

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
Northern District of Georgia**

In re Anesthesia Healthcare Partners, Inc.

Debtor(s)

Case No. 14-59631

Chapter 11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$1,352,932.00	2014 YTD: business income
\$10,534,495.00	2013: business income
\$19,812,393.00	2012: business income

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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3. Payments to creditors

None **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
See Attached		\$0.00	\$0.00

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
See Attached			

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Carl Marks 900 Third Avenue 33rd Floor New York, NY 10022	See Attached	See Attached

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NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Theodore N. Stapleton Suite 100-B 2802 Paces Ferry Road Atlanta, GA 30339	5/13/14- \$18,560.00 pre-petition fees paid by Debtor's principal (\$10,000.00) and Debtor (\$8,560.00) 5/13/14- \$11,440.00 chapter 11 retainer paid by Debtor	

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Suntrust	Lockbox Acct No. 1000113400724 CDC Management Services Lockbox Acct No. 1000007623894 Northeast Tennessee Anesthesia PLLC Lockbox Acct No. 1000143042454 AHP of West Georgia, LLC Lockbox Acct No. 1000113401482 North Houston Endo Lockbox Acct No. 1000143043387 Anesthesia Management Services Lockbox Acct No. 1000097970080 Anesthesia Assoc of the Rockies Lockbox Acct No. 1000097970098 Anesthesia Assoc of the Front Range	all accounts swept daily to Anesthesia Healthcare Partners, Inc. operating account- All closed accounts 0 balances at closing

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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Thomas Crosby 3079 Peachtree Industrial Blvd Duluth, GA 30097	2012-2014
Jennifer Meade 3079 Peachtree Industrial Blvd. Duluth, GA 30097	2012-2014

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NAME AND ADDRESS

Tiffany Scherr
3079 Peachtree Industrial Blvd.
Duluth, GA 30097

DATES SERVICES RENDERED

2012-2014

Ashley Weatherspoon
3079 Peachtree Industrial Blvd.
Duluth, GA 30097

2012-July, 2013

Peggy Gaskill
3079 Peachtree Industrial Blvd.
Duluth, GA 30097

2012-April, 2013

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

Bennett Thrasher

ADDRESS

One Overton Park
3625 Cumberland Blvd- Ste 100
Atlanta, GA 30339

DATES SERVICES RENDERED

2013 Audit

Grant Thornton

1100 Peachtree Street
Suite 1200
Atlanta, GA 30339

2013 Audit

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

Debtor

ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

Quantum National Bank
505 Peachtree Industrial Blvd.
Suwanee, GA 30024

DATE ISSUED

May, 2014

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
 (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Sean M. Lynch 4504 Whitestone Way Suwanee, GA 30024	CEO	100%

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
Gregory J Wachowiak 1109 Pristine Place Alpharetta, GA 30022	President	9/24/2013

23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Sean M. Lynch 4504 Whitestone Way Suwanee, GA 30024 CEO	6/28/2013- \$83,333.34- Payroll; 7/31/2013- \$83,333.34- Payroll; 8/30/2013- \$83,333.34- Payroll; 9/30/2013- \$83,333.34- Payroll; 10/31/2013- \$83,333.34- Payroll; 11/30/2013- \$83,333.34- Payroll; 12/31/2013- \$83,333.34- Payroll; 1/31/2014- \$62,500.00- Payroll; 3/31/2014- \$125,000.00- Payroll; 4/30/2014- \$62,500.00- Payroll	

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
AHP 401K Plan-Single Employer Plan	75-3005520

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DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date June 20, 2014

Signature /s/ Sean M. Lynch
Sean M. Lynch
CEO

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

PARAGRAPH 4, PENDING LAWSUITS

Dwayne Maultsby and Anesthesia Associates, LLC v. Sean Lynch and Anesthesia Healthcare Partners

American Arbitration Association

Case Number: 30 523 00739 12

No specific claims or claim amount was listed, but believed to be approximately \$75,000.00

AHPM of Georgia, Inc. v. Eclipse Anesthesia, LLC, and MidState Anesthesia, LLC v. MedFinancial, LLC

American Health Lawyers Association/Alternative Dispute Resolution Service

Case Number: A-032213-1083

Breach of Contract

Claim Amount: \$240,000.00

Elite Resources, LLC and ISYS Softech Pvt. Ltd. v. MedFinancial, LLC and Anesthesia Healthcare Partners, Inc.

