
5. At all times material hereto, the Plaintiff is a resident of this district in Palm Beach County, Florida, and is sui juris.
6. At all times material hereto, the Plaintiff is a consumer pursuant to the FDCPA in that he is a natural person obligated or allegedly obligated to pay a consumer debt: to wit, a bill for personal medical services.
7. At all times material hereto, the Defendant is a debt collector within the meaning of §1692a (6) of the FDCPA in that: the Defendant used instrumentalities of interstate commerce and the mails in their business the principal purpose of which is the collection of debts; and, the Defendant regularly collects or attempts to collect, directly or indirectly, debts owed or due or asserted to be owed or due another.
8. At all times material hereto, the debt the Defendant was attempting to collect was an obligation or alleged obligation of the Plaintiff to pay money arising out of a transaction in which the money, property, insurance, or services which are the subject of the transaction are primarily for personal, family, or household purposes, whether or not such obligation had been reduced to judgment within the meaning of the FDCPA 15 U.S.C. §1692a(5) and §559.55(6) F.S., to wit: a bill for personal medical services.
9. The alleged debt the Defendant attempted to collect from the Plaintiff is due to, owed to, and owned by, another: Palm Beach Gardens Medical Center. The debt was not due to, owed to, or owned by, the Defendant.
10. The alleged debt the Defendant attempted to collect from the Plaintiff was in default at the time the Defendant received the debt from the original creditor for purposes of collecting the debt.

11. The Defendant used the United States Postal Service in their attempt to collect the alleged debt from the Plaintiff by multiple written debt collection demands to the Plaintiff.

### **CLASS ACTION ALLEGATIONS**

12. Plaintiff brings this case as a class action pursuant to Rule 23, Fed.R.Civ.P.
13. There are questions of law and fact common to each class, which common issues predominate over any issues peculiar to individual class members. The principal common questions are:
  - a. Whether the Defendant violated 15 U.S.C. §1692c by directly contacting the consumer after the consumer notified the debt collector in writing that the consumer refuses to pay a debt or that the consumer wishes the debt collector to cease further communication with the consumer.
  - b. Whether the Defendant violated F.S. §559.72 (18), 15 U.S.C. §1692b (6), and 15 U.S.C. §1692c (a)(2), by directly contacting the consumer debtor after the debt collector knows such person is represented by an attorney with regard to the debt.
14. (i) Approximate Number of Class Members: The members of the class are so numerous that separate joinder of each member is impracticable. The approximate number of class members is unknown but is reasonably expected to be in the thousands or tens of thousands.
15. The Defendant, SYNDICATED, specializes in collecting consumer medical debt and furnishes information relating to consumers to consumer reporting agencies. It does business under the fictitious name CENTRAL FINANCIAL CONTROL and is a third party debt collector with offices in multiple states and is a subsidiary of Conifer Health Solutions. It routinely attempts to collect thousands of delinquent accounts worth millions of dollars and routinely uses instrumentalities of interstate commerce or the mails in any business the principal purpose of which is the collection of any debts and because it regularly collects or attempts to collect, directly or indirectly, debts owed or due or asserted to be owed or due another. The Defendant has been the target of legal action by the US Consumer Financial Protection Bureau (CFPB) for violations of the FDCPA.
16. The violation of FDCPA and the FCCPA are the result of the Defendant's failure to:
  - a. Develop and implement policies and procedures to comply with the FDCPA.
  - b. Provide sufficient staffing, facilities, systems, and information necessary to timely and accurately document and respond to disputes.
  - c. Employ qualified and experienced personnel to provide legal oversight regarding their obligations to timely respond to disputes and comply with the FDCPA.

