

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
OCALA DIVISION

UNITED STATES OF AMERICA

v.

PAULA PIRONE and
SOPHIE DUFORT

CASE NO. 5:25-cr-00087-TPB-PRL

18 U.S.C. § 2
18 U.S.C. § 371
18 U.S.C. § 1347
18 U.S.C. § 1349
42 U.S.C. § 1320a-7b(b)(2)

INDICTMENT

The Grand Jury charges that:

COUNT ONE

(Conspiracy to Commit Health Care Fraud and Wire Fraud)

At all times material to this Indictment:

A. Introduction

The Medicare Program

1. The Medicare program ("Medicare") was a federally funded program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare were governed by federal statutes and regulations. The United States Department of Health and Human Services ("HHS"), through its agency, the Centers for Medicare and Medicaid Services ("CMS"), oversaw and administered Medicare.

2. Medicare was a “health care benefit program,” as defined by 18 U.S.C. § 24(b), and a “Federal health care program,” as defined by 42 U.S.C. § 1320a-7b(f).

3. Individuals who received benefits under Medicare were commonly referred to as “beneficiaries.”

4. Medicare covered different types of benefits, which were separated into different program “parts.” Medicare Part A covered health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare Part B covered, among other things, medical services provided by physicians, medical clinics, laboratories, and other qualified health care providers, such as office visits, minor surgical procedures, durable medical equipment (“DME”), and laboratory testing, that were medically necessary and ordered by licensed medical doctors or other qualified health care providers. Medicare Part C, also known as “Medicare Advantage,” provided Medicare beneficiaries with the option to receive their Medicare benefits through private managed health care plans, including health maintenance organizations and preferred provider organizations. Medicare Part D covered prescription drugs.

5. Health care providers, such as DME suppliers, laboratories, and pharmacies, that provided and supplied items and services to Medicare beneficiaries were referred to as “providers.” Medicare providers were able to apply for and obtain a “provider number.” Providers that received a Medicare provider number were able to file claims with Medicare to obtain reimbursement for benefits, items, or services provided to beneficiaries.

6. When seeking reimbursement from Medicare for provided benefits, items, or services, providers submitted the cost of the benefit, item, or service provided together with a description and the appropriate “procedure code,” as set forth in the Current Procedural Terminology (“CPT”) Manual. Additionally, claims submitted to Medicare seeking reimbursement were required to include: (a) the beneficiary’s name and Health Insurance Claim Number or Medicare Beneficiary Identifier; (b) the date on which the benefit, item, or service was provided or supplied to the beneficiary; and (c) the name of the provider, as well as the provider’s unique identifying number, known either as the Unique Physician Identification Number or National Provider Identifier. Claims seeking reimbursement from Medicare could be submitted in hard copy or electronically.

7. Medicare would only pay for items and services that were medically reasonable and necessary, eligible for reimbursement, and provided as represented. Medicare would not pay claims for items and services that were procured through the payment of illegal kickbacks and bribes.

Medicare Part B

8. CMS acted through fiscal agents called Medicare administrative contractors (“MACs”), which were statutory agents for CMS for Medicare Part B. The MACs were private entities that reviewed claims and made payments to providers for services rendered to beneficiaries. The MACs were responsible for processing Medicare claims arising within their assigned geographical area, including determining whether the claim was for a covered service.

9. To receive Medicare reimbursement, providers had to make appropriate application to the MAC and execute a written provider agreement. The Medicare provider enrollment application for DME suppliers, CMS Form 855S, was required to be signed by an authorized representative of the provider. CMS Form 855S contained a certification that stated:

I agree to abide by the Medicare laws, regulations and program instructions that apply to [the provider]. The Medicare laws, regulations, and program instructions are available through the [MAC]. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal Anti-Kickback Statute...).

10. CMS Form 855S contained additional certifications that the provider “will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare,” and “will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.”

11. CMS Form 855S also requires applicants to disclose to Medicare any individual or organization with an ownership interest or managing control of a DME supplier. This includes: (a) all individuals and organizations with five percent or more of an ownership stake, either direct or indirect, in the DME supplier; (b) all individuals or organizations with a partnership interest in the DME supplier, regardless of the partner’s percentage of ownership; (c) all organizations with “managing control” of the DME supplier; and (d) all “managing employees.”

