

**BEFORE THE JUDICIAL PANEL ON  
MULTIDISTRICT LITIGATION**

**IN RE: Neomedic Women’s Pelvic Repair  
Systems Products Liability Litigation**

**MDL No. 2511**

**NEOMEDIC DEFENDANTS’ OPPOSITION TO MOTION FOR TRANSFER TO  
THE SOUTHERN DISTRICT OF WEST VIRGINIA PURSUANT TO 28 U.S.C. §  
1407**

Defendants Neomedic, Inc., Neomedic International, S.L., Desarrollo e Investigación Médica Aragonesa S.L. (“DIMA, S.L.”) incorrectly designated as Desarrollo e Investigación Médica S.L. and Specialties Remeex International, S.L. (hereinafter referred to as “Neomedic Defendants”), respectfully submit this Opposition to the Motion for Transfer to the Southern District of West Virginia Pursuant to 28 U.S.C. § 1407 for (Dkt. No. 1) (“Motion to Transfer”) for Consolidated or Coordinated Pretrial Proceedings and Brief in Support as follows:

**I. Introduction**

Creation of a separate MDL for the Neomedic Defendants is an unnecessary waste of the Court’s resources and would ultimately result in an overall delay in litigation. Plaintiffs offer no basis that consolidation and/or severance would result in greater efficiency for resolution of these actions. The matters involving the Neomedic Defendants should be allowed to proceed and remain in their original district courts or in the other pending MDLs as they are capable of proceeding in a reasonable, efficient manner in those districts.

Most of these actions involve a single Plaintiff implanted with multiple pelvic repair products manufactured by different defendants. Fourteen of the twenty-one cases cited by Plaintiffs for Transfer are pending with fully briefed Motions to Dismiss in one

of the six MDLs (2325, 2326, 2327, 2387 or 2440)<sup>1</sup> in the Southern District of West Virginia before Honorable Joseph R. Goodwin. Severance of these claims at this time to a different MDL would disrupt the proceedings and run afoul of this Courts previous determination to transfer multi-product, multi-defendant pelvic repair product actions to the MDL involving the defendant first named in the complaint. *In re Am. Med. Sys.*, 844 F. Supp. 2d 1359, 1361 (J.P.M.L. 2012). A separate MDL would impede all Defendants, including Neomedic Defendants, ability to protect their interests and will subject them to multiple, inconsistent obligations. There is no indication that a proliferation of litigation would result in greater efficiency in the conduct of the proceedings.

The Panel has recognized that transfer to MDL for pre-trial coordination is more appropriate when large number of cases-rather than a few cases are pending in different federal courts. *See In Re DaimlerChrysler Corp. Seat Belt Buckle Prods. Liab. Litig.*, 217 F. Supp. 2d 1376 (J.P.M.L. 2002) (“[g]iven the minimal number of actions involved in this docket, *inter alia*, Section 1407 coordination is not warranted). There are seven matters pending in separate jurisdictions. As there are a number of unique factual issues in each of these claims, these cases would be best managed and resolved in their current postures, by the individual courts with the appropriate coordination of counsel. Transfer of such a small number of cases to an MDL is inappropriate under 28 U.S.C. § 1407, as it would not provide convenience for the witnesses or parties nor achieve efficiency in the conduct in the individual actions.

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<sup>1</sup> *See, e.g., In Re: Cook Medical Pelvic Repair Prods. Liab. Litig.* MDL 2440 (J.P.M.L. 2013); *In Re Coloplast Corp.’s Pelvic Support Systems Prods. Liab. Litig.*, MDL 2387 (J.P.M.L. 2012); *In Re American Medical Systems, Inc., Pelvic Repair System Prods. Liab. Litig.*, MDL 2325 (J.P.M.L. 2012); *In Re Boston Scientific Corp. Pelvic Repair System Prods. Liab. Litig.*, MDL 2326 (J.P.M.L. 2012); *In Re Ethicon, Inc., Pelvic Repair System Prods., Liab. Litig.*, MDL 2327 (J.P.M.L. 2012); *In Re Bard Pelvic Support System Prods. Liab. Litig.*, MDL 2187 (J.P.M.L. 2010).

Moreover, alternatives to achieving such convenience and efficiency in the pending federal actions are available, rendering transfer unnecessary. To the extent that discovery or other pretrial matters may be duplicative, there are alternative methods of resolving such issues that do not involve creation of a separate MDL to the already overburdened Judges in Charleston, West Virginia pursuant to Section 1407.

