

Norman v Fitzpatrick
2013 NY Slip Op 31133(U)
May 21, 2013
Sup Ct, New York County
Docket Number: 107461/10
Judge: Alice Schlesinger
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**SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY**

ALICE SCHLESINGER

IA PART 16
PART _____

PRESENT: _____
Justice

Index Number : 107461/2010
NORMAN, CHANI K.
vs.
FITZPATRICK, JOHN
SEQUENCE NUMBER : 001
SUMMARY JUDGMENT

INDEX NO. _____
MOTION DATE _____
MOTION SEQ. NO. _____

The following papers, numbered 1 to _____, were read on this motion to/for _____

Notice of Motion/Order to Show Cause — Affidavits — Exhibits _____ | No(s). _____
Answering Affidavits — Exhibits _____ | No(s). _____
Replying Affidavits _____ | No(s). _____

Upon the foregoing papers, it is ordered that this motion is *granted to the extent of severing and dismissing all claims against defendant Pocholo C. Lingat, P.T. and is otherwise denied in accordance with the accompanying memorandum decision.*

MOTION/CASE IS RESPECTFULLY REFERRED TO JUSTICE FOR THE FOLLOWING REASON(S):

FILED

MAY 23 2013

COUNTY CLERK'S OFFICE
NEW YORK

Dated: MAY 21 2013

Alice Schlesinger
ALICE SCHLESINGER, J.S.C.

1. CHECK ONE: CASE DISPOSED NON-FINAL DISPOSITION
2. CHECK AS APPROPRIATE: MOTION IS: GRANTED DENIED GRANTED IN PART OTHER
3. CHECK IF APPROPRIATE: SETTLE ORDER SUBMIT ORDER
- DO NOT POST FIDUCIARY APPOINTMENT REFERENCE

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
CHANI K. NORMAN and ARNOLD NORMAN,

Plaintiffs,

Index No. 107461/10
Mot. Seq. Nos. 001 & 002

-against-

JOHN FITZPATRICK, M.D., et al.,

Defendants.

-----X
SCHLESINGER, J.:

FILED

MAY 23 2013

COUNTY CLERK'S OFFICE
NEW YORK

Before this Court are two sets of motions by the various defendants for summary judgment in their favor. The precipitating event that led to this lawsuit (a lawsuit where many other doctors, as well as the moving defendants, are named as defendants) occurred when Chani Norman, the main plaintiff here, slipped in her bathroom on July 5, 2009 and fractured her left femur. As a result of this fall, Mrs. Norman went by ambulance to Westchester Medical Center, where she was seen by Dr. Daniel Zalazany. She was admitted to the hospital and remained there for five days and was subjected to surgery on both legs by Dr. Matthew Gross.

Mrs. Norman had been prescribed the drug Fosamax by her gynecologist, Dr. Harvey Friedman, in 2001 or 2002 based on a diagnosis of osteopenia after a bone density test. Mrs. Norman, pursuant to this prescription, took a Fosamax pill once a week until June 2009, the month before her accident in the bathroom. Dr. Friedman is not a defendant here, a point commented on negatively by some of the moving defendants. They comment negatively because one of the allegations against these moving defendants is that when they saw Mrs. Norman as a patient in 2008 and 2009, none of them took note of the continued use of Fosamax and recommended that she stop taking it. But the opposing plaintiff contends that by that time there was enough in the way of published

literature in both professional and nonprofessional media that strongly suggested a connection between the continued use of Fosamax and fractures.

The moving defendants in one category are Dr. Donald Liss, Physical Therapist Tara Wamsley, and The Physical Medicine and Rehabilitation Center where they both worked. A separate motion was submitted on behalf of Dr. Michael I. Resnick, Dr. Cheryl J. Rubin, Physical Therapist Pocholo C. Lingad, and the center where these professionals worked, Rockland Orthopedics & Sports Medicine, P.C.

Mrs. Norman saw all the moving defendants in 2008 and 2009 through a time shortly before her accident. It should be pointed out here, and it is significant for an understanding of these motions, that when the plaintiff saw these doctors, she continually complained about pain deep in both of her thighs. However, the common thread, which appears in the records of all of these moving defendants, is that they all felt that this thigh pain was referred pain; in other words, that the origin of the pain was somewhere other than her thighs, for example, her spine. Therefore, when various diagnostic tests and scans were taken, they never included her thighs.