17. (ii) Definition of the Alleged Class(es): There are two (2) classes and they are defined as follows:
- a. The First Class (the “DISPUTE Class”) consists of all persons who satisfy the following criteria.
    - (i) Florida residents;
    - (ii) That the Defendant continued to contact after the consumer notified the debt collector in writing that the consumer refuses to pay a debt or that the consumer wishes the debt collector to cease further communication with the consumer;
    - (iii) During the one year period prior to the filing of the complaint in this action.
  - b. The Second Class (the “IMPROPER CONTACT Class”) consists of all persons who satisfy the following criteria.
    - (i) Florida residents;
    - (ii) That the Defendant continued to contact after the consumer notified the debt collector in writing that the consumer was represented by an attorney;
    - (iii) During the one year period prior to the filing of the complaint in this action.
18. (iii) The Representative Party Will Fairly and Adequately Protect and Represent the Interests of Each Member of the Class: The Plaintiff will fairly and adequately represent the interests of the class members.
19. The Plaintiff has retained counsel experienced in prosecuting consumer protection matters and there is no reason why Plaintiff and her counsel will not vigorously pursue this matter.
20. (b)(1)(A) The prosecution of separate claims or defenses by or against individual members of the class would create a risk of inconsistent or varying adjudications concerning individual members of the class which would establish incompatible standards of conduct for the party opposing the class.
21. (b)(1)(B) Adjudications concerning individual members of the class which would, as a practical matter, be dispositive of the interests of other members of the class who are not parties to the adjudications, or substantially impair or impede the ability of other members of the class who are not parties to the adjudications to protect their interests.
22. (b)(2) The Defendant has acted or refused to act on grounds generally applicable to all the members of the class, thereby making final injunctive relief or an award of damages concerning the class as a whole appropriate. Plaintiff's claims are typical of the claims of all of the members of all Classes who were the subject of improper debt collection activities and communications from the Defendant in violation of the law. The Defendant has acted on grounds which are generally applicable to the Classes, in that they have acted in a uniform manner with respect to all members of the Classes. The Plaintiff and the members of the Classes have sustained similar damages and violations of their rights as a result of the actions of the Defendant and are requesting similar relief.

23. (b)(3) The questions of law or fact common to the claims of the representative party and the claims of each member of the class predominate over any question of law or fact affecting only individual members of the Classes, and class representation is superior to other available methods for the fair and efficient adjudication of the controversy. The principal common questions include:
1. Whether the Defendant violated 15 U.S.C. §1692c by directly contacting the consumer after the consumer notified the debt collector in writing that the consumer refuses to pay a debt or that the consumer wishes the debt collector to cease further communication with the consumer.
  2. Whether the Defendant violated F.S. §559.72 (18), 15 U.S.C. §1692b (6), and 15 U.S.C. §1692c (a)(2), by directly contacting the consumer debtor after the debt collector knows such person is represented by an attorney with regard to the debt.

**COUNT I VIOLATION OF THE FDCPA 15 USC §1692c**

24. Plaintiff readopts and realleges allegations 1 through 23, inclusive, as if fully set forth herein.
25. In addition to all other counts of this complaint or in the alternative to them, the Plaintiff, individually and on behalf of all others similarly situated, sues Defendant SYNDICATED for violation of FDCPA 15 U.S.C. §1692c.
26. On 5/30/2017, the Defendant sent a debt collection communication to the Plaintiff, which the Plaintiff received. Said debt collection communications from SYNDICATED concerned a consumer debts for personal medical services for the Plaintiff. A copy of this communication is attached as Exhibit "A".
27. On 7/5/2017, Counsel for the Plaintiff notified the Defendant by written letter faxes to the Defendant that he represented the Plaintiff in regards to this debt, that the Plaintiff disputed the debt, and that they were to contact the attorney and not the Plaintiff in reference to this debt from now on. A copy of this faxed communication is attached as Exhibit "B".
28. On 8/8/2017, the Defendant sent a response letter to the Plaintiff's counsel, which counsel received, acknowledging the receipt of his dispute letter, representing that they had investigated the dispute, and requesting HIPPA forms be submitted to release any more information. A copy of this communication is attached as Exhibit "C".
29. On 8/9/2017, the Defendant sent another collection demand letter directly to the Plaintiff, which the Plaintiff received, seeking to collect the debt. The Defendant did not have permission or authority to directly contact the Plaintiff and the Plaintiff or her counsel had notified the Defendant that she disputed the debt and demanded that the Defendant cease contacting her concerning this debt. A copy of this communication is attached as Exhibit "D". This letter was in violation of FDCPA 15 U.S.C. §1692c.

30. The Plaintiff and the members of the DISPUTE Class have suffered damages by virtue of the violations of the law by Defendant and will continue to suffer those damages until the Court takes affirmative action against the Defendant to halt said violation.

WHEREFORE, The Plaintiff and the members of the DISPUTE Class demand trial by jury and judgment against Defendant SYNDICATED for:

1. Statutory damages pursuant to 15 U.S.C. §1692k.
2. Such additional damages as the court may allow for each plaintiff/class member up to \$1,000.00 pursuant to 15 U.S.C. § 1692k.
3. The amount the court may allow for all other class members, without regard to a minimum individual recovery, not to exceed the lesser of \$500,000 or 1 per centum of the net worth of the debt collector pursuant to 15 U.S.C. § 1692k.
4. Temporary and permanent injunctive relief prohibiting further such violations of the law.
5. Attorney's fees and costs pursuant to 15 U.S.C. § 1692k.
6. Such other and further relief in the premises that the Court deems appropriate.