Gwinnett County State Court

Case Number: 13-C-01846-6

Breach of Letter of Arrangement

Claim Amount: \$332,500.00

Claim Against: approx. \$2,100,000.00

Coastal Anesthesia, P.A. and Michael P. Ederer, D.O. v. Crestview Hospital, Inc. d/b/a North Okaloosa Medical Center, Anesthesia Healthcare Partners of Florida, Inc., Anesthesia Healthcare Partners, Inc., and David Fuller

Circuit Court of Okaloosa County Florida

Case Number: 2012CA000077C

Contribution Claim

No claim amount

Martin G. Mondry, M.D. v. HBL Anesthesia Services, LLC

American Arbitration Association

Case Number: 30 523 00358 13

Breach of Contract

Claim Amount: \$128,550.00

MedFinancial, LLC v. Galen Advisors, LLC f/k/a Galen Billing Services, LLC

Fulton County Superior Court

Case Number: 2013CV236796

Breach of Contract

Claim Amount: \$8,100,000.00

Anesthesia Healthcare Partners, Inc., AHP of Central Georgia, P.C., AHP of Central Florida ASC, Inc., AHP of Florida, Inc., AHP of Altamonte Springs, LLC, AHP of Orlando, LLC, AHP of Kissimmee, LLC, AHP of South Broward, LLC, AHP of East Tennessee, PLLC, AHP Associates

of Texas, P.A., AHP of Connecticut, LLC, AHP of Northwestern Louisiana, LLC, and AHP of Western Louisiana, LLC v. Cigna Corporation, Connecticut General Life Insurance Company, and Cigna Health Corporation

United States District Court, Northern District of Georgia

Case Number: 1:14-cv-00776-MHS

Breach of Contract

Claim Amount: \$16,970,750.00

Carl Marks
900 Third Avenue 33rd Floor
New York NY 10022-4775

All other Entities is Zero See Line 78

Anesthesia Healthcare Partners Inc.

05	5/8/2013	AP-002353	A/P 02304	7,904.38
Comments:	Carl Marks /IN: 11829			
05	5/15/2013	AP-002362	A/P 02315	8,813.85
Comments:	Carl Marks /IN: 11840			
05	5/21/2013	AP-002366	A/P 02319	7,938.85
Comments:	Carl Marks /IN: 11852			
05	5/30/2013	AP-002374	A/P 02327	7,063.85
Comments:	Carl Marks /IN: 11860			
05	5/31/2013	AP-002378	A/P 02332	7,045.77
Comments:	Carl Marks /IN: 11870			
06	6/13/2013	AP-002391	A/P 02348	7,063.85
Comments:	Carl Marks /IN: 11885			
06	6/19/2013	AP-002394	A/P 02351	10,563.85
Comments:	Carl Marks /IN: 11898			
06	6/25/2013	AP-002396	A/P 02354	7,927.55
Comments:	Carl Marks /IN: 11913			
07	7/16/2013	AP-002417	A/P 02381	8,802.55
Comments:	Carl Marks /IN: 11924			
07	7/16/2013	AP-002417	A/P 02381	7,904.38
Comments:	Carl Marks /IN: 11942			
07	7/16/2013	AP-002417	A/P 02381	8,817.24
Comments:	Carl Marks /IN: 11958			
07	7/25/2013	AP-002425	A/P 02390	5,250.00
Comments:	Carl Marks /IN: 11964			
07	7/31/2013	AP-002426	A/P 02394	13,216.53
Comments:	Carl Marks /IN: 11975			
07	7/31/2013	AP-002429	A/P 02400	10,561.59
Comments:	Carl Marks /IN: 11994			
08	8/13/2013	AP-002435	A/P 02406	9,671.90
Comments:	Carl Marks /IN: 12005			
08	8/21/2013	AP-002442	A/P 02413	7,000.00
Comments:	Carl Marks /IN: 12020			
08	8/29/2013	AP-002450	A/P 02417	5,250.00
Comments:	Carl Marks /IN: 12035			
09	9/5/2013	AP-002451	A/P 02423	7,046.90
Comments:	Carl Marks /IN: 12049			
09	9/11/2013	AP-002454	A/P 02427	46.90
Comments:	Carl Marks /IN: 12062			
09	9/13/2013	AP-002455	A/P 02428	7,046.90
Comments:	Carl Marks /IN: 12062			
09	9/30/2013	AP-002466	A/P 02441	15,000.00