The plaintiff's position with regard to this omission is that if X-rays had been taken of her thighs, stress fractures would have been seen. X-rays taken by Dr. Rubin of the lumbar spine and pelvis in August 2008 were read as negative and produced an impression to Dr. Rubin of bilateral hip bursitis. Doctors opining in support of the plaintiff assert that if those very X-rays had been interpreted properly, they would have shown a bone condition indicative of stress fractures.

Specifically in that regard, an orthopedic surgeon who opines in favor of the plaintiff here says that he has read that particular X-ray and that it shows abnormal bone on both

femurs because of a bilateral cortical thickening along the lateral aspect of the femurs in the subtrochanteric region. This surgeon says that this abnormality is consistent with non-displaced bilateral stress fractures. Further, a well-credentialed radiologist who also opines for the plaintiff asserts that he too read these X-rays, particularly the X-ray of the pelvis taken on August 4, 2008, to show abnormal bone on both femurs. Additionally, an MRI of the left hip taken on January 8, 2009, that was read as normal, also according to this doctor showed abnormal bone in the thighs.

Perhaps it might be appropriate at this time to discuss the moving papers. On behalf of Dr. Liss, P.T. Wamsley and their Rehabilitation Center, an affidavit by Dr. Jonathan Garay, a doctor of Osteopathic Medicine board certified in Physical Medicine and Rehabilitation, is submitted. First Dr. Garay reviews Mrs. Norman's history, particularly as it relates to these moving defendants. He points out that the plaintiff saw Dr. Liss at the Center for the first time on January 22, 2009, and thereafter for a total of four visits. The plaintiff also had 16 physical therapy sessions with her physical therapist Tara Wamsley. When Dr. Liss was deposed in this action, he stated that at the first visit he took a four-page history from the patient and noted that she was using Fosamax for a diagnosis of osteopenia. He had the January 2009 MRI of the hip as well as a report from another MRI taken in October 2008. The diagnosis from these earlier scans were trochanteric bursitis.

Dr. Garay states that he has reviewed all relevant documents and, as stated above, in the first ten paragraphs of his affidavit he relates the history of Mrs. Norman's treatment with these moving defendants. In the course of that discussion, he describes a March 2009 incident where Mrs. Norman, while walking, stumbled on a pebble and slammed her right foot down. This produced pain in her thigh. Dr. Liss saw her the next day and

ordered a CT scan of her spine and pelvis, which were read as negative. He then gave a cortisone shot into her right sacroiliac region. Dr. Garay then notes what happened next and incorrectly states that as a result of the July 5, 2009 bathroom fall, Mrs. Norman fractured her left hip and had surgery for that as well as a right stress fracture in her thigh. However, it is clear that she did not fracture her left hip; rather, she fractured the left femur bone in the thigh.

After reviewing Mrs. Norman's history, Dr. Garay gives his opinion that there was no reason for these healthcare providers to stop the Fosamax and there was no medical basis at the time for a diagnosis of stress fractures. He further opines that there was no medical reason to order additional X-rays or MRI's during this period of treatment and no failure in interpreting the X-rays. In paragraph 12 he repeats in the same fashion, I suggest in a conclusory fashion, that there was no failure to refer Mrs. Norman to specialists and no failure in the interpretation of the CT scan of her pelvis. He further opines that the examinations were all done properly, including the history that was taken. Also, he says that there was no misdiagnosis, that physical therapy was properly ordered and performed, and that there was no reason for the patient to have been given crutches and advised to have bed rest. But he fails to elaborate on these opinions.

On the issue of Fosamax, he points out that it was not until October 2010 that the FDA issued a "black box" with regard to Fosamax. Therefore, there was no reason to assume before that date that there was any connection between fractures and Fosamax. He adds that even today there is still no definitive causal link between the two, and Fosamax is still prescribed to certain patients. That is all that these defendants present to support their motion.

In opposition, counsel for the plaintiffs first contends that the moving defendants have failed to present a prima facie case. Further, counsel argues that Dr. Garay failed to even comment upon the X-rays and radiological evidence which their doctors believe show that Mrs. Norman was in fact suffering from non-displaced bilateral stress fractures of the femurs during the time she treated with these defendants.