**II. A Neomedic Defendants MDL Will Not Conserve Resources of the Parties or Their Counsel and will not serve the convenience of the parties and witnesses.**

Neomedic Defendants submit that Plaintiffs here have the heavy burden of establishing that the 21 actions demonstrate that coordination or consolidation is warranted. (See Plaintiffs' Amended Schedule of Actions, attached hereto as Exhibit "A"). Coordination can be accomplished without the creation of a separate MDL.

*A. Most of the Cases Are Already Pending in a Different MDL and Consolidation Would Be Inefficient.*

Plaintiffs fail to show why the transfer of cases already transferred to an MDL should be removed and subjected to a new MDL. The Panel must consider whether "coordination and consolidation of pretrial proceedings will disrupt the orderly progress being made in [a particular action] and will "result in no overriding benefits to the litigation as a whole." See *In Re Women's Clothing Antitrust Litig.*, 455 F.Supp. 1388, 1390 (J.P.M.L. 1978). There are fourteen actions Plaintiffs seek to transfer that are multi-defendant, multi-product cases currently before Judge Goodwin. Each of these cases is pending in six separate MDLs involving Defendants American Medical Systems, Inc., C.R. Bard., Inc., Ethicon, Inc., Boston Scientific, Inc., Coloplast, Inc. and Cook, Inc. Each of those MDLS is subject to its own pretrial orders and discovery and is at various stages of litigation. Transfer is not appropriate under section 1407 where doing so will

not serve the convenience of the parties and witnesses and conserve the resources of the parties, their counsel and the judiciary. *See In Re National Sec. Agency Telecommunications Records Litigation*, 474 F. Supp.2d 1355, 1356 (J.P.M.L. 2007). To the contrary, interrupting the ongoing litigation in the other jurisdictions and inserting them into a MDL will “impose heavy and unnecessary burdens in time and expense on the[m] and their counsel.” *In re Galveston, Texas Oil Well Platform Disaster Litig.*, 322 F. Supp. 1405, 1407 (J.P.M.L. 1971).

Subjecting the Neomedic Defendants to a separate MDL will impede the already ongoing discovery process. In the fourteen matters pending in the separate MDLs, Plaintiffs were allegedly implanted with multiple devices. In several matters, the Neomedic Defendants have fully-briefed Motions to Dismiss before Judge Goodwin and Plaintiffs allege that the multiple defendants are collectively liable under theories of negligence; strict liability-design defect; strict liability-manufacturing defect; strict liability-failure to warn; breach of implied warranty; breach of express warranty; fraudulent misrepresentation; negligent misrepresentation, generally.<sup>2</sup> Neomedic Defendants contend that as each mesh device was sold and marketed as a unique product, requiring particularized consideration of the accuracy and/or sufficiency of the product warnings and instructions and/or any alleged defects. Plaintiffs allege that they suffered injury from these devices, but do so collectively, without any indication

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<sup>2</sup> There are fully-briefed Motions to Dismiss pending before Judge Goodwin in the *Horridge v. C.R. Bard, Inc., et al.* (13-cv-17786); *Nesse v. AMS, Inc., et al.* (13-cv-21078); *Dailey, et al., v. AMS, Inc., et al.* (13-cv-22292); *Scione-Johnson, et al. v. Coloplast, Corp., et al.* (13-11320); *Costa v. Boston Scientific Corp., et al.* (13-cv-21952); and *Weirback v. AMS, Inc., et al.* (13-cv-2646). In several of these matters, not all Neomedic Defendants have been effectively served. The *Feighner, et al. v. AMS, Inc, et al.*, (13-cv-23132); *Raetz v. AMS, Inc., et al.*, (13-cv-27179); *Beasley, et al. v. Cook Biotech, Inc. et al.*, (13-cv-17315); *McDuffie, et al. v. AMS, Inc., et al.*, (13-cv-2780); *Williams v. C.R. Bard, Inc., et al.*, (13-cv-21165 now 13-cv-17870); *Gonzalez, et al. v. AMS, Inc., et al.* (13-cv-24797) and *Vega, et al. v. AMS, Inc., et al.* (13-cv-26424) have not been served on Neomedic Defendants.

