

**UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA**

**CASE NO. 2:19-cv-00403-SPC-MRM**

**DARYL TEBLUM,**  
individually and on behalf of all  
others similarly situated,

Plaintiff,

**CLASS ACTION**

**JURY TRIAL DEMANDED**

v.

**PHYSICIAN COMPASSIONATE CARE LLC**  
**d/b/a DOCMJ,**

Defendant.

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**PLAINTIFF'S NOTICE OF FILING REVISED SHORT FORM NOTICES AND  
COMPLIANCE WITH COURT ORDER ON PLAINTIFF'S UNOPPOSED MOTION FOR  
PRELIMINARY APPROVAL OF CLASS ACTION SETTLEMENT**

Plaintiff Daryl Teblum, through his undersigned counsel, and pursuant to Magistrate Judge McCoy's Report and Recommendation on January 20, 2021 [D.E. 53] and this Court's Opinion and Order on February 4, 2021 [D.E. 54], hereby files the attached Short Form Notices, including a revised Email Notice<sup>1</sup> attached as Exhibit "A" and revised Mail Notice attached as Exhibit "B". Defendant has approved the form of these revised Short Form Notices.

Dated: February 8, 2021

Respectfully submitted,

**EISENBAND LAW, P.A.**

*/s/ Michael Eisenband*  
515 E. Las Olas Boulevard, Suite 120  
Ft. Lauderdale, Florida 33301  
Michael Eisenband  
Florida Bar No. 94235

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<sup>1</sup> The Email Notice and Mail Notice were originally filed with this Court on June 5, 2020. [D.E. 49-1.], at Exhibit "2" and Exhibit "5".

Email:  
MEisenband@Eisenbandlaw.com  
Telephone: 954.533.4092

**HIRALDO P.A.**

Manuel S. Hiraldo  
Florida Bar No. 030380  
401 E. Las Olas Boulevard  
Suite 1400  
Ft. Lauderdale, Florida 33301  
Email: mhiraldo@hirdolaw.com  
Telephone: 954.400.4713

*Counsel for Plaintiff and the Class*

**EXHIBIT “A”**

**If You Received a Text Message from Physician Compassionate Care LLC d/b/a DocMJ,  
You May Be Entitled to a Payment from a Class Action Settlement**

*Si desea recibir esta notificación en español, llámenos o visite nuestra página web.*

A settlement has been reached in a class action lawsuit alleging that Physician Compassionate Care LLC d/b/a DocMJ (“DocMJ”) sent text messages to wireless telephone numbers without consent of the recipients in violation of the Telephone Consumer Protection Act, 47 U.S.C. § 227. DocMJ denies the allegations and any wrongdoing. The Court has not decided who is right.

**Who’s Included?** The Settlement includes all persons who received a text message on their cell phone from DocMJ. Specifically, the class is defined as “All persons within the United States who (1) were sent a text message; (2) by or on behalf of Defendant; (3) on their mobile telephone; (4) from June 14, 2015 through the date of final approval; (5) using the text messaging platform provided by Twilio to send text messages like the one Plaintiff received.” You received this email because records show that you may be a Settlement Class Member.

**What Are the Settlement Terms?** DocMJ has agreed to pay class members who submit a valid Claim Form and to pay for notice and administration costs of the Settlement, attorneys’ fees and expenses incurred by counsel for the Settlement Class, and a service award for Plaintiff. Defendant will make available up to \$736,542 (the “Settlement Fund”). Each Settlement Class Member who submits a timely, valid, correct and verified Claim Form by the Claim Deadline in the manner required by the parties’ Settlement Agreement, making all the required affirmations and representations, shall be sent a Claim Settlement Check by the Administrator in the amount up to Eighteen Dollars (\$18.00), less any Notice and Administration Costs, Attorneys’ Fees and Expenses, and Service Award. One claim is allowed per Settlement Class Member.