Further in opposition, the plaintiffs produce three lengthy statements from medical doctors in different areas of specialty. The first is an affirmation from a New York board certified orthopedic surgeon, practicing since 1967! The second is an affidavit from a board certified radiologist practicing in the State of Virginia since 1990. The third is an affirmation from a doctor of osteopathic medicine, board certified in physical medicine and rehabilitation since 2000. This doctor also spent several years at the Rusk Institute for further training. He is now in private practice.

In reverse order, the physical medicine doctor opines that Dr. Liss did depart from accepted standards of medicine by failing to take X-rays of Mrs. Norman's femurs and in failing to diagnose bilateral stress fractures. He adds that these failures caused the plaintiff to suffer the injuries that she did; that is, the surgeries on both legs.

This doctor also discusses the plaintiff's medical history. In this regard, he points out that in January 2009 when Ms. Norman was referred to Dr. Liss, it was because of ongoing complaints of bilateral femur pain. As far back as 2007, Mrs. Norman had been referred to Dr. Neil Gonter, a rheumatologist, for left-sided thigh pain. At that time she complained of stiffness, left hip pain radiating to the knee, and problems with her support and balance. That doctor diagnosed her as having trochanteric bursitis and left hip instability. However, Mrs. Norman's pain worsened and in the summer of 2008, the pain spread to her right

thigh. It was at that time that she went to Dr. Cheryl Rubin who took X-rays of her lumbar spine and pelvis. At that time as well, Dr. Rubin prescribed physical therapy for her.

During this period, Mrs. Norman continued to see Dr. Gonter, who gave her injections for pain. But this therapy was not successful, and Dr. Gonter referred her to Dr. Liss. When Mrs. Norman saw Dr. Liss, she told him that she had had almost constant pain for the last 1½ years. On a pain scale from 1-10, 10 being the worst, Mrs. Norman scored a 5-8 with regard to her level of pain. As noted earlier, Dr. Liss recommended therapy, from which Mrs. Norman had some fleeting relief until March 2009.

When in March 2009 she stumbled, she described her pain level as 10 out of 10. Her last visit with Dr. Liss and the Center was on March 26, 2009. In concluding her history, this doctor refers to the slip and fall that occurred in early July 2009, where Mrs. Norman was diagnosed with stress fractures to both femurs. The left femur was displaced. The right femur was not displaced but was surgically repaired anyway.

In elaborating upon his opinion that Dr. Liss committed medical departures here, this doctor states that Dr. Liss was compelled by the standards of accepted medical practice to undertake his own independent examination and inquiry as to the source and reason for Mrs. Norman's continuing thigh pain. Instead of doing this, this doctor asserts that the defendant merely adopted the previous diagnosis that Mrs. Norman was suffering from referred lumbar pain and hip bursitis. But proper standards required him to take his own X-rays of the femurs, where Mrs. Norman had described the pain experienced since 2007. At all times she had identified this pain as in the front and lateral thigh areas and deep inside of them. He also states that the accident that she had in March 2009, the stumbling incident where she complained of extraordinary pain was another opportunity that Dr. Liss

failed to act upon to X-ray the plaintiff's thighs to see if there were some underlying bone problem. This was a separate departure. This doctor believes that if X-rays had been taken by Dr. Liss and he had noted the bone changes, he then should have referred Mrs. Norman to an orthopedist for a proper evaluation, which would have hastened treatment and avoided the traumatic injury that occurred on July 5, 2009.

The second affidavit is from the Virginia radiologist. His opinion is that if Dr. Liss had ordered X-rays of the plaintiff's femurs, they certainly would have shown abnormal changes to both and also would have indicated stress fractures if read by a trained radiologist. The diagnosis of stress fractures then would have been confirmed and acted upon. This radiologist explains that a stress fracture is the reaction of the bones to stress and it often can lead to a complete fracture. He says that there is a process of change to the bone in reaction to a stress fracture that causes thickening because the bone is trying to heal itself. Each time a stress fracture occurs it heals again and again, a process called "cortical thickening". When a radiologist or other physician sees this thickening, it indicates a likely stress fracture and requires further scans.