12. CMS Form 855S defines an organization with “managing control” of a DME supplier as “[a]ny organization that exercises operational or managerial control” over the DME supplier, or “conducts the day-to-day operations” of the DME supplier. CMS Form 855S defines “managing employee” as “a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations” of the DME supplier, “either under contract or through some other arrangement, whether or not the individual is a W-2 employee” of the DME supplier.

13. Payments under Medicare Part B were often made directly to the provider rather than to the beneficiary. For this to occur, the beneficiary would assign the right of payment to the provider. Once such an assignment took place, the provider would assume the responsibility for submitting claims to, and receiving payments from, Medicare.

Durable Medical Equipment

14. Medicare Part B covered an individual’s access to DME, such as off-the-shelf ankle braces, knee braces, back braces, elbow braces, wrist braces, and hand braces (collectively, “braces”). Off-the-shelf braces required minimal self-adjustment for appropriate use and did not require expertise in trimming, bending, molding, assembling, or customizing to fit the individual.

15. A claim for DME submitted to Medicare qualified for reimbursement only if it was medically necessary for the treatment of the beneficiary's illness or injury and prescribed by a licensed physician or other qualified health care provider.

Telemedicine

16. Telemedicine provided a means of connecting patients to doctors by using telecommunications technology, such as the internet or a telephone, to interact with a patient. Telemedicine companies provided telemedicine services, or telehealth services, to individuals by hiring doctors and other health care providers.

17. Medicare covered expenses for specific telehealth services if certain requirements were met. These requirements included that: (a) the beneficiary was located in a rural or health professional shortage area; (b) services were delivered via an interactive audio and video telecommunications system; and (c) the beneficiary was in a practitioner's office or a specified medical facility—not at a beneficiary's home—during the telehealth service with a remote practitioner. In or around March 2020, in response to the COVID-19 pandemic and in order to enable access to care during the public health emergency, some of these requirements were amended temporarily to, among other things, cover telehealth services for certain office and hospital visits, even if the beneficiary was not located in a rural area or a health professional shortage area and even if the telehealth services were furnished to beneficiaries in their home.

The Defendants, Related Entities, and Relevant Persons

18. PAULA PIRONE was a resident of Marion County, Florida, and the listed owner of Medeor Management Solutions LLC (“Medeor”) and Choice Medical Equipment LLC (“CME”). PIRONE was the registered agent and a beneficial owner of One U.S. Medical Supply, Inc (“OUSMS”) and a beneficial owner of Amerisource Medical Equipment and Supplies LLC (“AMES”) and Impact Medical Equipment Inc. (“IME”).

19. SOPHIE DUFORT was a resident of Marion and Alachua Counties, Florida, and the listed owner of IME.

20. CME was a durable medical equipment (“DME”) supplier formed under the laws of Florida, with its principal place of business in Marion County, Florida. CME maintained an account at Bank 1 ending in x4915 (the “CME Account”).

21. OUSMS was a DME supplier formed under the laws of Florida, with its principal place of business in Orange County, Florida.

22. AMES was a DME supplier formed under the laws of Florida with its principal place of business in Marion County, Florida.

23. IME was a DME supplier incorporated under the laws of Florida, with its principal place of business in Ocala, Florida. IME maintained an account at Bank 2 ending in x1976 (the “IME Account”).

24. Medeor was a medical management and consulting company formed under the laws of Florida, with its principal place of business in Marion County,

Florida. Medeor maintained an account at Bank 1 ending in x0857 (the “Medeor Account”).

25. Coconspirator 1 owned and operated Telemarketing Company 1, which operated call centers that targeted Medicare beneficiaries and used deceptive telemarketing techniques to induce Medicare beneficiaries to accept medically unnecessary braces.

26. Coconspirator 2 owned and operated multiple marketing companies, including Telemarketing Company 2, that operated call centers that targeted Medicare beneficiaries and used deceptive telemarketing techniques to induce Medicare beneficiaries to accept medically unnecessary braces.

B. The Agreement

27. From in or around September 2019, and continuing through in or around December 2021, in the Middle District of Florida, and elsewhere, the defendants,

PAULA PIRONE and
SOPHIE DUFORT,

did knowingly and willfully combine, conspire, confederate, and agree with each other, Coconspirator 1, Coconspirator 2, and others, known and unknown to the Grand Jury, to commit health care fraud, in violation of 18 U.S.C. § 1347, and wire fraud, in violation of 18 U.S.C. § 1343.

