

INDEX

Downtown LA Ambulatory Surgery Center, LLC & Schlomo Schmucl

Exhibit #	Document	File Date
1	The People of the State of California v. Schlomo Schmucl	1/4/2019
2	Criminal Case Summary: #BA474077-01 Schlomo Schmucl	
3	CA Secretary of State (SOS) Articles of Organization Downtown LA Ambulatory Surgery Center, LLC	6/7/2006
4	SOS Statement of Information Downtown LA Ambulatory Surgery Center, LLC	5/26/2016
5	SOS Statement of Information Downtown LA Ambulatory Surgery Center, LLC	2/19/2019
6	Npi Downtown LA Ambulatory Surgery Center, LLC	

EXHIBIT 1

WARRANT ISSUED

HEALTHCARE FRAUD

SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF LOS ANGELES

<p>THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff, EDP REPORT ON FILE 01 SCHLOMO SCHMUEL (DOB: 09/13/1965) Defendant(s).</p>

CASE NO. BA474077

**FELONY COMPLAINT
FOR ARREST WARRANT**

LOS ANGELES SUPERIOR COURT
2019 JAN -4 PM 2:00
FILED

The undersigned is informed and believes that:

COUNT 1

On or between April 13, 2012 and June 23, 2012, in the County of Los Angeles, the crime of INSURANCE FRAUD, in violation of PENAL CODE SECTION 550(a)(6), a Felony, was committed by SCHLOMO SCHMUEL, who did aid, abet, solicit, conspire with another and did knowingly make and cause to be made a false and fraudulent claim for payment of a health care benefit.

It is further alleged that the claim or amount at issue exceeds nine hundred fifty dollars (\$950).

It is further alleged ,offenses described in Penal Code section 803(c),that the above violation was not discovered until January 21, 2015 by Clarissa Jimenez by notification, and that no victim of said violation and no law enforcement agency chargeable with the investigation and prosecution of said violation had actual and constructive knowledge of said violation prior to said date because fraud unpracticed unknown, within the meaning of Penal Code section 803(c).

* * * * *

COUNT 2

On or between January 31, 2013 and June 20, 2015, in the County of Los Angeles, the crime of PARTICIPATING IN PATIENT REFERRAL REBATES WHEN LICENSED IN THE HEALING ARTS OR AS A CHIROPRACTOR, in violation of BUSINESS AND PROFESSIONS CODE SECTION 650, a Felony, was committed by SCHLOMO SCHMUEL, who was licensed under Division 2 of the Health and Safety Code , and offered, delivered, received, and/or accepted a commission as compensation or inducement for referring patients, clients, or customers to another person.

It is further alleged that in the commission of the above offense(s) the said defendant(s), SCHLOMO SCHMUEL, with the intent to do so, took, damaged, and destroyed property of a value exceeding \$200,000, within the meaning of Penal Code section 12022.6(a)(2).

* * * * *

Schmuel Zamora allegation

It is further alleged as to Count 1, that victim, State Compensation Insurance Fund (SCIF), did not discover, and could not reasonably have discovered the offense set forth herein before January 5, 2015 within the meaning of Penal Code section 803(c):

In January of 2015, Detective Clarissa Jimenez alerted multiple insurance carriers of fraud in billing practices by Schlomo Schmuel. Schmuel operated two companies that dispensed durable medical equipment for rental or sale. Those companies were Innovative Orthopedic Solutions and Diamond Orthopedic Services.

On January 5, 2015, SCIF employee, Yvette Kyle reviewed their records. Kyle contacted a claimant, Michal Gilbert, who was to receive rented medical equipment from Innovative. Gilbert indicated she did not receive any equipment. SCIF was billed by Innovative four times for rentals of the equipment from April 3, 2012-June 23, 2012. The total cost to SCIF was \$7,560.

On January 21, 2015, Detective Clarissa Jimenez was notified by Lane Spencer, a supervisor at SCIF, that they had recently discovered billing for services not rendered by Innovative Orthopedic Solutions (Innovative).

Victim State Insurance Compensation Fund did not, nor reasonably could have discovered the crimes until the fraudulent nature of Schmuel's billing practices were brought to their attention by Det. Jimenez.