He then goes on to say that the pelvic X-ray of August 4, 2008, showed portions of both femurs which he believes with a reasonable degree of medical certainty showed abnormal bone on both. Specifically, he says that there was a bilateral cortical thickening along the lateral aspect of the sub-trochanteric region of both femurs, which suggests that the bone was fracturing and repairing itself. Further on this point, this radiologist believes that stress fractures were present as early as August 2008, if not earlier. He says that this finding can also be seen on the left hip MRI of January 8, 2009, which also shows portions of both femurs. This MRI he read as clearly showing that the left femur was fractured, as

well as the right, but less so. In this MRI, the abnormality is shown as an edematous signal on both femurs, which indicates swelling on the bone marrow adjacent to the fracture. Finally, this physician also reviewed X-rays taken at Southwest Medical Center after Mrs. Norman's bathroom fall. He says that these showed that the location of her stress fractures was in the sub-trochanteric region, at the location of the cortical thickening of the femurs.

The final affirmation is from the orthopedist surgeon who has been practicing over 40 years. Not only did this physician review the relevant records, but he also performed a physical examination of Mrs. Norman on February 2, 2012. He opines, similar to the physical medicine doctor, that Dr. Liss committed departures to accepted standards of medical practice by failing to order X-rays of the femur and failing to diagnose stress fractures. Though there is redundancy here as to both departures and causation, he opines that an earlier diagnosis would have prevented the traumatic injury and led to a shorter recovery and rehabilitation period as well as a more complete recovery with less pain and suffering. This is important because it is expressed by an orthopedist, a different specialty, and expressed by a doctor who actually examined the plaintiff.

This orthopedic surgeon discusses the treatment of stress fractures in the femur and in this regard states that they generally do not require surgical intervention. Rather, treatment usually entails a period of time where the patient is protected from weight bearing on the injured bone. But if this benign treatment does not work, then pinning of the fracture can be completed. This procedure is minimally invasive and far less traumatic than what occurred here. Finally, this physician's findings upon his examination of Mrs. Norman included persistent difficulty in walking, with a loss of hip flexion and a discrepancy in her leg length of about 3/4 of an inch.

In reply, counsel for these moving defendants argues that at the very least, the action should be dismissed against P.T. Tara Wamsley. He is correct on this point, as no expert gave opinions that involved any departures by her as the physical therapist. Therefore, the action is dismissed against her.

As to Dr. Liss not interpreting the X-rays, counsel points out that Dr. Liss testified that he does not actually read films, only the reports, so he had a right to rely on what the radiologist found. He also argues that the plaintiff's expert opinions are pure speculation and not based on the medical records. Frankly, I cannot imagine how he comes to this conclusion. Finally, with regard to the literature involving Fosamax, he states that it was completely inconclusive until 2011 when Fosamax was connected to incomplete femur fractures. Therefore, he argues that the plaintiff has not been able to prove that the use of Fosamax was a proximate cause of Mrs. Norman's injuries.

Counsel may be right with regard to this last point, but it does not affect the outcome of his motion because the departures described by the two physicians, the physical medicine doctor and the orthopedic surgeon, had nothing to do with Fosamax. With regard to the different doctors here who gave statements, I find that the opinions expressed by those on behalf of the plaintiff are at least equal, if not superior, as regards specificity, to those of Dr. Garay, who submitted on behalf of the moving defendants. I stated earlier that Dr. Garay's opinion, that the moving defendants did everything right, lacked any kind of elaboration. But that was not the case with the opposition doctors. In fact, I am unable to even say here that the moving defendants made out a prima facie case in their favor. In any event, there are clear issues of fact here as to whether Dr. Liss and his Rehabilitation Center properly diagnosed the plaintiff's problem and made a correct diagnosis.

Further, there are issues as to what effect this failure to properly diagnose had. The moving defendants do not seem to see a connection between the allegedly undiagnosed stress fractures and the accident of July 5, 2009, while plaintiff's experts certainly feel that there is a very real connection. In other words, as stated several times earlier, plaintiff's experts believe with some degree of certainty that if these stress fractures had been recognized earlier as they should have been, they could have been treated. Such treatment would have avoided the traumatic consequences and their aftermath that actually occurred here.

As stated at the beginning of this opinion, there are also motions for summary judgment by Drs. Resnick and Rubin, by Rockland Orthopedics & Sports Medicine, and by Physical Therapist Lingad. These papers are supported by the affirmation of Dr. James Dickson, a board certified orthopedic surgeon now in private practice. He has reviewed all the records and states that his opinions rely on his extensive research into the history related to the use of Fosamax and its impact on plaintiff's claims.

