UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

UNITED STATES,
Plaintiff,
v.

Case No: 6:25-cr-161

VERLYNN JAMELAH HORNE,
Defendant.
_____/

DEFENDANT HORNE'S SENTENCING MEMORANDUM
AND
REQUEST FOR DOWNWARD VARIANCE

As stated in the Pre-Sentence Report, Verlynn Horne has pled guilty in this cause to Wire Fraud in violation of 18 U.S.C. 1343 and Willful Failure to File Tax Returns in violation of 26 U.S.C. 7203. The maximum penalty for the offense of Wire Fraud is 30 years and for Willful Failure to File Tax Returns, 1 year imprisonment. The United States Probation Office has calculated and stated in the Pre-sentence report (PSR) that the total offense level for the defendant is 22, which is driven primarily by the amount of loss and Ms. Horne's under stated acceptance of responsibility. Having no prior offenses, Ms. Horne has zero criminal history points, placing her in the criminal history category of 1. Her offense level and criminal history category provide a sentencing range of 41 to 51 months. It is well

settled that the Court must give respectful consideration to the guidelines. However, the Court may not presume that the guideline sentence is the correct one, Rita v. United States, 127 S. Ct. 2456 (2007), nor place "any thumb on the scale favoring a guideline sentence." United States v. Sachsenmaier, 491 F. 3d 680 (7th Cir. 2007). As the Court knows, the guidelines are but one factor among several listed in 18 U.S.C. Section 3553 (a). The initial factors listed under section 3553 (a) are the nature and circumstances of the offense and the personal history and characteristics of the Defendant. The PSR details the offense conduct and computes the advisory guideline range based on that conduct. The personal history and characteristics of the Defendant address the issues relevant to an individualized sentence. As stated in Paragraph 103 of the PSR, the personal characteristics of the Defendant provide recognizable factors, which warrant the Court's consideration for a variant sentence below the statutory guidelines. Counsel will also note as stated below, there are significant factors within the nature and circumstances of the offense, which provide a recognizable basis for a downward variance.

NATURE AND CIRCUMSTANCES OF THE OFFENSE

As noted in the PSR, Ms. Horne obtained a significant amount of government money through false representations and provided assistance for other identified, but uncharged offenders, to fraudulently obtain PPP loans. As noted in the PSR, Ms. Horne and the unindicted co-defendants obtained fraudulent loans in the total

amount of $5,581,089.20. The application for these loans were facilitated with the knowing assistance of an uncharged accountant.

PERSONAL HISTORY AND CHARACTERISTICS

Ms. Horne is 49 years old with no prior criminal history. She is the loving mother of a 24 year old daughter and 15 year old son, but unfortunately suffers from an array of major health issues. Her poor health would not only make incarceration substantially more difficult, it would be a constant and imminent threat to her well being and life. Ms. Horne's age, lack of prior criminal history suggests that she is unlikely to reoffend. Her cooperation with law enforcement and her supportive family and friends are also strong indicators of amenability for rehabilitation.

FACTORS WARRANTING A SENTENCING VARIENCE

1. Post Offense Behavior

Ms. Horne's last activity related to this Fraud Offense occurred on September 9, 2020. Verlynn Horne has not committed any additional offenses in the six years since. Other than this offense and two dismissed misdemeanors from her teenage years, she has had no other encounters with law enforcement. At Ms. Horne's arraignment, the Government noted that she was not a flight risk and agreed to release her on her own recognizance with Pretrial Services Supervision. Noting her lack of criminal history, her cooperation with the investigation and her exemplary post offense behavior, Ms. Horne is very unlikely to recidivate.

2. **Verlynn Horne's Health and Need for Medical Care**

Ms. Horne's poor health and substantial need for medical care further warrant a downward variance. As stated in Paragraphs 74 and 75 of the PSR, Ms. Horne suffers from atrial fibrillation (rapid, irregular and often chaotic heart rhythms, which can lead to blood clots), sinus tachycardia (increased electrical discharges, which raises blood pressure), stage three kidney failure, venous insufficiency (blood pooling in leg veins) complex migraines, epileptic seizures and obstructive sleep apnea. She receives medical care through Advent Health, Dr. Karen G Reddy, MD and West Orange Nephrology, all of whom have provided documentation of their treatment. These multiple ailments require regular medical care from Ms. Horne's medical doctors, especially her cardiologist. (See attached Exhibits)

Ms. Horne requires regular medical care that would not likely be available or adequate in the Bureau of Prisons. Ms. Horne's body is in a constant state of inflammation. Additionally, Ms. Horne has been diagnosed with anxiety by her therapist. Ms. Horne has returned to regular contact with her therapist, working on coping mechanisms to assist her in day-to-day life. According to Anxiety Disorders by the World Health Organization, for an individual with multiple health issues, anxiety attacks can be much more severe as they can mimic or trigger cardiac episodes. Ms. Horne's physical and mental health will be negatively and severely impacted by her incarceration and thus be far more punitive than normally contemplated Please find

attached as Exhibits, current medical reports documenting the above cited medical issues and the continued need for care.