**COUNT II CLAIM FOR VIOLATION OF  
F.S. §559.72 (18), 15 U.S.C. §1692b (6), and 15 U.S.C. §1692c (a)(2)**

31. The Plaintiffs reallege allegations 1 through 23 as if fully set forth herein.
32. In addition or in the alternative to the other counts in this Complaint, the Plaintiff sues the Defendant SYNDICATED for injunctive relief and damages for violation of F.S. §559.72 (18), 15 U.S.C. §1692b (6), and 15 U.S.C. §1692c (a)(2).
33. On 5/30/2017, the Defendant sent a debt collection communication to the Plaintiff, which the Plaintiff received. Said debt collection communications from SYNDICATED concerned a consumer debts for personal medical services for the Plaintiff. A copy of this communication is attached as Exhibit "A".
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36. On 8/9/2017, the Defendant sent another collection demand letter directly to the Plaintiff, which the Plaintiff received, seeking to collect the debt. The Defendant did not have permission or authority to directly contact the Plaintiff and the Plaintiff or her counsel had notified the Defendant that she disputed the debt and demanded that the Defendant cease contacting her concerning this debt. A copy of this communication is attached as Exhibit "D". This letter was in violation of FD CPA 15 U.S.C. §1692c.

37. The Plaintiff and the members of the IMPROPER CONTACT Class have suffered damages by virtue of the violations of the law by Defendant and will continue to suffer those damages until the Court takes affirmative action against the Defendant to halt said violations.

WHEREFORE, The Plaintiff and the members of the DISPUTE Class demand trial by jury and judgment against Defendant SYNDICATED for:

1. Statutory damages pursuant to 15 U.S.C. §1692k.
2. Such additional damages as the court may allow for each plaintiff/class member up to \$1,000.00 pursuant to 15 U.S.C. § 1692k.
3. The amount the court may allow for all other class members, without regard to a minimum individual recovery, not to exceed the lesser of \$500,000 or 1 per centum of the net worth of the debt collector pursuant to 15 U.S.C. § 1692k.
4. Attorney's fees and costs pursuant to 15 U.S.C. § 1692k.
5. Statutory damages pursuant to F.S. §559.77.
6. Punitive damages pursuant to F.S. §559.77.
7. Injunctive relief enjoining the Defendant from further violations of F.S. §559.77.
8. Such other and further relief in the premises that the Court deems appropriate.

/s/ John J.R. Skrandel, FL Bar #120413  
Jerome F. Skrandel, PL  
Counsel for Plaintiff EVAGELIA ANGELAKOPOULOS  
300 Prosperity Farms Road, Suite D  
North Palm Beach, FL 33408-5212  
Phone (561)863-1605 Fax (561)863-1606  
Email JFSPA@MSN.COM

The Plaintiff requests trial by jury.

/s/ John J.R. Skrandel  
FL Bar #120413

Central Financial Control  
 BOX 830913 (Use mail address below)  
 Birmingham, AL 35283-0913  
 CHANGE SERVICE REQUESTED

**Customer Service 1(800) 300-7192**  
**Monday-Friday 9:00AM to 4:30PM**  
**Account Specialist is Sue Foster**

May 30, 2017  
**EVAGELIA ANGELAKOPOULOS**  
 Facility: Palm Beach Gardens Medical Center  
 Account Number: 02805458784  
 Patient Reference Number: 023096613  
 Date(s) of Service: 10/12/2016 - 10/12/2016  
 Message ID: 01

#BWNHDKX  
 #0331660000520016#



005830

EVAGELIA ANGELAKOPOULOS  
 4221 EMPRESS ST  
 PALM BEACH GARDENS FL 33410-5836

Account Summary	
Current Balance	\$550.00

**IMPORTANT INFORMATION**

This has been sent by a debt collector, Central Financial Control. This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.

Your account(s) has been placed with Central Financial Control for collection of the current balance above.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor. You may submit a debt validation request or account dispute using any of the following:

- By Mail: Central Financial Control, PO Box 660873, Dallas, TX 75266-0873
- By Fax: 1-714-937-3427
- By Phone: 1-888-233-7880 Monday - Friday 8:00am - 5:00pm CT

See reverse side for more important information...