**How Can I Get a Payment?** To get a payment, you must complete and submit a valid, correct and verified Claim Form by the deadline stated below. You may download a Claim Form at the Settlement Website, [www.XXXXX.com](http://www.XXXXX.com), or request a Claim Form by calling the Settlement Administrator at the toll-free number below. To be valid, a Claim Form must be completed fully and accurately, signed under penalty of perjury, and submitted timely, as required by the terms of the parties’ Settlement Agreement. You may submit a Claim Form by U.S. mail, submit a Claim Form via email to [info@XXXXX.com](mailto:info@XXXXX.com) or file a Claim Form online at [www.XXXXX.com](http://www.XXXXX.com). If you send in a Claim Form by U.S. mail, it must be postmarked by **XX/XX/XXXX**. If you file a Claim Form online or via email, then you must so file by **11:59 p.m. EST on XX/XX/XXXX**.

**Your Other Options.** If you do not want to be legally bound by the Settlement, you must exclude yourself by **XX/XX/XXXX**. To exclude yourself from the Settlement, you must send a timely letter by mail to:

XXXX TCPA Settlement Administrator  
P.O. Box XXXX  
XXXX, XX XXXX

Your request to be excluded from the Settlement must be personally signed by you under penalty of perjury and contain a statement that indicates your desire to be “excluded from the Settlement Class” and that, absent of excluding yourself or “opting out,” you are “otherwise a member of the Settlement Class.” Your exclusion request must be postmarked no later than XX/XX/XXXX. You cannot ask to be excluded on the phone, by email, or at the Settlement Website. You may opt out of the Settlement Class only for yourself. The Court will exclude from the class any member who requests exclusion. If you exclude yourself you will not receive any payment from the Settlement Fund. If you do not exclude yourself, you will give up the right to sue Defendant for the claims that the Settlement resolves. You must exclude yourself from this Settlement Class in order to pursue your own lawsuit.

If you are a Settlement Class Member and do not exclude yourself from the Settlement Class, you may object to the Settlement by XX/XX/XXXX. To object, you must timely submit a letter that includes the following: 1) A heading that includes the case name and case number—*Teblum v. Physician Compassionate Care LLC d/b/a DocMJ*, Case No. 2:19-cv-00403-SPM-MRM (M.D. Fla.); 2) Your name, address, telephone number, the cell phone number at which you received text messages from Defendant and if represented by counsel, the name, bar number, address, and telephone number of your counsel; 3) A signed statement stating, under penalty of perjury, that you received one or more text message from Defendant and are a member of the Settlement Class; 4) A statement of all your objections to the Settlement including your legal and factual basis for each objection; 5) A statement of whether you intend to appear at the Final Approval Hearing, either with or without counsel, and if with counsel, the name of your counsel who will attend; 6) The number of times in which your counsel and/or counsel’s law firm have objected to a class action settlement within the five years preceding the date that you file the objection, the caption of each case in which counsel or the firm has made such objection, and a copy of any orders related to or ruling upon counsel’s or the firm’s prior objections that were issued by the trial and appellate courts in each listed case; 7) A list of all persons who will be called to testify at the Final Approval Hearing in support of the objection; and 8) Any and all agreements that relate to the objection or the process of objecting—whether written or verbal—between you or your counsel and any other person or entity. If you wish to object, you must file your objection with the Court (using the Court’s electronic filing system or in any manner in which the Court accepts filings) and mail your objection to each of the following three (3) addresses, and your objection must be postmarked by XX/XX/XXXX.

Clerk of the Court	Class Counsel	Defendant’s Counsel
United States District Court for the Middle District of Florida 2110 First Street Fort Myers, Florida 33901	Manuel S. Hiraldo, Esq. Hiraldo P.A. 401 E. Las Olas Blvd., Ste. 1400 Fort Lauderdale, FL 33301	Maria Vigilante, Esq. Blank Rome LLP 500 East Broward Blvd. Suite 2100 Fort Lauderdale, FL 33394

The Court will hold a Final Approval Hearing on XX/XX/XXXX to consider whether to approve the Settlement, a request for attorneys' fees of up to 25% of the total amount of the Settlement, and a service award of \$5,000 to the Class Representative. You may appear at the hearing, either yourself or through an attorney you hire, but you don't have to. For more information, call or visit the Settlement Website.