3. Bureau of Prisons Unwillingness or Inability to Provide Appropriate Medical Care

In recent compassionate release litigation in the Middle District of Florida, the Court made the factual finding that the Bureau of Prisons had ignored for over three months a medical provider's referral of an inmate for emergency surgical care. *United States v Justina Maria Holland,* 6:20-cr-86-RBD-NWH. (Doc. 207 March 31, 2026). In granting compassionate release the Court noted that in another earlier 2026 case in the Middle District, the Office of the Inspector General had found , that the delay of medical care by the Bureau of Prisons had resulted in the death of inmate. (Doc 207, p.2) See *United States v Bardell, 6:11-cr-401.*

The District Court in *Holland* concluded that "The BOP is simply unwilling or unable to provide appropriate medical care" (Doc 207, p.8). The recent *Bardell and Holland* cases not only show how incarceration is more difficult for those suffering medical and health issues, but how incarceration may be life threatening as well.

4. Verlynn Horne Heightened Acceptance of Responsibility and Cooperation

On February 6, 2023, more than two years prior to the filing of the Indictment, Verlynn Horne, voluntarily participated in a two hour proffer with two Special IRS

Agents and an Assistant U.S. Attorney. As part of the pre-indictment proffer, she willingly admitted to fraudulently applying for PPP and EIDL loans and assisting others in obtaining fraudulent loans. Ms. Horne's proffer was detailed and specific as to the bank officers who directed her to include potential employee slots in the application, the accountant who for cash, knowingly assisted in preparing the fraudulent applications for the numerous other individuals referred by Ms. Horne and the individuals who through those referrals also obtained their own fraudulent loans.

In addition to her oral proffer, Ms. Horne provided the agents full access to her cell phone, which allowed the agents to download inculpatory text messages and emails with the unindicted co-conspirators and complicit accountants. Further, Counsel and Ms. Horne confirmed their availability for future cooperation, including her willingness to conduct controlled phone calls. Although, the assigned Assistant U.S. Attorney transferred to another District, Ms. Horne and Counsel inquired and remained available for further cooperation, none of which was sought by the Government. As a result, according to Paragraph 35 of the PSR almost three dozen criminally liable participants remained uncharged and their two-million-dollar theft non-recoverable.

In the absence of a Rule 5K Motion acknowledging Ms. Horne's cooperation and moving for a downward departure, Ms. Horne would request a downward variance under 3553(a) for her cooperation, disparate treatment and the Government's failure to mitigate their loss.

CONCLUSION AND PRAYER

In accord with all the foregoing facts, law and arguments, Counsel respectfully prays that this Honorable Court calculate and find support under 3553(a) factors for a 7 level downward variance from the PSR stated level of 22 to a guideline level of 15 and impose an 18 month term of imprisonment followed by the required term of conditional supervision. Under 3553(a) factors a reasonable sentence may take into account Ms. Horne's advancing age of 49 with the lack of any prior criminal history for a one level variance and her major health issues for a three level variance. Further, Ms. Horne's heighten level of acceptance of responsibility and cooperation without 5K recognition, her disparate treatment and the Government's failure to mitigate their loss, should allow for an additional 3 level variance.

Respectfully Submitted this 3rd day of September 2026,

/s/ Roger L. Weeden, Esquire
Roger L Weeden, Esquire

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the foregoing was filed with the Clerk of Court (CM/ECF) by using the CM/ECF system which will send a notice of electronic filing to the Office of United States Attorney, this 3rd day of September, 2026.