Detach and return bottom portion with payment. Please make checks or money orders payable in U.S. funds to Central Financial Control and include your account number.

Q0721723 033166000052001 652841

May 30, 2017

**EVAGELIA ANGELAKOPOULOS**  
 Account Number: 02805458784  
 Patient Reference Number: 023096613  
 Date(s) of Service: 10/12/2016 - 10/12/2016

**Phone: Central Financial Control**  
 Customer Service 1(800) 300-7192  
 Monday-Friday 9:00AM to 4:30PM  
 Account Specialist is Sue Foster

**DUE DATE**  
**UPON RECEIPT**

**CURRENT BALANCE**  
**\$550.00**

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER:			EXP. DATE (E.G. 11/19)
CARDHOLDER SIGNATURE			SECURITY CODE
CARDHOLDER NAME (please print)			CARDHOLDER PHONE #

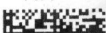
AMOUNT AUTHORIZED / ENCLOSED \$ \_\_\_\_\_

**REMIT PAYMENT TO:**

Central Financial Control  
 PO BOX 66044  
 ANAHEIM, CA 92816-6044



Please check box if address above is incorrect or insurance information has changed, and indicate change(s) on reverse side.





Important information continued from front...

All calls may be monitored or recorded.

Please note that the amount owed may increase or decrease depending on any amount that is or is not covered by health insurance or other third party coverage for medical services received from Palm Beach Gardens Medical Center; the same medical services that form the basis of this debt.

**Changes to Personal Information**

**IMPORTANT! Information Updates**

If your address or insurance information is incorrect, please indicate change(s) below, and mail back in the provided envelope.

**Any check sent as payment in full in relation to a billing dispute must be sent to:**  
Central Financial Control \* PO BOX 660873 \* DALLAS TX 75266-0873

**Your Updated Mailing Address**

MAILING ADDRESS		APT #	CITY
STATE	ZIP CODE	TELEPHONE #	CELL # (OPTIONAL)

**Your Updated Insurance Information**

PATIENT NAME EVAGELIA ANGELAKOPOULOS		PATIENT REFERENCE # 023096613	
INSURANCE COMPANY NAME			
INSURED'S NAME (If not patient)	EFFECTIVE DATE	INSURANCE ID #	GROUP # PLAN #
RELATIONSHIP OF PATIENT TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEP.CHILD <input type="checkbox"/> OTHER	INSURED'S PHONE #	INSURED'S CELL # (OPTIONAL)	
INSURED'S EMPLOYER'S NAME	EMPLOYER'S PHONE NUMBER #		
INSURED'S DATE OF BIRTH	OTHER INFORMATION		



THE LAW OFFICES OF  
**JEROME F. SKRANDEL, PL**  
JOHN J. R. SKRANDEL

July 5, 2017

Central Financial Control  
P.O. Box 660873  
Dallas, TX 75266-0873

Phone 1-888-233-7880  
Fax 1-714-937-3427

Sir or Madame:

Please be advised that this office represents Evagelia Angelakopoulos who has received a debt collection communication from your firm, a copy of which is attached.

Pursuant to the Fair Debt Collection Practices Act you are hereby notified that my client disputes the validity of this debt and you are hereby directed to:

1. Cease any and all further communication with my client; and,
2. Provide this office with verification of the purported debt; and,
3. Provide copies of any previous written communications to my client; and,
4. Provide the name and address of the original creditor; and,
5. Provide the name and address of the current creditor.

Sincerely,

/s/ **John J.R. Skrandel**, Esquire

By Fax-Total 3 pages

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Birmingham, AL 35283-0913  
CHANGE SERVICE REQUESTED

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May 30, 2017  
EVAGELIA ANGELAKOPOULOS  
Facility: Palm Beach Gardens Medical Center  
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005830

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Current Balance \$550.00

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105234

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Q0721723 033166000052001 652841

May 30, 2017

EVAGELIA ANGELAKOPOULOS  
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Patient Reference Number: 023096613  
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Phone: Central Financial Control  
Customer Service 1(800) 300-7192  
Monday-Friday 9:00AM to 4:30PM  
Account Specialist is Sue Foster

DUE DATE  
UPON RECEIPT

CURRENT BALANCE  
\$550.00

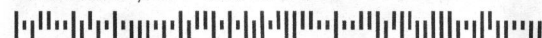
IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER:		EXP. DATE (E.G. 11/19)	
CARDHOLDER SIGNATURE		SECURITY CODE	
CARDHOLDER NAME (please print)		CARDHOLDER PHONE #	

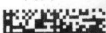
AMOUNT AUTHORIZED / ENCLOSED \$ \_\_\_\_\_

REMIT PAYMENT TO:

Central Financial Control  
PO BOX 66044  
ANAHEIM, CA 92816-6044



Please check box if address above is incorrect or insurance information has changed, and indicate change(s) on reverse side.