NOTICE: Conviction of this offense will require the defendant to provide DNA samples and print impressions pursuant to Penal Code sections 296 and 296.1. Willful refusal to provide the samples and impressions is a crime.

NOTICE: The People of the State of California intend to present evidence and seek jury findings regarding all applicable circumstances in aggravation, pursuant to Penal Code section 1170(b) and *Cunningham v. California* (2007) 549 U.S. 270.

NOTICE: A Suspected Child Abuse Report (SCAR) may have been generated within the meaning of Penal Code §§ 11166 and 11168 involving the charges alleged in this complaint. Dissemination of a SCAR is limited by Penal Code §§ 11167 and 11167.5 and a court order is required for full disclosure of the contents of a SCAR.

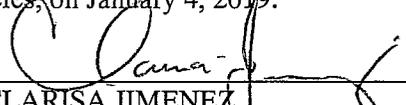
NOTICE: Any allegation making a defendant ineligible to serve a state prison sentence in the county jail shall not be subject to dismissal pursuant to Penal Code § 1385.

NOTICE: Conviction of this offense prohibits you from owning, purchasing, receiving, possessing, or having under your custody and control any firearms, and effective January 1, 2018, will require you to complete a Prohibited Persons Relinquishment Form ("PPR") pursuant to Penal Code § 29810.

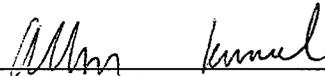
Further, attached hereto and incorporated herein are official reports and documents of a law enforcement agency which the undersigned believes establish probable cause for the arrest of defendant(s) SCHLOMO SCHMUEL for the above-listed crimes. Wherefore, a warrant of arrest is requested for SCHLOMO SCHMUEL.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT, CASE NUMBER BA474077, CONSISTS OF 2 COUNT(S).

Executed at LOS ANGELES, County of Los Angeles, on January 4, 2019.


CLARISA JIMENEZ
DECLARANT AND COMPLAINANT

.....
JACKIE LACEY, DISTRICT ATTORNEY

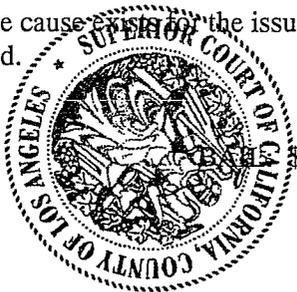
BY: 
ALLYSON KIMMEL
DEPUTY DISTRICT ATTORNEY
HEALTHCARE FRAUD DIVISION

AGENCY: CALIF DEPT OF INSURANCE I/O: CLARISSA JIMENEZ ID NO.: 448 PHONE: (714) 712-7604
DR NO.: 13CW013879 OPERATOR: HT PRELIM. TIME EST.: 4 HOUR(S)

<u>DEFENDANT</u>	<u>CH NO.</u>	<u>DOB</u>	<u>BOOKING NO.</u>	<u>BAIL RECOM'D</u>	<u>CUSTODY RTN DATE</u>
SCHMUEL, SCHLOMO	A09970050	9/13/1965		\$2,000,000	

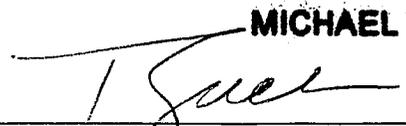
It appearing to the Court that probable cause exists for the issuance of a warrant of arrest for the above-named defendant(s), the warrant is so ordered.

SCHLOMO SCHMUEL



145,000

DATE: 1/4/19


MICHAEL TYNAN
Judge of the Above Entitled Court

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

FELONY COMPLAINT -- ORDER HOLDING TO ANSWER -- P.C. SECTION 872

It appearing to me from the evidence presented that the following offense(s) has/have been committed and that there is sufficient cause to believe that the following defendant(s) guilty thereof, to wit:

SCHLOMO SCHMUEL

<u>Ct.</u>	<u>Charge</u>	<u>Charge Range</u>	<u>Allegation</u>	<u>Alleg. Effect</u>
1	PC 550(a)(6)	2-3-5 County Jail	PC 803(c)	Check Code
2	BP 650	16,2,3 Jail+\$0-50,000	PC 12022.6(a)(2)	+2 Yrs.