Comments:	Carl Marks /IN: /IDM	AP-002466	A/P 02441	
09	9/30/2013	AP-002466	A/P 02441	7,032.21
Comments:	Carl Marks /IN: 12076			
09	9/30/2013	AP-002466	A/P 02441	7,032.21
Comments:	Carl Marks /IN: 12088			
09	9/30/2013	AP-002466	A/P 02441	10,596.62
Comments:	Carl Marks /IN: 12099			
10	10/10/2013	AP-002469	A/P 02444	8,480.83
Comments:	Carl Marks /IN: 12114			
10	10/17/2013	AP-002473	A/P 02447	10,596.62
Comments:	Carl Marks /IN: 12136			
10	10/23/2013	AP-002479	A/P 02453	17,626.28
Comments:	Carl Marks /IN: 12143			
10	10/31/2013	AP-002489	A/P 02465	13,950.98
Comments:	Carl Marks /IN: 12156			
11	11/8/2013	AP-002493	A/P 02469	12,353.40
Comments:	Carl Marks /IN: 12163			
11	11/20/2013	AP-002498	A/P 02474	4,375.00
Comments:	Carl Marks /IN: 12179			
11	11/20/2013	AP-002498	A/P 02474	10,591.53
Comments:	Carl Marks /IN: 12201			
11	11/26/2013	AP-002499	A/P 02477	13,256.08
Comments:	Carl Marks /IN: 12212			
12	12/16/2013	AP-002510	A/P 02489	11,436.02
Comments:	Carl Marks /IN: 12231			
12	12/16/2013	AP-002510	A/P 02489	7,067.24
Comments:	Carl Marks /IN: 12259			
				304,331.86

AHP Associates of Texas PA	0
AHP of Illinois Inc	0
AHPM of Georgia Inc	-
AHP of Northwestern Louisiana	0
AHP of Central Georgia	0
Anesthesia Healthcare Partners of Florida Inc	0
AHP fo North Carolina	0
Medcinancial	0
HBL Anesthesia Services	0