as to the specifics of their claims. Plaintiffs fail to indicate when the alleged harm occurred, and which device ultimately caused the injury, thus, intertwining the multiple defendant groups in those actions. Neomedic Defendants argue that there are distinct differences between their products and those of the other defendants pending in the MDLs. In these multi-product cases, Neomedic Defendants are entitled to and have participated in ongoing depositions and discovery. The key purpose of the multidistrict litigation is to “place all actions. . . before a single judge who can structure streamlined pretrial proceedings that accommodate all parties’ legitimate pretrial needs while ensuring that the common parties and witnesses are not subjected to demands that duplicate activity that will or has occurred in other actions.” *In Re Discover Card Payment Prot. Mktg. and Sales Litig.*, 764 F. Supp. 2d 1341, 1342 (J.P.M.L. 2011). Creation of this MDL creates unwarranted complications and would only serve to disturb these continuing pretrial proceedings.

Several practical considerations make the request to centralize and create a new MDL against the Neomedic Defendants claims unworkable. If a new MDL is created, the other defendants will then be subjected to duplicative discovery and inconsistent pretrial rulings. *See, e.g., In Re Circuit City Stores, Inc., Restocking Fee Sales Practices Litigation*, 528 F. Supp.2d 1363 (J.P.M.L. 2007) (the panel found that transfer was not warranted because alternatives existed to transfer that would minimize possibilities of duplicative discovery and/or inconsistent pretrial rulings). This Court has previously determined that in multi-product, multi-defendant pelvic repair actions the transfer is directed to the MDL involving the defendant first named in the Complaint. *See In Re:*

AMS, 844 F. Supp. 2d at 1361. Thus, these fourteen actions, under this directive, would remain in those separate MDLs.

B. *With Only Seven Cases Subject to Transfer, Creation of a New MDL is Unnecessary.*

The cases in which there is a single manufacturer involved present individual issues of fact, which do not justify consolidation under the 28 U.S.C. § 1407. There are only seven cases subject to transfer not already pending in an MDL. In those cases, Plaintiffs were implanted with a singular device: *Gloria Ruffin v. DIMA, S.L., et al.*, 12-cv-586, pending in the Southern District of Alabama; *Tamatha Dickerson v. DIMA, S.L., et al.*, 12-cv-192, pending in the Western District of North Carolina; *Tina Carpenter, et al. v. DIMA, S.L., et al.*, 13-cv-77, pending in the Western District of Pennsylvania; *Judy Oglesby, et al. v. DIMA, S.L., et al.*, 13-cv-484, pending in the Middle District of Alabama; *Mary Aldrich, et al. v. DIMA S.L., et al.*, 13-cv-651, pending in the Middle District of Tennessee; *Eugenie Marie Thomas v. Neomedic, Inc.*, 13-cv-1057, pending in the District of Minnesota; and *Gina Keasling, et al. v. DIMA, S.L., et al.*, 13-cv-66, pending in the Eastern District of Tennessee. To the extent there are common issues of fact, they will not predominate over the individualized issues inherent in these cases.

Unique, individualized inquiries of the alleged injuries must be made for each plaintiff relating to the device actually implanted, whether the alleged product manufactured by the Neomedic Defendant failed, if so, why did it fail and whether the patient was injured as a result. These are causation inquiries that depend on a number of individual factors relating to the actual device implanted and the biological makeup of the patient. Causation is dependent on individual facts and circumstances, which are not common issues of fact and are distinct from cases where there are multiple implantations

from multiple manufacturers. Even where there is a “general factual overlap among the actions, the proponent of centralization” must show that “shared factual questions are sufficiently complex or numerous to justify centralization.” *In Re Facebook Use of Name and Likeness Litig.*, MDL No. 2288, 2011 WL 4684354 at \*1 (J.P.M.L. 2011).

While there may be some slight overlap in discovery, claims involving only one device do not share sufficient questions of fact with the other centralized cases. *See In re: Kugel Mesh Hernia Patch Products Liab. Litig.*, MDL NO. 1842, 560 F. Supp. 2d 1362, 2008 WL 2316518 (June 6, 2008) (transferring certain claims to the Kugel Mesh MDL while separating and remanding claims involving a separate medical device that was not subject to the MDL; the Panel’s decision noted: “[w]hile there may be some slight overlap in discovery, claims involving the Davol Fixation device do not share sufficient questions of fact with previously centralized MDL No. 1842 actions, and coordination between the transferor and transferee courts can minimize any inefficiencies”). Therefore, in these cases where only a single manufacturer and a single product is involved, consolidation is not appropriate under the statute as it does not involve a common issue of fact.