/s/Roger L Weeden, Esquire
ROGER L. WEEDEN, ESQUIRE
321 East Colonial Drive
Orlando, Florida 32801
(407) 894-9004
Florida Bar No. 290106

EXHIBIT A

FLORIDA CARDIOLOGY, P.A.
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ICAN L Nuclear Cardiology Accredited Nuclear Cardiology Laboratory

Sandeep Bajaj, MD, FACC, FCCP
Kuran G Reddy, MD, FACC, FACP
Claudio Manubens, MD, FACP
Steven Davis, MD
Milan Kothari, MD, FACC
Sumeer Chadha, MD

Raviprasad Subraya, MD, FACC, FSCAI
Prashanta Laddu, MD
Usman Siddiqui, MD
Roberto Torres-Aguiar, MD, FACC
Sayed T. Hussain, MD, FACC
Harish Patil, MD, FACC, FSCAI
Edwin Martinez, MD, FACC

Ashish Gupta, MD, PhD
Kunal J. Teli, MD
Vinod Makhija, MD
Jorge O Diaz, MD, FACC, FHRS
Sara Bashyam, APRN
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Carlie Smith, APRN
Vanessa Turnbull, APRN
Bridgette Mitchell, APRN
Rona Thompson, APRN
Jonathan Jaramillo, APRN
Brenda Joseph, APRN

RE: Verlynn J. Horne

DOB: 05/30/1977

Patient ID: 243065 – Verlynn J. Reed-Taylor

To: The Honorable Judge Sneed

RE: Medical Necessity and Severity of Medical Conditions

Dear Judge Sneed:

I am the treating cardiologist for Ms. Verlynn J. Horne and have evaluated and treated her for multiple complex cardiovascular and related medical conditions. Based upon my ongoing treatment relationship with Ms. Horne, my review of her medical records, objective diagnostic studies, cardiac monitoring, laboratory findings, physical examinations, and her ongoing clinical presentation, it is my medical opinion that her medical conditions are severe, chronic, complex, and associated with significant functional limitations.

Ms. Horne's medical conditions include **resistant and poorly controlled hypertension, recurrent supraventricular tachycardia (AVNRT) status post ablation with recurrent tachycardia, chronic venous insufficiency, May-Thurner syndrome, chronic bilateral lower-extremity edema, renal insufficiency, obstructive sleep apnea, palpitations, chronic fatigue, dizziness, neuropathic pain, migraine headaches, epilepsy, and other associated medical conditions.**

Severity of Cardiovascular Disease and Ongoing Medical Crisis

Ms. Horne's cardiovascular condition is complex and requires continuous medical management, monitoring, and treatment. Of particular concern is her **severely resistant and poorly controlled hypertension despite extensive medical therapy**.

Her reported average blood-pressure readings range from approximately **179/100 mmHg with a heart rate of 96 beats per minute to 208/116 mmHg with a heart rate of 100 beats per minute.** These persistently elevated readings are concerning given her extensive cardiovascular history and multiple associated medical conditions.

Because of the severity, persistence, and complexity of her medical conditions, **Ms. Horne is in a constant state of medical crisis and remains at significant risk of acute medical deterioration.** Her condition is medically unstable and requires continued supervision, close monitoring, medication management, and prompt medical evaluation whenever her symptoms or cardiovascular status worsen.

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Brenda Joseph, APRN

Her condition is not simply a matter of subjective symptoms or discomfort. She has significant documented cardiovascular disease accompanied by objective abnormalities and recurrent symptoms requiring ongoing medical care.

Cardiac Arrhythmia and Procedures

Ms. Horne has a documented history of **typical AV nodal re-entry tachycardia (AVNRT)** and underwent **AVNRT ablation on April 3, 2013**. Despite the prior ablation, she has continued to experience recurrent supraventricular tachycardia, sinus tachycardia, and symptomatic palpitations.

Because of her recurrent and debilitating palpitations and tachyarrhythmias, an **implantable loop recorder** was placed for continued cardiac rhythm monitoring.

Her cardiac monitoring has demonstrated significant recurrent tachycardia. The May 1, 2026 loop-recording evaluation documented **1,809 episodes of tachycardia, with ventricular rates reaching approximately 180 beats per minute and the longest episode lasting approximately 41 minutes**.

These findings demonstrate that her tachyarrhythmia remains an active and clinically significant cardiovascular problem despite prior intervention and ongoing treatment.

Resistant Hypertension

Ms. Horne's hypertension has been particularly difficult to control and has required treatment with multiple medications, including **carvedilol, clonidine, Entresto, hydralazine, labetalol, minoxidil, and triamterene-HCTZ**.

Despite this extensive medical therapy, she continues to experience severely elevated blood-pressure readings. The possibility of **renal artery denervation** has also been discussed because of the resistant nature of her hypertension.

The persistence of markedly elevated blood pressure despite multiple medications significantly increases the medical complexity of her condition and requires continued cardiovascular and medical supervision.