Important information continued from front...

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MAILING ADDRESS		APT #	CITY
STATE	ZIP CODE	TELEPHONE #	CELL # (OPTIONAL)

**Your Updated Insurance Information**

PATIENT NAME EVAGELIA ANGELAKOPOULOS		PATIENT REFERENCE # 023096613	
INSURANCE COMPANY NAME			
INSURED'S NAME (If not patient)	EFFECTIVE DATE	INSURANCE ID #	GROUP # PLAN #
RELATIONSHIP OF PATIENT TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEP.CHILD <input type="checkbox"/> OTHER	INSURED'S PHONE #	INSURED'S CELL # (OPTIONAL)	
INSURED'S EMPLOYER'S NAME	EMPLOYER'S PHONE NUMBER #		
INSURED'S DATE OF BIRTH	OTHER INFORMATION		

HP LaserJet 3050

# Fax Call Report



HP LASERJET FAX

Jul-5-2017 14:28

Job	Date	Time	Type	Identification	Duration	Pages	Result
3743	7/ 5/2017	14:21:07	Send	17149373427	7:20	3	OK



THE LAW OFFICES OF  
**JEROME F. SKRANDEL, PL**  
 JOHN J. R. SKRANDEL

July 5, 2017

Central Financial Control  
 P.O. Box 660873  
 Dallas, TX 75266-0873

Phone 1-888-233-7880  
 Fax 1-714-937-3427

Sir or Madame:

Please be advised that this office represents Evagelia Angelakopoulos who has received a debt collection communication from your firm, a copy of which is attached.

Pursuant to the Fair Debt Collection Practices Act you are hereby notified that my client disputes the validity of this debt and you are hereby directed to:

1. Cease any and all further communication with my client; and,
2. Provide this office with verification of the purported debt; and,
3. Provide copies of any previous written communications to my client; and,
4. Provide the name and address of the original creditor; and,
5. Provide the name and address of the current creditor.

Sincerely,

/s/ **John J.R. Skrandel**, Esquire

By Fax-Total 3 pages



Central Financial Control

P.O. Box 660873  
Dallas, TX 75266-0873

(888)233-7880 Phone  
(714)937-3427 Fax

August 8, 2017

Law Offices of  
Jerome F. Skrandel, PL  
300 Prosperity Farms Road, Suite D  
North Palm Beach, FL 33408

**Re: Evangelia Angelakopoulos**  
**CFC Account No: 2805458784**

Dear Mr. Skrandel:

Our office has received your letter on 06/05/2017 of representation with correspondence regarding your client, Evangelia Angelakopoulos. This letter provides the minimal information necessary to respond to your letter without violating the mandates of the Health Insurance Portability and Accountability Act of 1996.

After investigating the dispute, we are able to validate the debt.

The aforementioned account results from services rendered by our client, Palm Beach Gardens Medical Center. Your client received a copy of the Conditions of Services at the time services were rendered, which outlines her financial responsibilities for services rendered by our client.

The outstanding balance on this account is \$550.00.

Our investigation of your clients account is complete, however, due to the mandates of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are requesting that your client sign and complete the enclosed HIPAA Authorization form which authorizes our office to release or communicate any further information to or with your office.

Upon receipt of this completed authorization, we will respond accordingly to any further requests from your office.

Sincerely,

Tiffany Lane  
Inquiry Resolution Specialist

This is an attempt to collect a debt by a debt collector; any information obtained will be used for that purpose

Any call may be monitored or recorded for quality assurance.

