

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

MAZ PARTNERS LP, Individually and On Behalf of All
Others Similarly Situated,

Plaintiff,

v.

FIRST CHOICE HEALTHCARE SOLUTIONS, INC. and
CHRISTIAN ROMANDETTI, SR.,

Defendants.

Case No. 6:19-cv-00619-PGB-LRH

PROOF OF CLAIM AND RELEASE FORM¹

THIS FORM MUST BE POSTMARKED OR RECEIVED BY JUNE 25, 2021.

If you purchased or otherwise acquired First Choice Healthcare Solutions, Inc. (“FCHS”) common stock between April 1, 2014, and November 14, 2018, inclusive, and did not sell all such securities before November 14, 2018, you may be a member of the Settlement Class and may be entitled to recover a portion of a Settlement Fund established in connection with a proposed Settlement of the action captioned *MAZ Partners LP v. First Choice Healthcare Solutions, Inc.*, Case No. 6:19-cv-00619-PGB-LRH (M.D. Fla.) (the “Action”).

I. GENERAL INSTRUCTIONS

It is important that you completely read and understand the Notice of Proposed Class Action Settlement, available at www.FirstChoiceSecuritiesLitigation.com, including the Plan of Allocation of the Net Settlement Fund set forth in the Notice. The Notice describes the proposed Settlement, how Settlement Class Members are affected by the Settlement, and the manner in which the Net Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Court. The Notice also contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Proof of Claim and Release Form. By signing and submitting this Proof of Claim and Release Form, you will be certifying that you have read and that you understand the Notice, including the terms of the releases described therein and provided for herein.

A. To recover as a member of the Settlement Class, you must complete, sign, and submit this Proof of Claim and Release Form in accordance with the instructions provided herein. If you fail to submit a valid and timely Proof of Claim and Release Form in accordance with these instructions, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund created in connection with the proposed Settlement of the Action.

B. Submission of this Proof of Claim and Release Form, however, does not ensure that you will share in the proceeds of Settlement of the Action.

C. YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE FORM **POSTMARKED OR RECEIVED ON OR BEFORE JUNE 25, 2021**, ADDRESSED TO THE CLAIMS ADMINISTRATOR AS FOLLOWS: First Choice Healthcare Solutions, Inc. Sec. Litig., c/o A.B. Data, Ltd., P.O. Box 173070, Milwaukee, WI 53217; Tel: 877-933-2895; email: info@FirstChoiceSecuritiesLitigation.com.

You will bear all risks of delay or non-delivery of your Proof of Claim and Release Form.

D. If you are a member of the Settlement Class (as that term is defined in the Notice of Proposed Class Action Settlement (hereinafter, “Notice”) and you do not timely request exclusion in accordance with the instructions provided in the Notice, you will be bound by the terms of any order of dismissal or judgment entered in the Action, including the releases

¹ This Proof of Claim and Release Form incorporates by reference the definitions in the Stipulation of Settlement (the “Stipulation”). Unless otherwise specified, all capitalized terms used, but not defined herein, shall have the same meanings as in the Stipulation. The Stipulation can be obtained at www.FirstChoiceSecuritiesLitigation.com.

provided herein, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM.

E. If you are a Settlement Class Member, DO NOT submit both a Proof of Claim and Release Form and a request for exclusion. Doing so will delay administration of the Settlement. If you send in both a Proof of Claim and Release Form and seek to exclude yourself from the Settlement, your exclusion will be deemed invalid and your Proof of Claim and Release Form will be administered pursuant to the terms of the Settlement described above.

II. CLAIMANT IDENTIFICATION INSTRUCTIONS

A. If you purchased or otherwise acquired FCHS common stock and held the certificate(s) in your own name, you are the beneficial owner as well as the record owner. If, however, the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner and the third party is the record owner.

B. Use Section IV of this form entitled “Claimant Information” to identify each owner of record (“nominee”), if different from the beneficial owner of FCHS common stock which forms the basis of this claim.

C. THIS PROOF OF CLAIM AND RELEASE FORM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OF THE FCHS COMMON STOCK UPON WHICH THIS CLAIM IS BASED, OR BY THEIR LEGAL REPRESENTATIVES.

D. A separate Proof of Claim and Release Form must be filed for each type of account or ownership (*i.e.*, individual account, IRA account, joint account, custodial account, etc.). Joint tenants or UGMA custodians should file a single claim.