C. Purpose of the Conspiracy

28. It was the purpose of the conspiracy for the defendants and their coconspirators to unlawfully enrich themselves by, among other things: (a) offering

and paying illegal kickbacks and bribes in exchange for beneficiary referrals, including signed doctors' orders, for braces; (b) submitting and causing the submission of false and fraudulent claims to Medicare for braces that were procured through the payment of illegal kickbacks and bribes, ineligible for Medicare reimbursement, medically unnecessary, and not provided as represented; (c) concealing and causing the concealment of illegal kickbacks and bribes and false and fraudulent claims; (d) concealing and causing the concealment from Medicare of PIRONE's role as an owner and manager of IME, AMES, and OUSMS; and (e) diverting fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

D. Manner and Means of the Conspiracy

29. The manner and means by which the defendants and their coconspirators sought to accomplish the objects and purpose of the conspiracy included, among others, the following:

a. It was part of the conspiracy that PAULA PIRONE enrolled and caused coconspirators, including SOPHIE DUFORT, to enroll multiple DME suppliers with Medicare, including CME, IME, AMES, and OUSMS.

b. It was further a part of the conspiracy that PAULA PIRONE, SOPHIE DUFORT, and coconspirators concealed from Medicare PIRONE's true ownership interest and control and management of IME, AMES, and OUSMS.

c. It was further a part of the conspiracy that PAULA PIRONE submitted Form 855S to CMS on behalf CME, wherein PIRONE certified that she and CME

would comply with all Medicare rules and regulations, including that CME would not knowingly submit or cause the submission of a false and fraudulent claim for payment by Medicare and that CME would comply with the Federal Anti-Kickback Statute.

d. It was further a part of the conspiracy that SOPHIE DUFORT submitted Form 855S to CMS on behalf IME, wherein DUFORT certified that she and IME would comply with all Medicare rules and regulations, including that IME would not knowingly submit or cause the submission of a false and fraudulent claim for payment by Medicare and that IME would comply with the Federal Anti-Kickback Statute.

e. It was further a part of the conspiracy that PAULA PIRONE, SOPHIE DUFORT, coconspirators, and others obtained access to beneficiaries' information from coconspirators, including by paying telemarketers to target beneficiaries with deceptive marketing and induce them to accept medically unnecessary braces.

f. It was further a part of the conspiracy that PAULA PIRONE, through CME and Medeor, and SOPHIE DUFORT, through IME, paid illegal kickbacks and bribes to Coconspirator 1, through Telemarketing Company 1, and Coconspirator 2, through Telemarketing Company 2, in exchange for beneficiary referrals for medically unnecessary braces, including doctors' orders signed by telemedicine practitioners who were not treating the beneficiaries and who did not conduct a proper telemedicine visit.

g. It was further a part of the conspiracy that PAULA PIRONE and SOPHIE DUFORT entered into sham contracts, and caused coconspirators and others to enter into sham contracts, that masked the nature of the payments and services provided by telemarketers in order to conceal the sale of signed doctors' orders in exchange for kickbacks and bribes.

h. It was further a part of the conspiracy that PAULA PIRONE used Medeor to operate DME businesses, pay kickbacks and bribes to telemarketing companies in exchange for beneficiary referrals and signed doctors' orders, and distribute signed doctors' orders from telemarketing companies amongst the DME businesses she owned and managed.

i. It was further a part of the conspiracy that, from in or around September 2019, through in or around December 2021, PAULA PIRONE, SOPHIE DUFORT, and coconspirators and others, through CME, IME, AMES, and OUSMS, caused the submission of false and fraudulent claims to Medicare, through interstate wires, in the approximate amount of \$8,640,917 for DME that was procured through the payment of illegal kickbacks and bribes, medically unnecessary, ineligible for reimbursement, and not provided as represented.

j. It was further a part of the conspiracy that, from in or around September 2019, through in or around December 2021, Medicare paid approximately \$2,968,773 on those false and fraudulent claims.

k. It was further a part of the conspiracy that PAULA PIRONE, SOPHIE DUFORT, and their coconspirators participated in meetings, perform various acts,

and make statements to accomplish the objects of the conspiracy and to conceal the conspiracy.

1. It was further a part of the conspiracy that PAULA PIRONE, SOPHIE DUFORT, and their coconspirators used the fraud proceeds to benefit themselves and others, and to further the conspiracy.

All in violation of 18 U.S.C. § 1349.

COUNTS TWO THROUGH FIVE
(Health Care Fraud)

A. Introduction

30. The Grand Jury hereby realleges Paragraphs 1 through 20, 23, and 24 through 26 of this Indictment and incorporates such paragraphs by reference as though fully set forth herein.