Enclosure: HIPAA Authorization Form

**AUTHORIZATION TO USE AND DISCLOSE  
PROTECTED HEALTH INFORMATION**

	<u>Last</u>	<u>First</u>	<u>Middle</u>
1	<b>Patient Name:</b>		
	<b>Home Address:</b>		
	<b>Home Telephone:</b>		
	<b>Date of Birth:</b>		
	<b>Social Security Number:</b>		
	<b>Account Number(s):</b>		
	<b>Hospital/Facility:</b>		
2	<b>Specify Information to be Disclosed:</b> _____		
	_____		
	<input type="checkbox"/> Billing records for date(s) of service: _____		
	<input type="checkbox"/> Medical records for date(s) of service: _____		
	<input type="checkbox"/> Other: _____		
3	By applying a check next to a category of <b>highly confidential</b> information listed below and signing on the appropriate line after the checked box, I specifically authorize the use and/or disclosure of the type of highly confidential information indicated next to my signature, if any such information will be used or disclosed pursuant to this Authorization:		
	<input type="checkbox"/> Mental Illness _____		
	<input type="checkbox"/> Development Disability _____		
	<input type="checkbox"/> Psychotherapy Notes _____		
	<input type="checkbox"/> HIV/AIDS Testing, Diagnosis or Treatment _____		
	<input type="checkbox"/> Communicable Disease _____		
	<input type="checkbox"/> Substance Abuse, Prevention or Treatment _____		
	<input type="checkbox"/> Sexual Assault _____		
	<input type="checkbox"/> Child Abuse or Neglect _____		
	<input type="checkbox"/> Genetic Testing _____		
	<input type="checkbox"/> Domestic Abuse _____		
	<input type="checkbox"/> Elder Abuse _____		
	<input type="checkbox"/> Other: _____		



**AUTHORIZATION TO USE AND DISCLOSE  
PROTECTED HEALTH INFORMATION**

**4 RECIPIENT:** Name and address of person(s) or class of persons to whom Organization may disclose my health information: \_\_\_\_\_

Address of the recipient or where my health information should be delivered:  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**5 TERM/EXPIRATION:** This Authorization will remain in effect and shall not expire until:

- From the date of this Authorization until the \_\_\_\_ day of \_\_\_\_\_ 20
- Organization fulfills this request.
- The following event occurs \_\_\_\_\_
- Other \_\_\_\_\_

**6 PURPOSE:** I authorize the Organization to use or disclose my health information (including the highly confidential information that I selected above, if any) during the term of this Authorization for the following specific purpose(s):

- At the request of the patient.
- Legal Purposes.
- Claims Purposes.
- Other \_\_\_\_\_

**7** I understand that once the Organization discloses my health information to the recipient, the Organization cannot guarantee that the recipient will not redisclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable law governing the use and disclosure of my health information. I understand that the Organization may, directly or indirectly, receive remuneration from a third party in connection with the use or disclosure of my health information.

**AUTHORIZATION TO USE AND DISCLOSE  
PROTECTED HEALTH INFORMATION**

- 8 I understand that I may at any time make a written request to the Organization to inspect and/or obtain a copy of my health information, and that the Organization will within thirty (30) days of receiving such written request, either grant the request and contact me to arrange for a convenient time to inspect and/or copy my health information or provide me with a written denial of the request that states the basis for the denial, my review rights (if any), and instructions as to how and to whom I may register a complaint regarding the denial.
- 9 I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation, or quality of my treatment at Organization; except, however, if my treatment at the Organization is for the sole purpose of creating health information for disclosure to the recipient(s) identified in this Authorization, in which case the Organization may refuse to treat me if I do not sign this Authorization.
- 10 I understand that this Authorization will remain in effect until the term of this Authorization expires or I provide written notice of revocation to Organization's Privacy Office at the address listed below. The revocation will be effective immediately upon Organization's receipt of my written notice, except that the revocation will not have any effect on any action taken by Organization in reliance on this Authorization before it received my written notice of revocation.
- 11 I may contact the Organization's Privacy Office by mail at: 1500 S. Douglass Rd., Anaheim, CA 92806, by telephone at (866) 904-6871, or by e-mail at Jennifer.Mason@coniferhealth.com.
- 12 I understand that, at any time during which this Authorization is in effect, I may make a written request to the Organization to receive a copy of this Authorization. Such written request shall be made to the Organization's Privacy Office as identified above.

**AUTHORIZATION TO USE AND DISCLOSE  
PROTECTED HEALTH INFORMATION**

13 I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize the Organization to use or disclose my health information in the manner described above.

\_\_\_\_\_  
Signature of Patient\*

\_\_\_\_\_  
Date

\*If the Patient is a minor or is otherwise unable to sign this Authorization, obtain the following signature:

\_\_\_\_\_  
Printed Name of Personal Representative

\_\_\_\_\_  
Description of Authority

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY:** the identity of the requestor has been validated, as notated below.