Check #	Check Date	Name	Check Amount	Check Type
014561	3/11/2014	A Superior Answering Service	56.78	Auto
014605	3/27/2014	A Superior Answering Service	161.12	Auto
014660	4/24/2014	A Superior Answering Service	25.22	Auto
014515	2/20/2014	ADP, Inc	163.73	Auto
014546	3/11/2014	ADP, Inc	295.98	Auto
014571	3/21/2014	ADP, Inc	163.73	Auto
014615	4/15/2014	ADP, Inc	136.73	Auto
014640	4/24/2014	ADP, Inc	163.73	Auto
014713	5/9/2014	ADP, Inc	131.21	Auto
WIRE	4/25/2014	Aflac	433.88	Manual
WIRE 3	3/13/2014	Aflac	433.88	Manual
014517	2/20/2014	Airgas South	770.27	Auto
014547	3/11/2014	Airgas South	688.19	Auto
014563	3/13/2014	Airgas South	48.69	Auto
014572	3/21/2014	Airgas South	1,023.44	Auto
014590	3/27/2014	Airgas South	290.87	Auto
014616	4/15/2014	Airgas South	594.36	Auto
014641	4/24/2014	Airgas South	893.97	Auto
014664	5/1/2014	Airgas South	96.37	Auto
014671	5/9/2014	Airgas South	250.18	Auto
014518	2/20/2014	Ambulatory Endo Ctr Central FL	8,518.89	Auto
014573	3/21/2014	Ambulatory Endo Ctr Central FL	8,518.89	Auto
014642	4/24/2014	Ambulatory Endo Ctr Central FL	8,518.89	Auto
014694	5/13/2014	Ambulatory Endo Ctr Central FL	8,518.89	Auto
014519	2/20/2014	American Express Corporate	6,858.82	Auto
014574	3/21/2014	American Express Corporate	9,415.14	Auto
014695	5/13/2014	American Express Corporate	11,787.51	Auto
WIRE	3/13/2014	American Express Corporate	63,495.42	Manual
WIRE1	4/30/2014	American Express Corporate	54,193.74	Manual
WIRE	2/28/2014	Anes Assoc of Dekalb LLC	16,082.83	Manual
WIRE	3/31/2014	Anes Assoc of Dekalb LLC	5,765.28	Manual
WIRE	4/29/2014	Anes Assoc of Dekalb LLC	7,465.63	Manual
014564	3/13/2014	Angus Willis	4,092.53	Auto
014611	4/8/2014	Angus Willis	5,705.63	Auto
014703	5/14/2014	Angus Willis	3,426.25	Auto
014722	5/9/2014	Angus Willis	4,653.00	Auto
014548	3/11/2014	AT&T	915.07	Auto
014576	3/21/2014	AT&T	1,725.88	Auto
014591	3/27/2014	AT&T	792.07	Auto
014618	4/15/2014	AT&T	2,256.43	Auto
014665	5/1/2014	AT&T	592.95	Auto
014593	3/27/2014	BCBS	249.60	Auto
014520	2/20/2014	Beacon Information Svcs	919.01	Auto
014577	3/21/2014	Beacon Information Svcs	1,884.30	Auto
014643	4/24/2014	Beacon Information Svcs	794.00	Auto
014539	2/20/2014	Blue Grace Logistics	190.77	Auto
014562	3/11/2014	Blue Grace Logistics	363.79	Auto
014588	3/21/2014	Blue Grace Logistics	81.99	Auto
014606	3/27/2014	Blue Grace Logistics	136.93	Auto
014610	4/1/2014	Blue Grace Logistics	167.04	Auto
014634	4/15/2014	Blue Grace Logistics	301.71	Auto
014661	4/24/2014	Blue Grace Logistics	166.40	Auto
014683	5/9/2014	Blue Grace Logistics	389.20	Auto
014592	3/27/2014	Brandon Austin	32.27	Auto