E. All joint owners must sign this Proof of Claim and Release Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this Proof of Claim and Release Form on behalf of persons represented by them. Documentation establishing their authority must accompany this Proof of Claim and Release Form and their titles or capacities must be stated.

F. The Social Security or Taxpayer Identification Number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. TRANSACTION SCHEDULE INSTRUCTIONS

A. Use Section V of this form entitled “Schedule of Transactions in FCHS Common Stock” to supply all required details of your transaction(s) in FCHS common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name and Social Security or Taxpayer Identification Number on each additional sheet.

B. List each transaction during the Class Period separately and in chronological order, by trade date (not the “settlement” date), beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

C. The price per share, paid or received, should be exclusive of all commissions, taxes, fees, and other charges.

D. **Copies of broker confirmation slips or monthly statements of your transactions in FCHS common stock must be attached to your Proof of Claim and Release Form.** If such documents are not in your possession, please obtain equivalent contemporaneous documents from your broker or financial advisor. A complete list of acceptable supporting documentation can be found at the Claims Administrator’s website: www.FirstChoiceSecuritiesLitigation.com. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

E. NOTICE REGARDING ELECTRONIC FILES: Certain Claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the website at www.FirstChoiceSecuritiesLitigation.com or you may email the Claims Administrator’s electronic filing department at info@FirstChoiceSecuritiesLitigation.com. Any file not in accordance with the required electronic filing format will be subject to rejection. Only one claim should be submitted for each separate legal entity (*see* Section II.D. above) and the complete name(s) of the beneficial owner(s) of the securities must be entered where called for (*see* Section II.E. above). No electronic files will be considered to have been submitted unless the Claims Administrator issues an email to that effect. Do not assume that your file has been received until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at info@www.FirstChoiceSecuritiesLitigation.com to inquire about your file and confirm it was received.

PART IV – CLAIMANT INFORMATION

(Please read General Instructions above before completing this page.)

The Claims Administrator will use this information for all communications regarding this Proof of Claim and Release Form. If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Beneficial Owner's Name *(as it appears on your brokerage statement)*

Joint Beneficial Owner's Name *(as it appears on your brokerage statement)*

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Foreign Country (only if not USA)

Social Security Number or Taxpayer Identification Number

Telephone Number (day)

Telephone Number (evening)

<input type="text"/>	<input type="text"/>
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Email address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

Account Number (account(s) through which the securities were traded)

Claimant Account Type (check appropriate box):

- Individual (includes joint owner accounts)
- Corporation
- IRA/401K
- Pension Plan
- Estate
- Other _____ (please specify)

PART V – SCHEDULE OF TRANSACTIONS IN FCHS COMMON STOCK

A. HOLDINGS AS OF MARCH 31, 2014 – Number of shares of FCHS common stock held at the close of trading on March 31, 2014 (if none, enter “0”):

B. PURCHASES/ACQUISITIONS FROM APRIL 1, 2014, THROUGH NOVEMBER 14, 2018 – Separately list each and every purchase or acquisition of FCHS common stock during the period April 1, 2014, through and including November 14, 2018, and provide all of the following information (must be documented):

Trade Date (list chronologically) Month/Day/Year	Number of Shares of Common Stock Purchased or Acquired	Price Per Share (excluding commissions, taxes, and other fees)	Total Purchase or Acquisition Price (excluding commissions, taxes, and other fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

C. SALES FROM APRIL 1, 2014, THROUGH NOVEMBER 14, 2018 – Separately list each and every sale of FCHS common stock during the period April 1, 2014, through and including November 14, 2018, and provide the following information (must be documented):

Trade Date (list chronologically) Month/Day/Year	Number of Shares of Common Stock Sold	Price Per Share (excluding commissions, taxes, and other fees)	Total Sale Price (excluding taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

D. HOLDINGS AS OF NOVEMBER 14, 2018 – State the total number of shares of FCHS common stock owned at the close of trading on November 14, 2018 (must be documented; if none, enter “0”):

E. PURCHASES/ACQUISITIONS FROM NOVEMBER 15, 2018, THROUGH FEBRUARY 12, 2019 – Separately list **each and every purchase or acquisition** of FCHS common stock during the period November 15, 2018, **through and including** February 12, 2019, and provide all of the following information (*must be documented*):

Trade Date (list chronologically) Month/Day/Year	Number of Shares of Common Stock Purchased or Acquired	Price Per Share (excluding commissions, taxes, and other fees)	Total Sale Price (excluding taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