His opinion with a reasonable degree of medical certainty is that there were no departures from accepted standards of medicine because at the time of this treatment in 2008 and early 2009 there was no accepted medical literature that was conclusive as to the use of Fosamax and its connection to fractures. He also opines that the moving defendants' interpretation of films and scans, as well as the other testing that they did and the treatment that they provided, was proper and within accepted standards of care.

Dr. Dickson first explains that when Fosamax was released in September 1995, it was noted to be part of a family of drugs known as Bisphosphonates. These diminish bone reabsorption and cause the bone to become thicker and stronger. He adds that it has in

fact dramatically reduced pathologic features from osteoporosis for a lot of patients. He explains that a study was done by a task force to address issues involving fractures in the upper thigh among people who had taken Fosamax for several years. This task force issued a report on September 14, 2010 in the Journal of Bone Mineral Research. The name of the report was "Atypical Subtrochanteric and Diaphyseal Femoral Fractures." This report, which was later referenced by a FDA report, led to label warnings. The report also concluded with advice that patients with specific histories of thigh and groin pain should be evaluated to rule out incomplete femur fractures and should stop taking the drug while the evaluation was occurring.

As to Dr. Cheryl Rubin, Dr. Dickson points out that there were only two visits with Mrs. Norman, one on August 4, 2008 and the other on September 17, 2008. At that time, Mrs. Norman complained of gluteal pain, hip pain and bilateral leg pain. Dr. Rubin ordered X-rays of the lumbar spine and pelvis, which were read as negative. Additional MRIs of the lumbar and thoracic spine showed no etiology for the patient's pain. Her impression was bilateral hip bursitis, and she recommended physical therapy. It is pointed out that Mrs. Norman did not tell Dr. Rubin that she was taking Fosamax, but we do not know whether Dr. Rubin ever asked.

Dr. Dickson says that Dr. Rubin committed no departures because even if she knew that Mrs. Norman was taking Fosamax, in 2008 there was no awareness in the medical community of a connection between it and proximal femoral fractures. He describes her as a "community orthopedist" and therefore she would not be expected to read research journals or be aware of them. Frankly, I was surprised to hear this opinion as it is my belief and it is stated in the PJI charge for medical malpractice that physicians are required to

keep up to date with regard to medical advances. That is all that Dr. Dickson says about Dr. Rubin. In other words, there is no mention of her reading of the scans and whether they were read correctly. I do not find that Dr. Dickson's affirmation is sufficient to establish a prima facie case on behalf of Dr. Rubin.

As to Dr. Resnick, he saw the plaintiff only once in April 2009. Mrs. Norman did tell him that she had been taking Fosamax for nine years. The scans showed nothing abnormal. Dr. Dickson opines that since there was no reason for him to know of the dangers of Fosamax, he could not be expected to further examine this issue. As to the physical therapist, Pocholo Lingad, Dr. Dickson opines that this therapist did absolutely nothing wrong and that in fact Mrs. Norman felt better from the therapy.

Finally, Dr. Dickson opines that none of these providers prescribed Fosamax, and at that time, femur fractures were not associated with fractures. He says that this connection was not widely publicized until well after their treatment. Dr. Dickson says that based on Dr. Resnick's tests, the differential diagnosis was that Mrs. Norman had a muscular condition and needed a neurological examination. Defense counsel contends that he has established a prima facie case. I have already opined that he did not with regard to Dr. Rubin. It is questionable whether he did with regard to Dr. Resnick since he did not discuss Dr. Resnick's readings of the various scans and X-rays. With regard to therapist Lingad, I find that he has made out a prima facie case.

Not surprisingly, opposition from the plaintiff seizes on the clear omissions in the moving papers. At the beginning of these papers, counsel points to Dr. Dickson's failure to comment upon the X-rays and radiological evidence which in the plaintiff's expert opinion show evident fractures that were visible on Dr. Rubin's X-rays.