014697	5/13/2014	Brenda Travis	985.93	Auto
014555	3/11/2014	Century Link	152.06	Auto
014596	3/27/2014	Century Link	166.56	Auto
014522	2/20/2014	Cisco Systems Capital Corp	1,363.65	Auto
014594	3/27/2014	Cisco Systems Capital Corp	4,373.36	Auto
014716	5/9/2014	City of Duluth	12,550.00	Auto
014537	2/20/2014	City of Shreveport	360.00	Auto
014578	3/21/2014	Cobb County Water System	26.00	Auto
014623	4/15/2014	Cobb County Water System	26.00	Auto
014552	3/11/2014	Cobb EMC	517.00	Auto
014622	4/15/2014	Cobb EMC	490.00	Auto
014673	5/9/2014	Cobb EMC	499.00	Auto
014569	3/13/2014	Connie Trevino	552.51	Auto
014523	2/20/2014	Crescent Park Commercial Owner	743.36	Auto
014579	3/21/2014	Crescent Park Commercial Owner	840.10	Auto
014675	5/9/2014	Crescent Park Commercial Owner	683.72	Auto
014524	2/20/2014	Crystal Springs	65.19	Auto
014580	3/21/2014	Crystal Springs	96.97	Auto
014624	4/15/2014	Crystal Springs	104.79	Auto
014645	4/24/2014	CT Corporation	823.01	Auto
014565	3/13/2014	David Caldwell	190.00	Auto
014553	3/11/2014	De Lage Landen	2,684.51	Auto
014625	4/15/2014	De Lage Landen	8,913.28	Auto
014525	2/20/2014	Dekalb Endoscopy Center	7.45	Auto
014526	2/20/2014	Digest Care Physicians	2,546.30	Auto
014646	4/24/2014	Digest Care Physicians	2,546.30	Auto
014698	5/13/2014	Digest Care Physicians	2,546.30	Auto
014534	2/20/2014	Digestive Health Care of GA	13,059.92	Auto
014586	3/21/2014	Digestive Health Care of GA	13,059.92	Auto
014656	4/24/2014	Digestive Health Care of GA	13,059.92	Auto
014554	3/11/2014	Direct TV	148.97	Auto
014595	3/27/2014	Direct TV	153.97	Auto
014647	4/24/2014	Direct TV	148.97	Auto
014715	5/9/2014	Dr. Andre Dobson	27,062.50	Auto
014581	3/21/2014	Edgemont Capital Partners	2,492.62	Auto
WIRE	2/20/2014	G&S Holdings of Duluth	11,000.00	Manual
WIRE 2	3/13/2014	G&S Holdings of Duluth	11,000.00	Manual
014556	3/11/2014	Gas South	848.39	Auto
014608	4/1/2014	Gas South	461.25	Auto
014677	5/9/2014	Gas South	284.66	Auto
014527	2/20/2014	GE Capital	5,300.00	Auto
014627	4/15/2014	GE Capital	5,300.00	Auto
014648	4/24/2014	GE Capital	5,300.00	Auto
014543	3/6/2014	GE Hlthcr IITS USA	3,008.82	Auto
014582	3/21/2014	GE Hlthcr IITS USA	6,539.82	Auto
014628	4/15/2014	GE Hlthcr IITS USA	3,531.00	Auto
014649	4/24/2014	GE Hlthcr IITS USA	5,231.00	Auto
014689	5/13/2014	GE Hlthcr IITS USA	3,008.82	Auto
014717	5/9/2014	GE Hlthcr IITS USA	3,008.82	Auto
014597	3/27/2014	GEHA	879.75	Auto
014701	5/13/2014	George Triplett	27,562.50	Auto
014566	3/13/2014	Georgia Power	685.55	Auto
014626	4/15/2014	Georgia Power	731.24	Auto

014688	5/13/2014	Georgia Power	903.30	Auto
014583	3/21/2014	Go Green Recycling, LLC	35.00	Auto
014549	3/11/2014	Greg Carroll	6,360.45	Auto
014607	4/1/2014	Greg Carroll	6,625.31	Auto
014620	4/15/2014	Greg Carroll	11,835.00	Auto
014704	5/14/2014	Greg Carroll	3,067.82	Auto
014528	2/20/2014	Guardian	2,664.70	Auto
WIRE	2/21/2014	HBI Anesthesia Services	18,429.44	Manual
WIRE	3/3/2014	HBI Anesthesia Services	15,000.00	Manual
WIRE	3/17/2014	HBI Anesthesia Services	23,000.00	Manual
WIRE	3/24/2014	HBI Anesthesia Services	36,326.84	Manual
WIRE	4/9/2014	HBI Anesthesia Services	25,145.09	Manual
WIRE	4/15/2014	HBI Anesthesia Services	30,933.04	Manual
WIRE	4/23/2014	HBI Anesthesia Services	30,262.80	Manual
WIRE	4/28/2014	HBI Anesthesia Services	39,423.63	Manual
WIRE 1	3/31/2014	HBI Anesthesia Services	20,304.80	Manual
014718	5/9/2014	Hoffman Holdings Nevada LLC	9,999.99	Auto
014674	5/9/2014	Hubert Collins	28,666.67	Auto
014612	4/8/2014	Humana	136.12	Auto
014651	4/24/2014	Ichter Thomas	2,509.66	Auto
014678	5/9/2014	Ichter Thomas	4,990.94	Auto
014529	2/20/2014	IPFS Corporation	14,974.25	Auto
014719	5/9/2014	IPFS Corporation	29,793.57	Auto
014530	2/20/2014	Iron Mountain	363.48	Auto
014584	3/21/2014	Iron Mountain	363.48	Auto
014650	4/24/2014	Iron Mountain	363.48	Auto
014690	5/13/2014	Iron Mountain	363.48	Auto
014639	4/17/2014	Janice Woods	164.52	Auto
014599	3/27/2014	Janira Maxwell	375.00	Auto
014550	3/11/2014	Jennifer Meade	74.54	Auto
014687	5/13/2014	Jennifer Meade	651.57	Auto
014705	5/14/2014	Jennifer Meade	3,018.50	Auto
014706	5/14/2014	Jovita Dominguez	1,390.62	Auto
014567	3/13/2014	Kamillah Mussington	1,316.00	Auto
014613	4/8/2014	Karen Hall	81.60	Auto
014557	3/11/2014	Kevin Myrthil	2,000.00	Auto
014602	3/27/2014	Kevin Myrthil	3,702.50	Auto
014655	4/24/2014	Kevin Myrthil	3,000.00	Auto
014709	5/14/2014	Kevin Myrthil	1,807.07	Auto
014540	2/28/2014	Lincoln Benefits Life Company	3,310.50	Auto
014544	3/6/2014	Lincoln Financial Group	584.70	Auto
014609	4/1/2014	Lincoln Financial Group	684.70	Auto
014666	5/1/2014	Lincoln Financial Group	484.70	Auto
014598	3/27/2014	Mail Handlers	959.04	Auto
014636	4/17/2014	Matthew Arken	300.00	Auto
014700	5/13/2014	Matthews, Gold, Kennedy & Snow	1,832.21	Auto
014630	4/15/2014	McKesson Medical Surgical	9,502.58	Auto
AMEX	4/2/2014	McKesson Medical Surgical	151,800.47	Manual
AMEX2	4/16/2014	McKesson Medical Surgical	54,193.74	Manual
WIRE	4/3/2014	MD Solutions, Inc	15,000.00	Manual
WIRE 1	3/13/2014	MD Solutions, Inc	15,000.00	Manual
014531	2/20/2014	Medical Associates of North GA	1,818.32	Auto
014679	5/9/2014	Medical Management Assoc., Inc	200.00	Auto
014680	5/9/2014	Medical Service Company, PLLC	29,666.67	Auto