\_\_\_\_\_  
Method of validating identity

\_\_\_\_\_  
Signature of Organization employee validating identity      Printed Name

BOX 830913 (Use mail address below)  
Birmingham, AL 35283-0913  
CHANGE SERVICE REQUESTED

**Customer Service 1(800) 300-7192**  
**Monday-Friday 9:00AM to 4:30PM**  
**Account Specialist is Sue Foster**

August 09, 2017  
**EVAGELIA ANGELAKOPOULOS**  
Facility: Palm Beach Gardens Medical Center  
Account Number: 02805458784  
Patient Reference Number: 023096613  
Date(s) of Service: 10/12/2016 - 10/12/2016  
Message ID: 02

#BWNHDKX  
#3953060000430020#



003916



EVAGELIA ANGELAKOPOULOS  
4221 EMPRESS ST  
PALM BEACH GARDENS FL 33410-5836

Account Summary	
Current Balance	\$550.00

### IMPORTANT INFORMATION

This has been sent by a debt collector, Central Financial Control. This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.

You have not paid in full or contacted us to make arrangements to pay this debt. We hope this is an oversight on your part and that you will promptly respond by either sending payment in full or contacting us to discuss your plans to pay the debt.

Payment may be made in the form of a personal check, money order or any of the credit cards listed on the payment slip and returned in the envelope provided along with the payment slip. For your convenience, you may also call the number listed above and give a collection representative in our office your account number and credit card information.

If you are unable to pay the balance in full but would like to make a payment, please call our office at the number listed above to discuss. Any of our collection representatives will be able to assist you with payment or other account questions.

All calls may be monitored or recorded.

Please note that the amount owed may increase or decrease depending on any amount that is or is not covered by health insurance or other third party coverage for medical services received from Palm Beach Gardens Medical Center; the same medical services that form the basis of this debt.

105234

Detach and return bottom portion with payment. Please make checks or money orders payable in U.S. funds to Central Financial Control and include your account number.

Q0747147 395306000043002 652841

August 09, 2017

**EVAGELIA ANGELAKOPOULOS**  
Account Number: 02805458784  
Patient Reference Number: 023096613  
Date(s) of Service: 10/12/2016 - 10/12/2016

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER:		EXP. DATE (E.G. 11/19)	
CARDHOLDER SIGNATURE		SECURITY CODE	
CARDHOLDER NAME (please print)		CARDHOLDER PHONE #	

**Phone: Central Financial Control**  
Customer Service 1(800) 300-7192  
Monday-Friday 9:00AM to 4:30PM  
Account Specialist is Sue Foster

**AMOUNT AUTHORIZED / ENCLOSED \$ \_\_\_\_\_**

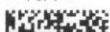
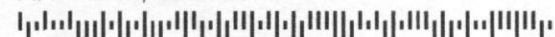
**REMIT PAYMENT TO:**

Central Financial Control  
PO BOX 66044  
ANAHEIM, CA 92816-6044

DUE DATE  
**UPON RECEIPT**

CURRENT BALANCE  
**\$550.00**

Please check box if address above is incorrect or insurance information has changed, and indicate change(s) on reverse side.



**Changes to  
Personal Information****IMPORTANT! Information Updates**

If your address or insurance information is incorrect, please indicate change(s) below, and mail back in the provided envelope.

**Any check sent as payment in full in relation to a billing dispute must be sent to:**  
Central Financial Control \* PO BOX 660873 \* DALLAS TX 75266-0873

**Your Updated Mailing Address**

MAILING ADDRESS		APT #	CITY
STATE	ZIP CODE	TELEPHONE #	CELL # (OPTIONAL)

**Your Updated Insurance Information**

PATIENT NAME EVAGELIA ANGELAKOPOULOS		PATIENT REFERENCE # 023096613	
INSURANCE COMPANY NAME			
INSURED'S NAME (If not patient)	EFFECTIVE DATE	INSURANCE ID #	GROUP # PLAN #
RELATIONSHIP OF PATIENT TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEP. CHILD <input type="checkbox"/> OTHER	INSURED'S PHONE #	INSURED'S CELL # (OPTIONAL)	
INSURED'S EMPLOYER'S NAME	EMPLOYER'S PHONE NUMBER #		
INSURED'S DATE OF BIRTH / /	OTHER INFORMATION		

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.) **NOTICE: Attorneys MUST Indicate All Re-filed Cases Below.**