F. SALES FROM NOVEMBER 15, 2018, THROUGH FEBRUARY 12, 2019 – Separately list **each and every sale** of FCHS common stock during the period November 15, 2018, **through and including** February 12, 2019, and provide the following information (*must be documented*):

Trade Date (list chronologically) Month/Day/Year	Number of Shares of Common Stock Sold	Price Per Share (excluding commissions, taxes, and other fees)	Total Sale Price (excluding taxes, commissions, and fees)
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

G. HOLDINGS AS OF FEBRUARY 12, 2019 – State the total number of shares of FCHS common stock owned at the close of trading on February 12, 2019 (*must be documented; if none, enter "0"*):

H. Please check applicable box:

- I certify that the submitting party is **not** an ERISA plan.
- I/We certify that the submitting party is an ERISA plan and has complied with the applicable ERISA exemption.

If you need more space, attach the required information on separate, numbered sheets in the same format as above and sign and print your name and Social Security or Taxpayer Identification Number at the top of each additional sheet.

IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED.

YOU MUST READ AND SIGN THE RELEASE. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

VI. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

I/We submit this Proof of Claim and Release Form under the terms of the Stipulation of Settlement described in the Notice. I/We also submit to the jurisdiction of the United States District Court for the Middle District of Florida with respect to my/our claim as a Settlement Class Member and for purposes of enforcing the release set forth herein. I/We further acknowledge that I/we am/are bound by and subject to the terms of any judgment that may be entered in the Action. I/we agree to furnish additional information to Lead Counsel or the Claims Administrator to support this claim if requested to do so. I/we have not submitted any other claim covering the same purchases, acquisitions, or sales of FCHS common stock during the Class Period and know of no other person having done so on my/our behalf. I/we have not requested exclusion from the Settlement.

VII. RELEASE

A. On behalf of the claimant listed above and any other individual or business or legal entity claiming (now or in the future) through or on behalf of the claimant, directly or indirectly (collectively, the “Releasing Parties”), as of the date the Settlement becomes effective, I/we hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever release, relinquish, discharge, and dismiss from each and all of the Settled Claims, each and all of the Released Parties, and covenant not to sue any Released Person with respect to any Released Claim.

B. On behalf of the Releasing Parties, as of the date the Settlement becomes effective, I/we hereby agree that the Releasing Parties are permanently barred, enjoined, and restrained from commencing, instituting, asserting, maintaining, enforcing, prosecuting, or otherwise pursuing, either directly or in any other capacity, any of the Settled Claims against any Released Person.

C. The foregoing releases shall be of no force or effect unless and until the Court approves the Stipulation of Settlement and the Stipulation becomes effective on the Effective Date.

D. I/We hereby warrant and represent that I/we have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, in whole or in part, any matter released herein.

E. I/We hereby warrant and represent that I/we have included information about all of my/our transactions in FCHS common stock during the Class Period.

VIII. DECLARATION

UNDER THE PENALTY OF PERJURY, I/WE CERTIFY THAT:

A. The number shown on this form is my correct Social Security or Taxpayer Identification Number.

B. I am/We are NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you must cross out the word “NOT” in the sentence above.

C. I/We declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned and any supporting documents attached hereto are true, correct, and complete to the best of my/our knowledge, information, and belief, and that this Proof of Claim and Release Form was executed this _____ day of _____, 202__ in

(City/State/Country)

Signature of Claimant

(Print your name here)

Signature of Joint Claimant, if any

(Print your name here)

Signature of person signing on Claimant's behalf

Capacity of person signing on Claimant's behalf,
if other than an individual, (e.g., Executor,
President, Custodian, etc.)

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT
AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Remember to sign the above release and declaration.
2. Remember to attach only **copies** of acceptable supporting documentation, a complete list of which can be found on the Claims Administrator's website.
3. Do not send originals of common stock certificates.
4. Keep copies of the completed Proof of Claim and Release Form and documentation for your own records.
5. If you desire an acknowledgment of receipt of your Proof of Claim and Release Form, please send it Certified Mail, Return Receipt Requested, or its equivalent. **You will bear all risks of delay or non-delivery of your claim.**
6. If your address changes in the future, or if these documents were sent to an old or incorrect address, please send us **written** notification of your new address.
7. Do not use highlighter on the Proof of Claim and Release Form or supporting documentation.
8. If you have any questions or concerns regarding your claim or how to complete and submit this Proof of Claim and Release Form, please contact the Claims Administrator at: info@FirstChoiceSecuritiesLitigation.com.