B. The Scheme and Artifice

31. From in or around September 2019, and continuing through in or around December 2021, in the Middle District of Florida, and elsewhere, the defendants,

PAULA PIRONE and
SOPHIE DUFORT,

aided and abetted by each other and others, in connection with the delivery of and payment for health care benefits, items and services, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, that is, Medicare, and to obtain by means of materially false and fraudulent pretenses, representations, and promises, money and

property owned by, and under the custody and control of, said health care benefit program.

C. The Manner and Means of the Scheme and Artifice

32. The manner and means of the scheme and artifice is described in Section D of Count One of this Indictment and the Grand Jury realleges and incorporates by reference that section as though fully set forth herein.

D. Execution of the Scheme and Artifice

33. On or about the dates set forth below as to each count, in the Middle District of Florida, and elsewhere, the defendants,

PAULA PIRONE and
SOPHIE DUFORT,

aided and abetted by each other and others did knowingly and willfully execute and attempt to execute the aforesaid scheme and artifice, in connection with the delivery of and payment for health care benefits, items, and services, through the submission of the below claims to Medicare:

Count	Defendant	DME Supplier	Beneficiary	Approx. Date of Claim Submission	Medicare Claim Number / Procedure Code(s) (Description)	Approx. Amount Claimed
TWO	SOPHIE DUFORT	IME	C.W.	9/22/2020	120266840598000 / L0648 (back brace), L1851 (knee brace), L3960 (shoulder-elbow-wrist-hand brace), L2397 (sleeve)	\$4,290
THREE	SOPHIE DUFORT	IME	S.R.	12/30/2020	121004755566000 / L0648 (back brace), L1851 (knee braces), L2397 (sleeves)	\$5,269
FOUR	PAULA PIRONE	CME	J.G.	12/30/2020	121004755489000 / L0648 (back brace), L1851 (knee braces), L2397 (sleeves)	\$5,269
FIVE	PAULA PIRONE	CME	S.L.	02/04/2021	121035735716000 / L3916 (wrist brace)	\$934

In violation of Title 18, United States Code, Sections 1347 and 2.

COUNT SIX
(Conspiracy)

A. Introduction

34. The Grand Jury hereby realleges Paragraphs 1 through 26 of this Indictment and incorporates such paragraphs by reference as though fully set forth herein.

B. The Conspiracy

35. From in or around September 2019, and continuing through in or around December 2021, in the Middle District of Florida, and elsewhere, the defendants,

PAULA PIRONE and
SOPHIE DUFORT,

did knowingly and willfully combine, conspire, confederate, and agree with each other, Coconspirator 1, Coconspirator 2, and others, known and unknown to the Grand Jury, to:

- a. defraud the United States out of money and property and by impeding, impairing, obstructing, and defeating the lawful function of HHS, through its agency, CMS, in the administration of Medicare Part B, by deceit, craft, and trickery; and
- b. commit an offense against the United States by offering and paying remuneration, in violation of 42 U.S.C. § 1320a-7b(b)(2).

C. Purpose of the Conspiracy

36. It was the purpose of the conspiracy for the defendants and their coconspirators to unlawfully enrich themselves by, among other things: (a) offering and paying illegal kickbacks and bribes in exchange for beneficiary referrals, including signed doctors' orders, for braces; (b) submitting and causing the submission of false and fraudulent claims to Medicare for braces that were procured through the payment of illegal kickbacks and bribes, ineligible for Medicare reimbursement, medically unnecessary, and not provided as represented; (c) concealing and causing the concealment of illegal kickbacks and bribes and false and

fraudulent claims; (d) concealing and causing the concealment from Medicare of PIRONE's role as an owner and manager of IME, AMES, and OUSMS; and (e) diverting fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

D. Manner and Means of the Conspiracy

37. The manner and means by which the defendants and their conspirators sought to accomplish the objects and purpose of the conspiracy included, among others, the following:

a. It was part of the conspiracy that PAULA PIRONE enrolled and caused coconspirators and others, including SOPHIE DUFORT, to enroll multiple DME suppliers with Medicare, including CME, IME, AMES, and OUSMS.

b. It was further a part of the conspiracy that PAULA PIRONE, SOPHIE DUFORT, and other conspirators concealed from Medicare PIRONE's true ownership interest and control and management of IME, AMES, and OUSMS.