014631	4/15/2014	Medkinetics LLC	1,577.00	Auto
014652	4/24/2014	Medkinetics LLC	1,577.00	Auto
014532	2/20/2014	Moultire Urology	1,637.32	Auto
014585	3/21/2014	Moultire Urology	1,637.32	Auto
014654	4/24/2014	Moultire Urology	1,637.32	Auto
014667	5/1/2014	Moultire Urology	850.00	Auto
014542	3/6/2014	New York Life	615.25	Auto
014619	4/15/2014	New York Life	615.25	Auto
014696	5/13/2014	New York Life	615.25	Auto
014603	3/27/2014	NGS/Medicare	113.98	Auto
014551	3/11/2014	Nichols Security	119.90	Auto
014621	4/15/2014	Nichols Security	119.90	Auto
014672	5/9/2014	Nichols Security	119.90	Auto
014638	4/17/2014	Patricia Wolski	70.24	Auto
014533	2/20/2014	PC Connection	950.52	Auto
WIRE	3/24/2014	Per-Se Technologies	82,549.33	Manual
014662	4/25/2014	Peterson Anesthesia	363.64	Auto
014535	2/20/2014	PSS World Medical Inc	52.50	Auto
014559	3/11/2014	Quality Technology Svcs	3,400.00	Auto
014568	3/13/2014	Quality Technology Svcs	3,400.00	Auto
014657	4/24/2014	Quality Technology Svcs	3,400.00	Auto
014681	5/9/2014	Quality Technology Svcs	3,400.00	Auto
014521	2/20/2014	Robert O Beasley PA	50.00	Auto
014644	4/24/2014	Robert O Beasley PA	2,036.00	Auto
014600	3/27/2014	Rodney Moore	325.00	Auto
014653	4/24/2014	Rodney Moore	500.00	Auto
014720	5/9/2014	Rodney Moore	100.00	Auto
014536	2/20/2014	Rome Endoscopy Center Inc	3,683.04	Auto
014637	4/17/2014	Rose Mobeley	125.00	Auto
014545	3/6/2014	Scana Energy	779.11	Auto
014604	3/27/2014	Scana Energy	659.57	Auto
014658	4/24/2014	Scana Energy	541.18	Auto
014723	5/9/2014	Sean Lynch	40,000.00	Auto
014575	3/21/2014	Sedgwick Claims Mgmt Services	40.00	Auto
014617	4/15/2014	Sedgwick Claims Mgmt Services	20.00	Auto
014714	5/9/2014	Sedgwick Claims Mgmt Services	12.00	Auto
WIRE 1	4/4/2014	SML Holdings	8,900.00	Manual
WIRE1	2/20/2014	SML Holdings	8,900.00	Manual
014560	3/11/2014	Standard Office Systems	512.53	Auto
014633	4/15/2014	Standard Office Systems	481.29	Auto
014587	3/21/2014	Steven Mills PC	10,570.91	Auto
014693	5/13/2014	Steven Mills PC	24,909.26	Auto
014710	5/14/2014	Sue Pelot	1,272.86	Auto
014538	2/20/2014	Sunbelt Printing	2,503.94	Auto
014659	4/24/2014	Sunbelt Printing	106.58	Auto
014669	5/1/2014	Sunbelt Printing	56.20	Auto
WIRE	3/14/2014	Suntrust Bank	45,913.53	Manual
WIRE1	4/23/2014	Suntrust Bank	50,832.83	Manual
014682	5/9/2014	Taylor's Pharmacy	1,230.00	Auto
014712	5/14/2014	Terrance Lynch	1,803.84	Auto
014629	4/15/2014	The Hartford	14,389.28	Auto
014670	5/1/2014	The University of Georgia	8,500.00	Auto
014601	3/27/2014	Thomas Mueller	103.95	Auto
014711	5/14/2014	Tiffany Scherr	823.61	Auto
014614	4/8/2014	Tyna Young	647.80	Auto
014516	2/20/2014	United Healthcare	16,480.36	Auto