Moreover, transfer of these cases would serve only to disrupt the ongoing proceedings, some of which have progressed into motions practice and discovery. In the *Carpenter* matter, a Motion to Dismiss is fully briefed before the Honorable Maurice B. Cohill. Neomedic Defendants filed a Motion to Dismiss in the *Dickerson* matter and the Honorable David S. Cayer dismissed claims for negligent and fraudulent misrepresentation. Discovery was also exchanged between the parties. In the *Ruffin*, *Aldrich* and *Thomas* matters, Plaintiffs filed only initial pleadings. Plaintiffs have not

served the Neomedic Defendants in the *Keasling* matter and certain entities in the *Aldrich* matter have not been properly served. Plaintiffs in the *Oglesby v. DIMA, et al.* matter have not served the Neomedic Defendants and plaintiffs have been ordered to show good cause for failure to serve defendants in 120 days. (See November 19, 2013 Order attached hereto as Exhibit “B”).

Furthermore, transfer under Section 1407 will not benefit the parties and witnesses, nor will centralization produce sufficient clarity or efficiency in this already complicated litigation to outweigh the added inconvenience, confusion and cost that would be imposed on numerous parties. *In re Eli Lilly & Co. (Cephalexin Monohydrate) Patent Litigation*, 446 F. Supp. 242, 243 (J.P.M.L. 1978); *In re Scotch Whiskey*, 299 F. Supp. 543, 544 (J.P.M.L. 1969) (“[W]here, as here, there are a minimal number of cases involved in the litigation the moving party bears a strong burden to show that the common questions of fact are so complex and the accompanying common discovery so time consuming as to overcome the inconvenience to the party whose action is being transferred and its witnesses.”); *In re Interstate Medicaid Patients*, 415 F. Supp. 389, 390 (J.P.M.L. 1976) (“The principle which emerged from our decision in *Scotch Whiskey* is that in order to demonstrate that the just and efficient conduct of the litigation would be promoted by transfer where only a minimal number of actions are involved, the moving party bears a strong burden to show that the common questions of fact are so complex and the accompanying discovery so time-consuming as to overcome the inconvenience to the party whose action is being transferred and its witnesses.”). Neomedic Defendants submit that Plaintiffs have not met this burden and involving these cases where only one product is at issue would be a waste of judicial economy.



These actions are dispersed over six states and, in addition to the Plaintiffs themselves, the key witnesses in each case will be their surgeons and other medical providers, who will also reside in or near their home states.<sup>3</sup> See *In Re Consolidated Palodel Litig.*, 22 F. Supp.2d 320, 324 (D.N.J. 1998) (transferring fourteen product liability cases that have been initially consolidated for discovery in New Jersey, the home of the defendant, to their home jurisdictions because the treating physicians who resided in or near those jurisdictions were critical witnesses). Removal of these cases from district judges, who are familiar with the facts and circumstances and in the best position to direct them expeditiously to trial, would unnecessarily delay the ultimate resolution of the overall litigation, without any corresponding benefit.

### **III. Plaintiffs Misrepresent the Number of Actions Pending for Transfer.**

Plaintiffs incorrectly state that the 21 actions are subject to transfer to a separate MDL. As of November 25, 2013, the two multi-plaintiff matters, *Gonzalez, et al. v. American Medical System, Inc., et al.*, No. 13-cv-24797 and *Vega, et al. v. American Medical Systems, Inc., et al.*, No. 13-cv-26424 have been dismissed without prejudice except for the first named plaintiff. (See Pretrial Order #95, Final Order Regarding Severance of Actions, attached hereto as Exhibit “C”). Further, Plaintiffs have not made a single allegation claiming that they were implanted with a device manufactured or sold by Neomedic Defendants. As such, it is unclear whether those Plaintiffs were actually implanted with a device manufactured by Neomedic Defendants and whether they intend on proceeding in those cases against the Neomedic Defendants. Because neither Ms.

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<sup>3</sup> The *Thomas* case, venued in Minnesota, appears to be an exception as, according to the Complaint, she resides in California. The Complaint does not specify where her surgery occurred. In the *Aldrich* matter, venued in Tennessee, the Complaint fails to specify where each Plaintiff received their treatment.