c. It was further a part of the conspiracy that PAULA PIRONE submitted Form 855S to CMS on behalf CME, wherein PIRONE certified that she and CME would comply with all Medicare rules and regulations, including that CME would not knowingly submit or cause the submission of a false and fraudulent claim for payment by Medicare and that CME would comply with the Federal Anti-Kickback Statute.

d. It was further a part of the conspiracy that SOPHIE DUFORT submitted Form 855S to CMS on behalf IME, wherein DUFORT certified that she

and IME would comply with all Medicare rules and regulations, including that IME would not knowingly submit or cause the submission of a false and fraudulent claim for payment by Medicare and that IME would comply with the Federal Anti-Kickback Statute.

e. It was further a part of the conspiracy that PAULA PIRONE, SOPHIE DUFORT, coconspirators, and others obtained access to beneficiaries' information from others, including by paying telemarketers to target beneficiaries with deceptive marketing and induce them to accept medically unnecessary braces.

f. It was further a part of the conspiracy that PAULA PIRONE, through CME and Medeor, and SOPHIE DUFORT, through IME, paid illegal kickbacks and bribes to Coconspirator 1, through Telemarketing Company 1, and Coconspirator 2, through Telemarketing Company 2, in exchange for beneficiary referrals for medically unnecessary braces, including doctors' orders signed by telemedicine practitioners who were not treating the beneficiaries and who did not conduct a proper telemedicine visit.

g. It was further a part of the conspiracy that PAULA PIRONE and SOPHIE DUFORT entered into sham contracts, and caused coconspirators and others to enter into sham contracts, that masked the nature of the payments and services provided by telemarketers in order to conceal the sale of signed doctors' orders in exchange for kickbacks and bribes.

h. It was further a part of the conspiracy that PAULA PIRONE used Medeor to operate DME businesses, pay kickbacks and bribes to telemarketing

companies in exchange for beneficiary referrals and signed doctors' orders, and distribute signed doctors' orders from telemarketing companies amongst the DME businesses she owned and managed.

i. It was further a part of the conspiracy that, from in or around September 2019, through in or around December 2021, PAULA PIRONE, SOPHIE DUFORT, and others, through CME, IME, AMES, and OUSMS, caused the submission of false and fraudulent claims to Medicare, through interstate wires, in the approximate amount of \$8,640,917 for DME that was procured through the payment of illegal kickbacks and bribes, medically unnecessary, ineligible for reimbursement, and not provided as represented.

j. It was further a part of the conspiracy that, from in or around September 2019, through in or around December 2021, Medicare paid approximately \$2,968,773 on those false and fraudulent claims.

k. It was further a part of the conspiracy that PAULA PIRONE, through CME and Medeor, and SOPHIE DUFORT, through IME, paid illegal kickbacks and bribes to Coconspirator 1, through Telemarketing Company 1, and Coconspirator 2, through Telemarketing Company 2, in the total amount of approximately \$286,775.

l. It was further a part of the conspiracy that PAULA PIRONE, SOPHIE DUFORT, and their coconspirators participated in meetings, perform various acts, and make statements to accomplish the objects of the conspiracy and to conceal the conspiracy.

m. It was further a part of the conspiracy that PAULA PIRONE, SOPHIE DUFORT, and their coconspirators used the proceeds of the conspiracy to benefit themselves and others, and to further the conspiracy.

E. Overt Acts

38. In furtherance of the conspiracy, and to accomplish its purposes and objects, the defendants and other conspirators committed at least one of the following overt acts, among others, in the Middle District of Florida and elsewhere:

a. On or about July 2, 2020, PIRONE, through CME, paid Coconspirator 2, through Telemarketing Company 2, approximately \$11,000 via wire transfer as a kickback and bribe for beneficiary referrals, including signed doctors' orders for braces.

39. On or about September 18, 2020, PIRONE, through Medeor, paid Coconspirator 2, through Telemarketing Company 2, approximately \$5,850 via wire transfer as a kickback and bribe for beneficiary referrals, including signed doctors' orders for braces.

40. On or about October 9, 2020, DUFORT, through IME, paid Coconspirator 2, through Telemarketing Company 2, approximately \$10,000 via wire transfer as a kickback and bribe for beneficiary referrals, including signed doctors' orders for braces.

All in violation of 18 U.S.C. § 371.

COUNTS SEVEN THROUGH NINE
(Offer and Payment of Health Care Kickbacks)

41. The allegations contained in Paragraphs 1 through 20, 23, and 24 through 26 of the Indictment are re-alleged and incorporated by reference as though fully set forth herein.