I order that the defendant(s) be held to answer therefore and be admitted to bail in the sum of:

SCHLOMO SCHMUEL _____ Dollars

and be committed to the custody of the Sheriff of Los Angeles County until such bail is given. Date of arraignment in Superior Court will be:

SCHLOMO SCHMUEL _____ in Dept _____

at: _____ A.M.

Date: _____

Committing Magistrate

EXHIBIT 2

Case Number: LACBA474077-01
 Defendant Name: SCHMUEL, SCHLOMO
 Violation Date: April 13, 2012
 Filing Date: January 4, 2019
 Courthouse: Clara Shortridge Foltz Criminal Justice Center

CASE INFORMATION

Count	Charge Section	Charge Statute	Plea	Disposition	Disposition Date
01	550(A)(6)	Penal Code	Not Guilty	Case Pending	Case Pending
02	650	Business & Professions Code	Not Guilty	Case Pending	Case Pending

EVENTS

Upcoming Scheduled Events

Date	Time	Location	Dept/Room Number	
April 24, 2019	08:30 AM	Clara Shortridge Foltz Criminal Justice Center	050	PRELIM SETTING/RESETTING

Past Events

Date	Time	Location	Dept/Room Number	Events
January 4, 2019	08:30 AM	Clara Shortridge Foltz Criminal Justice Center	CLK	DOCKET LINE ENTRY
February 1, 2019	08:30 AM	Clara Shortridge Foltz Criminal Justice Center	030	ARRAIGNMENT
March 6, 2019	08:30 AM	Clara Shortridge Foltz Criminal Justice Center	050	EARLY DISPOSITION HEARING

BAIL

No Information Found

SENTENCING INFORMATION

THE INFORMATION PROVIDED ON THIS WEBSITE CONTAINS ONLY AN EXTRACTION FROM THE COURT RECORD. IT IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND IS NOT A FULL AND COMPLETE RECORD OF COURT PROCEEDINGS.

No Information Found

Alex Padilla
California Secretary of State

Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Tuesday, March 19, 2019. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

200616010297 DOWNTOWN L.A. AMBULATORY SURGICAL CENTER LLC

Registration Date:	06/07/2006
Jurisdiction:	CALIFORNIA
Entity Type:	DOMESTIC
Status:	ACTIVE
Agent for Service of Process:	DR. SANJEEV JAIN 19716 TRAMMELL LANE CHATSWORTH CA 91311
Entity Address:	19716 TRAMMELL LANE CHATSWORTH CA 91311
Entity Mailing Address:	19716 TRAMMELL LANE CHATSWORTH CA 91311
LLC Management	Managers

A Statement of Information is due EVERY EVEN-NUMBERED year beginning five months before and through the end of June.

Document Type	↕	File Date	↕	PDF
SI-COMPLETE		02/19/2019		
SI-COMPLETE		05/26/2016		
REGISTRATION		06/07/2006		

* Indicates the information is not contained in the California Secretary of State's database.

Note: If the agent for service of process is a corporation, the address of the agent may be requested by ordering a status report.

- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image is not available online, for information on ordering a copy refer to [Information Requests](#).
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search or to request a more extensive search for records, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).

EXHIBIT 3



**State of California
Secretary of State**

**LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION**

File # 00616010297

FILED
In the office of the Secretary of State
of the State of California
JUN 07 2006

A \$70.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")

1. NAME OF LIMITED LIABILITY COMPANY

DOWNTOWN L.A. AMBULATORY SURGICAL CENTER LLC

PURPOSE (The following statement is required by statute and may not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

Robin Jacobs

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

470 South San Vicente Bl. Los Angeles, CA 90048

MANAGEMENT (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

- ONE MANAGER
- MORE THAN ONE MANAGER
- ALL LIMITED LIABILITY COMPANY MEMBER(S)

ADDITIONAL INFORMATION

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

EXECUTION

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.