Vega nor Ms. Gonzalez assert a claim against the Neomedic defendants, Plaintiffs motion to transfer these matters to a Neomedic MDL is moot.

In the *Williams v. Neomedic, Inc.*, No. 13-cv-21165, the matter has now been consolidated. As Plaintiffs had multiple implantations manufactured by different defendants, this matter was transferred to MDL 2325, In Re: American Medical Systems, Inc. MDL 2325, No. 13-cv-17870.

#### **IV. Plaintiffs' Arguments Contradict Recent Positions Presented to the MDL.**

In October of this year, Plaintiffs lead counsel in MDLs 2187, 2325, 2326 and 2327 filed a Brief in Support of Consolidation and Resolution of these matters. In this brief, Plaintiffs acknowledge “transvaginal mesh is now the single largest consolidation of the MDLs in the country.” (See a true and correct copy of Plaintiffs’ Brief in Support of Consolidation and Resolution, attached hereto as Exhibit “D”, p. 1). Plaintiffs suggest that a plan must be implemented in order to create a plan for consolidation of “product specific trial ready cases involving significant groups of appropriate cases through suggestions of remand and transfers of venue to several jurisdictions.” *Id.* at p. 2.

Creation of a new MDL for the Neomedic Defendants is fruitless. Plaintiffs request a selection of specific cases from the general inventory and propose consolidations in various jurisdictions across the country, including but not limited to Georgia, Texas, Florida and Illinois (where several of the Neomedic Defendants cases originate from). *Id.* at p. 3-4. The cross section would include cases based on a single state’s law, including causes of action and theories of recovery. *Id.* After selection of cases, Plaintiffs propose that the Court remand and issue § 1404(a) transfer orders as

early as the summer 2014. As these cases are likely to be remanded back to those jurisdictions where the actions were originally pending, the transfer is unnecessary.

Furthermore, if Plaintiffs' Motion for Transfer is granted, the 7 cases pending will go to the end of the 38,685 cases pending in the six separate MDLs before Judge Goodwin. The number of Neomedic Defendants-only cases is very low, and transferring these cases would result in a severe prejudice to the Neomedic Defendants. The obvious burden on the Judges and staff of the Southern District of West Virginia is clear; in addition, the creation of a separate MDL would delay resolution of these claims for years while the other bellweather cases against the MDL Defendants proceed.

If the Plaintiffs' Motion for Transfer is denied, the seven cases on the Schedule of Actions that are pending against the Neomedic Defendants will return to or remain in their original district courts, capable of being resolved on the merits within a reasonable time, on a reasonable schedule.

**V. Coordination Can Be Accomplished Without Creation of Separate MDL.**

Voluntary coordination by the parties will be sufficient to address any overlapping pretrial proceedings in light of the low number of actions and the involvement of common counsel. There are various alternatives to transfer, which may minimize the potential for duplicative discovery and/or inconsistent pretrial rulings. *See, e.g., In re: Yellow Brass Plumbing Component Prods. Liability Litig.*, 844 F. Supp. 2d 1377, 1378 (J.P.M.L. 2012); *see also Manual for Complex Litigation*, Fourth, § 20.14 (2004). This Panel has instructed that where, like here, litigation is comprised of only a limited number of cases, "informal cooperation among the involved attorneys and courts is both practicable and preferable." *In re Northeast Contaminated Beef Prods. Liab.*

*Litig.*, 856 F. Supp. 2d 1354, 1355 (J.P.M.L. 2012); *In re Abbott Labs., Inc., Similac Prods. Liab. Litig.*, 763 F. Supp. 2d at 1377; *In re Chromated Copper Arsenate (CCA) Treated Woods Prods. Liab. Litig.*, 188 F. Supp. 2d 1380 (J.P.M.L. 2002); Wright *et al.*, FEDERAL PRACTICE AND PROCEDURE: JURISDICTION AND RELATED MATTERS § 3863, at 422 (noting there are “a significant group of decisions in which transfer and consolidation [were] denied because the number of cases was so small that little duplication of effort was likely to result, making invocation of the Section 1407 procedure unnecessary”).