<b>I. (a) PLAINTIFFS</b> EVAGELIA ANKELAKOPOULOS  <b>(b)</b> County of Residence of First Listed Plaintiff <u>PALM BEACH</u> (EXCEPT IN U.S. PLAINTIFF CASES)  <b>(c)</b> Attorney's (Firm Name, Address, and Telephone Number)  JOHN J.R. SKRANDEL JEROME F. SKRANDEL, PL 300 PROSPERITY FARMS ROAD, SUITE D NORTH PALM BEACH FL 33408	<b>DEFENDANTS</b> SYNDICATED OFFICE SYSTEMS, LLC, D/B/A CENTRAL FINANCIAL CONTROL  County of Residence of First Listed Defendant <u>BROWARD</u> (IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT LAND INVOLVED.  Attorneys (If Known)
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**(d)** Check County Where Action Arose:  MIAMI-DADE  MONROE  BROWARD  PALM BEACH  MARTIN  ST. LUCIE  INDIAN RIVER  OKEECHOBEE HIGHLANDS

<b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)  <input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)  <input type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant) (For Diversity Cases Only) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%;"><b>PTF</b></td> <td style="width:10%;"><b>DEF</b></td> <td style="width:40%;"></td> <td style="width:10%;"><b>PTF</b></td> <td style="width:10%;"><b>DEF</b></td> </tr> <tr> <td>Citizen of This State</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td>Incorporated <i>or</i> Principal Place of Business In This State</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated <i>and</i> Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </table>		<b>PTF</b>	<b>DEF</b>		<b>PTF</b>	<b>DEF</b>	Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated <i>or</i> Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated <i>and</i> Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	<b>PTF</b>	<b>DEF</b>		<b>PTF</b>	<b>DEF</b>																				
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated <i>or</i> Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4																				
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated <i>and</i> Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5																				
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6																				

IV. NATURE OF SUIT (Place an "X" in One Box Only)					
<b>CONTRACT</b>	<b>TORTS</b>		<b>FORFEITURE/PENALTY</b>	<b>BANKRUPTCY</b>	<b>OTHER STATUTES</b>
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury		<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157  <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input checked="" type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities Employment <input type="checkbox"/> 446 Amer. w/Disabilities Other <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt.Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act  <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus-Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))  <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	

**V. ORIGIN** (Place an "X" in One Box Only)  
 1 Original Proceeding  2 Removed from State Court  3 Re-filed- (see VI below)  4 Reinstated or Reopened  5 Transferred from another district (specify)  6 Multidistrict Litigation  7 Appeal to District Judge from Magistrate Judgment

**VI. RELATED/RE-FILED CASE(S).** (See instructions second page):  
 a) Re-filed Case  YES  NO      b) Related Cases  YES  NO  
 JUDGE Not assigned yet      DOCKET NUMBER 9:17-CV-81101

**VII. CAUSE OF ACTION**  
 Cite the U.S. Civil Statute under which you are filing and Write a Brief Statement of Cause (Do not cite jurisdictional statutes unless diversity):  
 15 USC 1692 Claims for violation of provisions of Fair Debt Collection Practices Act AND Florida 559.72  
 LENGTH OF TRIAL via 2 days estimated (for both sides to try entire case)

**VIII. REQUESTED IN COMPLAINT:**  CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23      DEMAND \$ 2,000.00      CHECK YES only if demanded in complaint: JURY DEMAND:  Yes  No

ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE      SIGNATURE OF ATTORNEY OF RECORD: John J.R. Skrandel      DATE: September 29, 2017

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA**

CASE NO. 9:17-CV-81101

EVAGELIA ANGELAKOPOULOS,

Individually and on behalf of

all other similarly situated,

Plaintiff(s),

CLASS REPRESENTATION

vs.

SYNDICATED OFFICE SYSTEMS, LLC,

D/B/A CENTRAL FINANCIAL CONTROL,

Defendant.

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**SUMMONS**

TO DEFENDANT: SYNDICATED OFFICE SYSTEMS, LLC,  
D/B/A CENTRAL FINANCIAL CONTROL

c/o Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**John J.R. Skrandel**, FL Bar #120413  
Jerome F. Skrandel, PL  
Counsel for Plaintiffs  
300 Prosperity Farms Road, Suite D  
North Palm Beach, FL 33408-5212  
Phone (561)863-1605 Fax (561)863-1606  
Email [JFSPA@MSN.COM](mailto:JFSPA@MSN.COM)

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

*CLERK OF COURT*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

# ClassAction.org

This complaint is part of ClassAction.org's searchable class action lawsuit database and can be found in this post: [Lawsuit: Syndicated Office Systems Ignores FDCPA Communication Requirements](#)

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