**www.XXXXXXX.com**

**1- xxx-xxx-xxxx**

**EXHIBIT “B”**

XXXXX Settlement Administrator  
PO Box XXXX  
XXXXX, XX XXXX

FIRST-CLASS MAIL  
U.S. POSTAGE  
PAID  
Portland, OR  
PERMIT NO. 2882

### Legal Notice about a Class Action Settlement

<<BARCODE>>

<<NAME1>>  
<<NAME2>>  
<<ADDRESS1>>  
<<ADDRESS2>>  
<<CITY, ST, ZIP>>  
<<COUNTRY>>

<<Mail ID>>

#### **Claim Form**

To submit a Claim for a payment from the Settlement Fund, please fill out the Claim Form below and submit it via email to XX@XXXXX.com or by U.S. mail. You may also file a Claim Form online at www.XXXXX.com. The deadline to file a claim online or by email is **11:59 p.m. EST on XX/XX/XXXX**. If you send in a Claim Form by regular mail, it must be postmarked on or before **XX/XX/XXXX**.

\*First Name:

\*MI:

\*Last Name:

Address: ■

\*City:

\*State:

\*ZIP Code:

\*Cellular Telephone Number that received one or more texts from Physician Compassionate Care LLC d/b/a DocMI:

Telephone Number where you can be reached if different from above:

Your Email Address:

\*I declare under penalty of perjury that to the best of my knowledge I received one (1) or more text messages from Physician Compassionate Care LLC d/b/a DocMI

\*Signature:

\*Date (MM/DD/YY):

**\*Denotes Information You Must Provide To Have A Valid Claim**  
Questions? Visit [www.XXXXX.com](http://www.XXXXX.com) or call 1-xxx-xxx-xxxx

■ | ■



**If You Received a Text Message from Physician Compassionate Care LLC, d/b/a DocMJ  
You May Be Entitled to a Payment from a Class Action Settlement.**

*Si desea recibir esta notificación en español, llámenos o visite nuestra página web.*

A \$736,542.00 settlement has been reached in a class action lawsuit claiming that Physician Compassionate Care LLC, d/b/a DocMJ ("DocMJ" or "Defendant") sent text messages to wireless telephone numbers without consent of the recipients in violation of the Telephone Consumer Protection Act, 47 U.S.C. § 227. Defendant denies the allegations in the lawsuit, and the Court has not decided who is right.

**Who's Included?** You received this email because Defendant's records show that you may be a Settlement Class Member. The Settlement includes all persons residing in the United States who received a text message call like the one Plaintiff received from Defendants from June 14, 2015 through the date of certification.

**What Are the Settlement Terms?** Defendants have agreed to make \$736,542.00 available to the Settlement Class, which will be used to pay individuals who submit valid Claims, attorneys' fees, a Service Award and to the Class Representative. The cash payments, which are up to \$18.00, less Notice and Administration costs, Attorney's Fees and costs, and Incentive Award, from the Settlement Fund will be distributed to Settlement Class Members who submit a valid Claim. One Claim is allowed per Settlement Class Member.

**How Can I Get a Payment?** To get a payment, you must submit a Claim Form by U.S. mail or via email to XX@XXX.com or file a claim online at www.XXXX.com. A Claim Form is attached to this notice. You may also download a Claim Form online at www.XXXX.com or call the Settlement Administrator at the toll-free number below to request a Claim Form. To be valid, a Claim Form must be completed fully and accurately, signed under penalty of perjury, and submitted timely. If you send in a Claim Form by regular mail, it must be postmarked on or before XX/XX/XXXX. The deadline to file a Claim online or via email is 11:59 pm. EST on XX/XX/XXXX.