Here, the same experts in the field of orthopedic surgery and radiology are used that were used to oppose Dr. Liss' motion. And I must say, they are used effectively. In the first instance, the orthopedic surgeon states that both Drs. Rubin and Resnick departed from accepted standards of medical care in failing to properly read the X-rays of the pelvis that Dr. Rubin ordered on August 4, 2008. Dr. Resnick never sought to view the earlier X-ray, and his evaluation was done in April 2009.

Dr. Rubin read the X-rays herself in August 2008. Dr. Resnick had the opportunity to view these same X-rays digitally displayed on his computer, but he chose not to. This orthopedist points out that by the time Mrs. Norman saw Dr. Resnick, her condition clearly had worsened and she could not walk normally. As stated above, Dr. Resnick chose not to review the earlier films and wrongly, according to the orthopedic expert, diagnosed a muscle condition. This expert acknowledges that the pain that Mrs. Norman was complaining of was not easily explainable. However, he opines that Dr. Resnick had a duty to rule out any bone problems of the femurs in the absence of any prior radiological study of these bones.

On September 17, 2008, when Mrs. Norman had a visit with Dr. Rubin, she asked Dr. Rubin to take an MRI and bone scan of her thighs because that is where she was suffering this constant deep pain. But Dr. Rubin refused to do so, telling her that while she understood that she was feeling pain in both of her thighs, that was not where the pain was coming from. Rather, it was referred pain, coming from somewhere else, probably her back, and Dr. Rubin was determined to find its source.

With regard to the radiologist from Virginia, he again opines that if Dr. Rubin and Dr. Resnick had properly read and interpreted the scans and X-rays, they would have

seen, as he later saw, abnormal bone on both femurs and then ordered further studies. Again as stated earlier, the post-July 2009 X-rays at the hospital show that the repair was made at the same location as the irregularities on the bones which he saw in the earlier scans.

With regard to the continued use of Fosamax, it is the orthopedic surgeon who opines that both doctors, as health care professionals and as orthopedic surgeons, should have been aware as early as January 2008 that there was an FDA alert as to problems associated with Fosamax. Also, he points to an article of March 19, 2008, in US News and World Report which showed that Fosamax had been linked to femur fractures. More significantly, also in March 2008, there was a similar article in the New England Journal of Medicine. Then in June 2008, there was an article in the Wall Street Journal and finally on two days in July 2008 there were articles in the New York Times regarding problems of Fosamax and fractures. But perhaps the most important publication on this issue appeared in March 2007 in the Journal of Bone and Joint Surgery, the gold standard for orthopedic practitioners according to this expert, and this article showed a link between Fosamax and fractures. Therefore, this doctor opines that it was a departure by both Drs. Rubin and Resnick to fail to be aware of this reported link and to order further studies to achieve a proper diagnosis. This expert also does not understand what "community orthopedic surgeons" are. Nor does he understand how it is that they are exempt from knowing about advances in medicine.

Neither the orthopedic surgeon nor the radiologist says anything about P.T. Lingad, and therefore, similar to the disposition with regard to therapist Wamsley, the action is dismissed against that defendant. In reply, counsel for the moving defendants remarks

that the enumerated articles only suggest a possible association between Fosamax and fractures, which in itself does not prove causation. He is right about that point, but the articles do seem to indicate that there was a need for further investigation on the part of Mrs. Norman's treating physicians.

In any event, I find that the strong opposition affidavits, together with the less than impressive affirmation from Dr. Dickson, compel the conclusion that there are legitimate factual issues which preclude summary judgment on behalf of Drs. Resnick and Rubin and their employer Rockland Orthopedics & Sports Medicine, P.C. Therefore, with the exception of P.T. Lingad, the motion by these defendants is denied.

Accordingly, it is hereby

ORDERED that the motions for summary judgment by defendant Pocholo C. Lingad, P.T., and defendant Tara Wamsley, P.T. are granted, and the Clerk is directed to sever and dismiss all claims against those defendants; and it is further

ORDERED that the motions for summary judgment by the remaining defendants are otherwise denied; and it is further

ORDERED that counsel shall appear for a pre-trial conference on Wednesday, June 5, 2013 at 9:30 a.m. prepared to discuss settlement and select a trial date.

Dated: May 21, 2013

MAY 21 2013

FILED

MAY 23 2013

Alice Schlesinger
ALICE SCHLESINGER

MAY 21 2013

COUNTY CLERK'S OFFICE
NEW YORK