Venous Disease, Edema, and Lower-Extremity Symptoms

Ms. Horne also has significant chronic venous disease and **May-Thurner syndrome**. Her medical history includes chronic bilateral lower-extremity edema, venous insufficiency, and significant lower-extremity symptoms.

She has reported **moderate to severe swelling of both legs, numbness and burning involving the toes, feet, and legs, leg cramps, restless-leg symptoms, aching, heaviness, and neuropathic pain**.

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Brenda Joseph, APRN

These symptoms have persisted despite conservative measures including compression stockings, leg elevation, and leg exercises.

The combination of chronic venous insufficiency, May-Thurner syndrome, bilateral edema, and neuropathic pain further contributes to the severity of her overall medical condition.

Renal and Other Associated Medical Conditions

Ms. Horne also has documented **renal insufficiency**, which is clinically significant in the management of her resistant hypertension and cardiovascular disease and requires continued monitoring.

Her additional medical conditions include **obstructive sleep apnea treated with CPAP, fatigue, dizziness, complex migraine headaches, epilepsy, neuropathic pain, and other associated neurological and medical conditions**.

The cumulative effect of these conditions adds substantially to the complexity of her medical care and overall clinical presentation.

Medical Necessity and Functional Limitations

Ms. Horne's multiple cardiovascular and systemic medical conditions significantly affect her ability to carry out normal daily activities consistently.

Her recurrent tachycardia and palpitations, severe hypertension, fatigue, dizziness, bilateral lower-extremity edema, neuropathic pain, and other associated symptoms may become severe without warning and can require her to **stop activity, rest, change positions, elevate her legs, and allow her symptoms to stabilize**.

Her symptoms fluctuate in severity and can worsen unexpectedly. Because of the seriousness of her cardiovascular disease, it is medically necessary for her to be able to respond promptly when her symptoms escalate and to obtain appropriate medical evaluation and treatment when medically necessary.

Ms. Horne requires continued access to medical care, appropriate periods of rest, the ability to change positions as necessary, and the ability to address acute changes in her cardiovascular symptoms without delay.

Physician's Medical Opinion

Based upon my ongoing treatment of Ms. Horne, review of her medical records, objective diagnostic testing, cardiac monitoring, laboratory findings, physical examinations, and her continued clinical presentation, it is my medical opinion that her impairments are **severe, chronic, and significantly limiting**.

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	Edwin Martinez, MD, FACC	Ariel Delacruz, APRN	Brenda Joseph, APRN

Her resistant hypertension remains extremely difficult to control despite extensive medical therapy, with reported blood-pressure readings ranging from approximately **179/100 to 208/116 mmHg**, accompanied by heart rates ranging from approximately **96 to 100 beats per minute**.

She also has recurrent tachyarrhythmias despite prior AVNRT ablation and continued medical treatment. Her implanted cardiac monitor has documented substantial recurrent tachycardia, including episodes reaching approximately **180 beats per minute** and a prolonged episode lasting approximately **41 minutes**.

In addition, her chronic venous insufficiency, May-Thurner syndrome, bilateral lower-extremity edema, neuropathic pain, renal insufficiency, fatigue, dizziness, obstructive sleep apnea, migraines, epilepsy, and other medical conditions further compound the severity of her overall medical condition.

Due to the acute and chronic nature of these conditions, Ms. Horne is in a constant state of medical crisis and remains at significant risk of acute medical deterioration. Her condition requires ongoing medical supervision, cardiac monitoring, medication management, and prompt medical intervention when her cardiovascular symptoms become exacerbated.

Her medical condition is complex and unpredictable, and her symptoms and cardiovascular status may change rapidly. She may require immediate rest, medical attention, diagnostic evaluation, medication adjustment, or other treatment when her condition deteriorates.

It is my medical opinion that **continued comprehensive medical care and close cardiovascular monitoring are medically necessary** for Ms. Horne. Her condition requires ongoing evaluation and management because of the persistent severity of her hypertension, recurrent tachyarrhythmias, cardiovascular symptoms, venous disease, edema, renal insufficiency, and multiple associated medical conditions.

I respectfully request that the Court give full consideration to the **severity, complexity, chronic nature, and ongoing medical instability** of Ms. Horne's condition.

This opinion is based upon my treatment relationship with Ms. Horne, her medical records, objective diagnostic findings, cardiac monitoring, laboratory results, physical examinations, and her ongoing clinical course.

Please feel free to contact my office if additional medical information or clarification is required.