**Your Other Options.** If you do not want to be legally bound by the Settlement, you must exclude yourself by XX/XX/XXXX. To exclude yourself from the Settlement, you must send a timely letter by mail to:

XXXX TCPA Settlement Administrator, P.O. Box XXXX, XXXX, XX XXXX

Your request to be excluded from the Settlement must be personally signed by you under penalty of perjury and contain a statement that indicates your desire to be "excluded from the Settlement Class" and that, absent of excluding yourself or "opting out," you are "otherwise a member of the Settlement Class." Your exclusion request must be postmarked no later than XX/XX/XXXX. You cannot ask to be excluded on the phone, by email, or at the Settlement Website. You may opt out of the Settlement Class only for yourself. The Court will exclude from the class any member who requests exclusion. If you exclude yourself you will not receive any payment from the Settlement Fund. If you do not exclude yourself, you will give up the right to sue Defendant for the claims that the Settlement resolves. You must exclude yourself from this Settlement Class in order to pursue your own lawsuit. If you are a Settlement Class Member and do not exclude yourself from the Settlement Class, you may object to the Settlement by XX/XX/XXXX. To object, you must timely submit a letter that includes the following: 1) A heading that includes the case name and case number—*Teblum v. Physician Compassionate Care LLC d/b/a DocMJ*, Case No. 2:19-cv-00403-SPM-MRM (M.D. Fla.); 2) Your name, address, telephone number, the cell phone number at which you received text messages from Defendant and if represented by counsel, the name, bar number, address, and telephone number of your counsel; 3) A signed statement stating, under penalty of perjury, that you received one or more text message from Defendant and are a member of the Settlement Class; 4) A statement of all your objections to the Settlement including your legal and factual basis for each objection; 5) A statement of whether you intend to appear at the Final Approval Hearing, either with or without counsel, and if with counsel, the name of your counsel who will attend; 6) The number of times in which your counsel and/or counsel's law firm have objected to a class action settlement within the five years preceding the date that you file the objection, the caption of each case in which counsel or the firm has made such objection, and a copy of any orders related to or ruling upon counsel's or the firm's prior objections that were issued by the trial and appellate courts in each listed case; 7) A list of all persons who will be called to testify at the Final Approval Hearing in support of the objection; and 8) Any and all agreements that relate to the objection or the process of objecting—whether written or verbal—between you or your counsel and any other person or entity. If you wish to object, you must file your objection with the Court (using the Court's electronic filing system or in any manner in which the Court accepts filings) and mail your objection to each of the following three (3) addresses, and your objection must be postmarked by XX/XX/XXXX.

Clerk of the Court	Class Counsel	Defendant's Counsel
United States District Court for the Middle District of Florida 2110 First Street Fort Myers, Florida 33901	Manuel S. Hiraldo, Esq, Hiraldo P.A. 401 E. Las Olas Blvd., Ste. 1400, Fort Lauderdale, FL 33301	Maria Vigilante, Esq., Blank Rome LLP, 500 East Broward Blvd. Suite 2100, Fort Lauderdale, FL 33394

The Court will hold a Final Approval Hearing on XX/XX/XXXX to consider whether to approve the Settlement, a request for attorneys' fees of up to 25% of the total amount of the Settlement, and a service award of \$5,000 to the Class Representative. You may appear at the hearing, either yourself or through an attorney you hire, but you don't have to.

**For more information, call (1-XXX-XXX-XXXX) or visit the Settlement Website (www.XXXXXX.com)**

www.XXXXXXX.com 1-xxx-xxx-xxxx



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 581 PORTLAND OR

POSTAGE WILL BE PAID BY ADDRESSEE

XXXXX SETTLEMENT ADMINISTRATOR XXXX  
SETTLEMENT ADMINISTRATOR  
PO BOX XXXX  
XXXXXX XX XXXXX