SIGNATURE OF ORGANIZER

May 31, 2006
DATE

Robin Jacobs
TYPE OR PRINT NAME OF ORGANIZER

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

8. NAME [Robin Jacobs]
FIRM Downtown L.A. Ambulatory Surgical Center LLC
ADDRESS 470 South San Vicente Bl.
CITY/STATE/ZIP [Los Angeles, CA 90048]

EXHIBIT 4



State of California Secretary of State

L

16-733998

STATEMENT OF INFORMATION (Limited Liability Company) 106

Filing Fee \$20.00. If this is an amendment, see instructions.

FILED Secretary of State State of California

MAY 26 2016

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME

Downtown L.A. Ambulatory Surgical Center, LLC
420 E. 3rd Street., Suite #604
Los Angeles, CA 90013

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 200616010297

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

Table with 4 columns: Item Number, Address, City, State, ZIP Code. Rows include Principal Office, Mailing Address, and Street Address of California Office.

Name and Complete Address of the Chief Executive Officer, If Any

Table with 5 columns: Item Number, Name, Address, City, State, ZIP Code.

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

Table with 5 columns: Item Number, Name, Address, City, State, ZIP Code. Rows for Schlomo Schmucl and Sanjiv Jain.

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address. a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS Schlomo Schmucl

Table with 4 columns: Item Number, Address, City, State, ZIP Code. Row for Agent Address.

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY Surgical Center

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

02/17/2016 Sanjiv K. Jain President [Signature]

EXHIBIT 5

EXHIBIT 6

1447390448

**DOWNTOWN LA AMBULATORY SURGICAL CENTER
LLC**

National Provider Identifiers Registry

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

1447390448 DOWNTOWN LA AMBULATORY SURGICAL CENTER LLC

<i>NPI</i>	1447390448	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
<i>Entity Type</i>	Organization	Code describing the type of health care provider that is being assigned an NPI. Codes are: 1 = (Person): individual human being who furnishes health care; 2 = (Non-person): entity other than an individual human being that furnishes health care (for example, hospital, SNF, hospital subunit, pharmacy, or HMO).
<i>Employer Identification Number (EIN)</i>	N/A	The Employer Identification Number (EIN), assigned by the IRS, of the provider being identified. An Employer Identification Number (EIN) is assigned by the Internal Revenue Service (IRS) to identify a business entity. It may or may not be that business entity's Taxpayer Identification Number (TIN). An SSN should not be entered in the EIN field.

<i>Is Organization Subpart</i>	N	<p>The "Is the organization a subpart?" question must be answered. If the organization is a subpart, the Parent Organization Legal Business Name (LBN) and Parent Organization Taxpayer Identification Number (TIN) fields must be completed. The Parent Organization LBN and TIN fields can only be completed if the answer to the subpart question is Yes.</p> <p>Many organization health care providers who apply for NPIs are not legal entities themselves but are parts of other organization health care providers that are legal entities (the "parents").</p> <p>Here are three examples of organization health care providers that may be considered subparts and may apply for NPIs if so directed by their "parents":</p> <p>(1) The psychiatric unit in a hospital is not a legal entity but is part of the hospital (the "parent"), which is a legal entity. The legal entity must obtain an NPI. The psychiatric unit is an example of a subpart that could have its own NPI if the hospital determines that it should.</p> <p>(2) A group practice that is not a sole proprietorship has a main location and could have other offices in different locations, but each office is not a separate legal entity; instead, each office is part of the corporation (the "parent") which is a legal entity. The offices are examples of subparts that could have their own NPIs if the main location determines that they should.</p> <p>(3) A pharmacy fills prescriptions for patients whose physicians have prescribed medications for them and may also rent or sell durable medical equipment to patients whose physicians have ordered such equipment for them. Neither the pharmacy line of business nor the DME line of business represent legal entities; instead, both lines of business are part of an organization (the "parent") that is a legal entity. Each line of business represents a different Healthcare Provider Taxonomy or area of specialization that often submits its own electronic claims to health plans.</p> <p>The "parent"-we don't know who the parent is in this example-must ensure that each subpart that submits its own claims to health plans has its own NPI.</p>
<i>Provider Organization Name (Legal Business Name)</i>	DOWNTOWN LA AMBULATORY SURGICAL CENTER LLC	Provide organization name (legal business name used to file tax returns with the IRS). The Organization Name field allows the following special characters: ampersand, apostrophe, "at" sign, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters.
<i>Provider First Line Business Mailing Address</i>	420 E 3RD ST	The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".
<i>Provider Second Line Business Mailing Address</i>	SUITE 604	The second line mailing address of the provider being identified. This data element may contain the same information as "Provider second line location address".