014589	3/27/2014	United Healthcare	15,797.15	Auto
014663	5/1/2014	United Healthcare	15,782.15	Auto
014702	5/13/2014	USI Southwest	1,414.00	Auto
014570	3/13/2014	Verizon Wireless	1,597.09	Auto
014635	4/15/2014	Verizon Wireless	1,607.41	Auto
014721	5/9/2014	Verizon Wireless	1,624.53	Auto
014558	3/11/2014	Windstream	6,314.76	Auto
014632	4/15/2014	Windstream	6,293.40	Auto
014668	5/1/2014	Windstream	6,518.64	Auto
			1,532,863.15	

B6A (Official Form 6A) (12/07)

In re Anesthesia Healthcare Partners, Inc.

Case No. 14-59631

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)
 Total > **0.00**
 (Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Anesthesia Healthcare Partners, Inc.

Case No. 14-59631

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Suntrust Operating Account	-	20,440.33
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **20,440.33**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re Anesthesia Healthcare Partners, Inc.

Case No. 14-59631

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Accounts Receivable	-	2,600,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Breach of Contract Claim against Cigna Corporation and Affiliates	-	16,970,000.00

Sub-Total > **19,570,000.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

In re Anesthesia Healthcare Partners, Inc.

Case No. 14-59631

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		computer equipment- \$30,000.00 furniture- \$12,000.00	-	42,000.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **42,000.00**
(Total of this page)
Total > **19,632,440.33**

(Report also on Summary of Schedules)

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

B6D (Official Form 6D) (12/07)

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN						
Account No.								
Suntrust Bank 303 Peachtree Street, NE 23rd Floor; attn S.Shrivastava Atlanta, GA 30308			Blanket Security Interest					
			Value \$ 19,632,440.00				8,500,000.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							8,500,000.00	0.00
Total (Report on Summary of Schedules)							8,500,000.00	0.00

0 continuation sheets attached

In re Anesthesia Healthcare Partners, Inc.