Plaintiffs assert that an MDL is necessary because these 21 actions purportedly compete to represent duplicative and/or overlapping classes of plaintiffs, involve at least one common question of fact and/or law, and “transfer of the actions serve ‘the convenience of the parties and witness to promote just and efficient conduct of the actions.’” 28 U.S.C. § 1407. As this Panel has recognized, even without undertaking the inconvenience of transferring cases to a centralized MDL court, “judges can coordinate proceedings in their respective courts to avoid or minimize duplicative activity and conflicts.” *Manual for Complex Litigation (4th)* § 20.14 (2004); *see also In re Fout & Wuerdeman Litig.*, 657 F. Supp. 2d 1371 (J.P.M.L. 2009) (transfer of four personal injury actions denied because “alternatives to transfer exist that may minimize whatever possibilities there may be of duplicative discovery and/or inconsistent pretrial rulings).

Where, as here, litigation is limited to a small number of cases and few district courts are involved, suitable alternatives to Section 1407 are available and transfer is not warranted. *See In re Shoulder Pain Pump-Chondrolysis Prods. Liab. Litig.*, *supra* (denying transfer where thirteen actions were pending in eight districts); *In re Fedex*

*Ground Package Sys. Empl. Practices Litig.*, 366 F. Supp. 2d 1381, 1382 (J.P.M.L. 2005) (denying transfer of seven actions in seven districts because “alternatives to transfer exist that can minimize whatever possibilities there might be of duplicative discovery, inconsistent pretrial rulings, or both”).

Coordination without an MDL is particularly feasible and convenient at this time because Plaintiffs’ attorneys’ firms overlap in almost all of these cases and the same counsel represent the Neomedic Defendants in sixteen of the twenty-one actions Plaintiffs seek to transfer. The parties may file notices of particular depositions in each action and stipulate that any discovery relevant to the actions in Alabama, North Carolina, Pennsylvania, Minnesota and Tennessee may be used in any of the actions. Accordingly, there will be no impediment to Neomedic Defendants and Plaintiffs’ counsel coordinating and providing discovery in multiple cases without the need for a separate MDL. *See In re Northeast Contaminated Beef Prods. Liab. Litig.*, 856 F. Supp. 2d at 1355 (“Plaintiffs in two actions are represented by common counsel ... . In these circumstances, informal cooperation among the involved attorneys and courts is both practicable and preferable.”); *In re Rite Aid Corp. Wage & Hour Employment Practices Litig.*, 655 F. Supp. 2d 1376, 1376 (J.P.M.L. 2009) (transfer denied “where plaintiffs in four of the six actions encompassed by the motion share counsel”); *In re Klein*, 2013 WL 500796 (Feb. 13. 2013 J.P.M.L.) (“[A]vailable alternatives to an MDL may minimize whatever possibilities exist of duplicative discovery or inconsistent pretrial rulings.”); *Multidistrict Litigation Manual* § 5:52 (2012 ed.) (“The Panel has also noted that the fact that the parties in numerous cases were represented by the same counsel militated in favor of finding that ‘alternatives to transfer’ exist.”).

The separate Courts may also coordinate and consult with one another, should they deem such coordination appropriate. Such consultation and cooperation “coupled with the coordination of the parties, would minimize the possibility of conflicting pretrial rulings.” *See In Re: Garrison Diversion Unit Litig.*, 458 F.Supp. 223, 225 (J.P.M.L. 1978). Moreover, coordination without an MDL is particularly achievable at this time because the actions are still in their preliminary stages and parties have ample time to coordinate discovery efforts and use these alternatives.

## **VI. CONCLUSION**

Based on the foregoing, Defendants Neomedic, Inc., Neomedic International, S.L., Desarrollo e Investigación Médica Aragonesa S.L. (“DIMA, S.L.”) incorrectly designated as Desarrollo e Investigación Médica S.L. and Specialties Remeex International, S.L. (hereinafter referred to as “Neomedic Defendants”) respectfully requests that this Honorable Court deny Plaintiffs’ Motion to Transfer.

Respectfully submitted,

**CIPRIANI & WERNER, P.C.**

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DATED: December 4, 2013

**CERTIFICATE OF SERVICE**

I hereby certify that on this 4<sup>th</sup> day of December 2013, a true and correct copy of Defendants Neomedic, Inc., Neomedic International, S.L., Desarrollo e Investigación Médica Aragonesa S.L. (“DIMA, S.L.”) incorrectly designated as Desarrollo e Investigación Médica S.L. and Specialties Remeex International, S.L. (hereinafter referred to as “Neomedic Defendants”)’s Opposition to Motion for Transfer was served upon all counsel via CM/ECF or via regular mail as listed below.

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