Sincerely,

Karan G. Reddy, MD

Florida Cardiology, PA

ALOMA
483 N. Semoran Blvd., Suite 102
Winter Park, FL 32792
Ph# (407) 645-1847
Fax# (321) 274-0246

CLERMONT
255 Citrus Tower Blvd., Suite 101
Clermont, FL 34711
Ph# (352) 394-0893
Fax# (352) 243-1188

DAVENPORT
2239 North Boulevard West
Davenport, FL 33837
Ph# (863) 419-1418
Fax# (863) 419-1809

HUNTERS CREEK
14501 Gatorland Dr ,
Orlando, FL 32837
Ph# (407) 931-0070
Fax# (407) 816-4174

METROWEST
6200 Metrowest Blvd., Suite 102,
Orlando, FL 32835
Ph# (407) 294-5551
Fax# (407) 294-5572

OVIEDO
7440 Red Bug Lake Road
Oviedo, FL 32765
Ph# (407) 971-0000
Fax# (407) 971-0008

LAKE MARY
1307 S. International Pkwy Suite 2071
Lake Mary, FL 32746
Ph# (407) 638-9000
Fax# (407) 878-7009

LAKE BALDWIN
964 Lake Baldwin Lane, Suite 100
Orlando, FL 32814
Ph# (407) 601-0888
Fax# (407) 601-0931

LONGWOOD
515 West SR 434 Suite 301
Longwood, FL 32750
Ph# (407) 638-9000
Fax# (407) 878-7009

DEBARY
110 Pond Court Suite 204
Debary, FL 32713
Ph# (386) 845-5020
Fax# (386) 259-9589

EXHIBIT B

WEST ORANGE NEPHROLOGY

Attaining wellness...Limiting the use of medications

07/22/2026

To whom it may concern,

I am the treating nephrologist for **Ms. Verlynn Horne** and have been actively involved in her care for **Stage 3 chronic kidney disease (CKD)** and multiple serious, chronic medical conditions. I have personally evaluated her, reviewed her medical records, monitored her clinical progress, and overseen her treatment.

Ms. Horne's diagnoses include, but are not limited to:

- Stage 3 chronic kidney disease (CKD)
- Hypertension
- Secondary hyperparathyroidism
- Congestive heart failure
- Bilateral lower extremity edema
- Migraine headaches
- Iron deficiency
- Chronic fatigue
- Other associated medical conditions related to her chronic disease processes

Despite appropriate medical management, including multiple prescription medications, specialist consultations, diagnostic testing, laboratory monitoring, and conservative treatment measures such as leg elevation, Ms. Horne continues to experience persistent and significant symptoms. These include chronic fatigue, weakness, dizziness, headaches, lower extremity swelling, pain, and episodes of uncontrolled hypertension, all of which substantially limit her functional capacity.
Based on my ongoing treatment relationship with Ms. Horne and my review of her medical history, it is my medical opinion, to a reasonable degree of medical certainty, that her combined medical impairments significantly interfere with her ability to perform basic work-related activities on a regular and continuing basis (defined as eight hours per day, five days per week, or an equivalent schedule).

Due to her medical conditions and associated symptoms, Ms. Horne has marked limitations in her ability to:

- Sustain attention and concentration throughout a normal workday.
- Maintain regular attendance and complete a full workday without excessive interruptions from her symptoms.
- Stand or walk for prolonged periods because of lower extremity edema, weakness, fatigue, and cardiovascular limitations.
- Perform work activities at a consistent pace due to chronic fatigue, dizziness, and migraine headaches.
- Lift, carry, push, or pull on a sustained basis.
- Tolerate the physical and mental demands of even simple, routine work on a predictable and reliable basis.

WEST ORANGE NEPHROLOGY

Attaining wellness...Limiting the use of medications

In addition, it is my opinion that Ms. Horne would require frequent periods of rest during the day, would likely experience excessive absenteeism due to exacerbations of her medical conditions and ongoing medical appointments, and would be unable to sustain competitive employment on a regular and continuing basis.

These limitations are the result of objective medical findings, clinical examinations, laboratory testing, diagnostic studies, and my ongoing treatment of Ms. Horne. Despite compliance with prescribed treatment, her symptoms remain persistent and continue to significantly impair her daily functioning.

Based on the chronic nature of her medical conditions and her current clinical course, I expect these limitations to persist for at least 12 continuous months and likely longer.Therefore, in my professional medical opinion, Ms. Horne is unable to maintain substantial gainful activity and is not capable of sustaining full-time competitive employment due to the combined effects of her medically determinable impairments. Should you require any additional information, please do not hesitate to contact my office at **(407) 297-8408**.

Sincerely,

Marjan Vandevar, DO
NPI 1861759862