42. On or about the dates set forth below as to each count, in the Middle District of Florida, and elsewhere, the defendants,

PAULA PIRONE and
SOPHIE DUFORT,

aided and abetted by each other and others, did knowingly and willfully offer and pay remuneration, that is, kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, in the approximate amounts listed below, to any person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part under a Federal health care program, that is, Medicare:

Count	Defendant	Approx. date of Kickback payment	Approx. Kickback Amount	Description of Kickback Payment
SEVEN	PAULA PIRONE	7/2/2020	\$11,000	Wire transfer from the CME Account to Telemarketing Company 2
EIGHT	PAULA PIRONE	9/18/2020	\$5,850	Wire transfer from the Medeor Account to Telemarketing Company 2
NINE	SOPHIE DUFORT	10/9/2020	\$10,000	Wire transfer from the IME Account to Telemarketing Company 2

In violation of 42 U.S.C. § 1320a-7b(b)(2)(A) and 18 U.S.C. § 2.

FORFEITURE

1. The allegations contained in Counts One through Nine are realleged and incorporated by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. §§ 981(a)(1)(C), 982(a)(7) and 28 U.S.C. § 2461(c).

2. Upon conviction for the violation of 18 U.S.C. § 1347 and/or 42 U.S.C. § 1320a-7b(b)(2), or a conspiracy to violate these provisions (18 U.S.C. § 371 and/or 1349), the defendants shall forfeit to the United States, pursuant to 18 U.S.C. § 982(a)(7), any and all property, real or personal, which constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the offense.

3. Upon conviction of a conspiracy of the violation of 18 U.S.C. § 1343, in violation of 18 U.S.C. § 1349, the defendants shall forfeit to the United States, pursuant to 18 U.S.C. § 981(a)(1)(C) and 28 U.S.C. § 2461(c), any property, real or personal, which constitutes or is derived from proceeds traceable to the offense.

4. The property to be forfeited as to defendant PAULA PIRONE includes, but is not limited to, the \$645,171 in proceeds she obtained as a result of the commission of the offenses.

5. The property to be forfeited as to defendant SOPHIE DUFORT includes, but is not limited to, the \$150,000 in proceeds she obtained as a result of the commission of the offense.

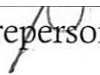
6. If any of the property described above, as a result of any act or omission of the defendant:

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third party;
- c. has been placed beyond the jurisdiction of the court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property which cannot be divided without difficulty,

the United States of America shall be entitled to forfeiture of substitute property

under the provisions of 21 U.S.C. § 853(p), as incorporated by 18 U.S.C. § 982(b)(1) and 28 U.S.C. § 2461(c).

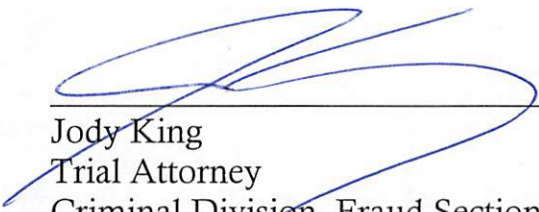
A TRUE BILL




Foreperson

GREGORY W. KEHOE
United States Attorney

LORINDA LARYEA
Acting Chief, Fraud Section
Criminal Division, Fraud Section
United States Department of Justice



Jody King
Trial Attorney
Criminal Division, Fraud Section
United States Department of Justice



Carlton Gammons
Assistant United States Attorney
Chief, Economic Crimes

FORM OBD-34

June 25

No.

UNITED STATES DISTRICT COURT
Middle District of Florida
Ocala Division

THE UNITED STATES OF AMERICA


vs.

PAULA PIRONE
SOPHIE DUFORT

INDICTMENT


Violations: 18 U.S.C. §1349, 1347, 371
42 U.S.C. § 1320a-7b(b)(2)

A true bi

_____ 

Foreperson

Filed in open court this 11th day
of June 2025.

_____ 
Clerk

Bail \$ _____

FORM OBD-34

June 25

No.

UNITED STATES DISTRICT COURT
Middle District of Florida
Ocala Division

THE UNITED STATES OF AMERICA

vs.

PAULA PIRONE
SOPHIE DUFORT

INDICTMENT

Violations: 18 U.S.C. §1349, 1347, 371
42 U.S.C. § 1320a-7b(b)(2)

A true bill,

~ Foreperson / _____

Filed in open court this 12th
day of June 2025.

Eric Calderon
Clerk

Bail \$ _____