<i>Provider Business Mailing Address City Name</i>	LOS ANGELES	The City name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address City name".
<i>Provider Business Mailing Address State Name</i>	CA	The State or Province name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address State name".
<i>Provider Business Mailing Address Postal Code</i>	90013-1644	The postal ZIP or zone code in the mailing address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available. This data element may contain the same information as "Provider location address postal code".
<i>Provider Business Mailing Address Country Code</i>	US	The country code in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address country code".
<i>Provider Business Mailing Address Telephone Number</i>	213-626-3330	The telephone number associated with mailing address of the provider being identified. This data element may contain the same information as "Provider location address telephone number".
<i>Provider Business Mailing Address Fax Number</i>	213-626-3335	The fax number associated with the mailing address of the provider being identified. This data element may contain the same information as "Provider location address fax number".
<i>Provider First Line Business Practice Location Address</i>	420 E 3RD STREET SUITE #604	The first line location address of the provider being identified. For providers with more than one physical location, this is the primary location. This address cannot include a Post Office box.
<i>Provider Business Practice Location Address City Name</i>	LOS ANGELES	The city name in the location address of the provider being identified.
<i>Provider Business Practice Location Address State Name</i>	CA	The State or Province name in the location address of the provider being identified.
<i>Provider Business Practice Location Address Postal Code</i>	90013-1644	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.
<i>Provider Business Practice Location Address Country Code</i>	US	The country code in the location address of the provider being identified.
<i>Provider Business Practice Location Address Telephone Number</i>	213-626-3330	The telephone number associated with the location address of the provider being identified.
<i>Provider Business Practice Location Address Fax Number</i>	213-626-3335	The fax number associated with the location address of the provider being identified.

<i>Provider Enumeration Date</i>	02/07/2007	The date the provider was assigned a unique identifier (assigned an NPI).
<i>Last Update Date</i>	02/11/2014	The date that a record was last updated or changed.
<i>Authorized Official Last Name</i>	SCHMUEL	The last name of the person authorized to submit the NPI application or to change NPS data for a health care provider.
<i>Authorized Official First Name</i>	SCHLOMO	The first name of the authorized official
<i>Authorized Official Title or Position</i>	ADMINISTRATOR	The title or position of the authorized official
<i>Authorized Official Name Prefix Text</i>	DR.	Authorized Official Name Prefix Text
<i>Authorized Official Credential Text</i>	DPM	Authorized Official Credential Text
<i>Authorized Official Telephone Number</i>	818-366-0474	The 10-position telephone number of the authorized official.
<i>Healthcare Provider Taxonomy Code #1</i>	261QA1903X	The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization.
<i>Healthcare Provider Taxonomy 1</i>	Ambulatory Surgical	Healthcare Provider Taxonomy #1
<i>Provider License Number State Code 1</i>	CA	Provider License Number State Code #1
<i>Healthcare Provider Primary Taxonomy Switch 1</i>	Y	Primary Taxonomy: X - The primary taxonomy switch is Not Answered; Y - The taxonomy is the primary taxonomy (there can be only one per NPI record); N - The taxonomy is not the primary taxonomy.
<i>Other Provider Identifier 1</i>	S051809	Other Provider Identifier #1
<i>Other Provider Identifier Type 1</i>	OTHER	Other Provider Identifier Type #1
<i>Other Provider Identifier State 1</i>	CA	Other Provider Identifier State #1
<i>Other Provider Identifier Issuer 1</i>	MEDICARE PTAN	Other Provider Identifier Issuer #1

NPPES National Plan & Enumeration System
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)
NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059
Email: customerservice@npienumerator.com

For all questions regarding this bundle please contact Support@HIPAASpace.com. Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at <http://www.hipaaspace.com>.