Case No. 14-59631

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re Anesthesia Healthcare Partners, Inc.
Debtor

Case No. 14-59631

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
City of Duluth 3167 Main St Duluth, GA 30096			Occupancy Tax					12,550.00
							12,550.00	0.00
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal								12,550.00
(Total of this page)							12,550.00	0.00
Total								12,550.00
(Report on Summary of Schedules)							12,550.00	0.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. A Superior Answering Service 311 North Main Street Madison, GA 30650		-				72.00
Account No. Abrahamson Dolores 11318 30TH COVE E Parrish, FL 34219		-				75.84
Account No. ACCENT PO Box 952366 St. Louis, MO 63195		-				6,927.03
Account No. Accordino Deborah 141 WOOD RIDGE TR Sanford, FL 32771		-				242.50
Subtotal (Total of this page)						7,317.37

72 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Adams Deborah 7200 PLEASANT DR Orlando, FL 32818		-	Patient Refund				458.20	
Account No. ADP, Inc PO Box 842875 Boston, MA 02284		-	Payroll Services				131.21	
Account No. Adrian Mann 1808 Jill Ct Winter Park, FL 32789		-	Patient Refund				54.51	
Account No. AETNA P.O. Box 14079 Lexington, KY 40512-4079		-	Patient Refund				32.65	
Account No. Airgas South PO Box 532609 Atlanta, GA 30353		-	Medical Supplies				212.49	
Sheet no. <u>1</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	889.06

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Alan Smith 178 Daniel CT Canton, GA 30115		-	Patient Refund				779.70	
Account No. Alberto Fernandez 12483 GRAND OAKS DRIVE Davie, FL 33330		-	Patient Refund				521.40	
Account No. Alexis Wright 841 COG HILL McDonough, GA 30253		-	Patient Refund				250.00	
Account No. Alfred Brown 2660 Spring Dr Smyrna, GA 30080		-	Patient Refund				483.50	
Account No. Allan Lam 1336 Tall Maple Loop Oviedo, FL 32765		-	Patient Refund				687.30	
Sheet no. <u>2</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,721.90

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Allyn Rippin 245 North Highland Ave Unit 411 Atlanta, GA 30307		-	Patient Refund				168.78	
Account No. Alycia Lucy		-	Patient Refund				35.20	
Account No. American Express Corporate P.O. Box 360001 Fort Lauderdale, FL 33336		-	Medical Supplies; Travel				72,255.11	
Account No. Ammie Oden 227 ANY WAY ST Lake Jackson, TX 77566		-	Patient Refund				112.48	
Account No. Andrea Ellis 1542 Victoria Falls Dr NE Atlanta, GA 30329		-	Patient Refund				608.30	
Sheet no. <u>3</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	73,179.87

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Andrew Crenshaw 198 PONCE DE LEON AVE C3 Atlanta, GA 30308		-	Patient Refund				280.30	
Account No. Andrew Mackson 20500 NE 22 COURT Miami, FL 33180		-	Patient Refund				521.40	
Account No. Angela D Forehand 307 Lakeshore Dr Stockbridge, GA 30281		-	Patient Refund				20.00	
Account No. Angela Streeter 308 STERLING LAKE DR Ocoee, FL 34761		-	Patient Refund				213.00	
Account No. Anne McClure		-	Patient Refund				75.40	
Sheet no. <u>4</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,110.10

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Anthem BCBS Maildrop VA 4004-RR10 Richmond, VA 23230		-	Over Payment/ Patient Refunds			221,000.00
Account No. Anthem BCBS-VA Recovery PO Box 931766 Cleveland, OH 44193-1867		-	Patient Refund			3,850.24
Account No. Antonio Hargrove		-	Patient Refund			38.40
Account No. Arlene Valdes 14965 SW 37 STREET Davie, FL 33331		-	Patient Refund			553.00
Account No. Arthur McDaniel 1121 Harbour Point Dr Port Orange, FL 32127		-	Patient Refund			284.25
Sheet no. <u>5</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	225,725.89

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R E D F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Ashley Bishop			Patient Refund				38.40	
Account No. AVMA Group Health & Life Ins Trust, insu PO Box 909720 Chicago, IL 60690-9720			Patient Refund				8.06	
Account No. Barbara Aclu 4044 FOREST ISLAND DRIVE Orlando, FL 32826			Patient Refund				323.33	
Account No. Barbara Hurley 3085 Floral Way E Apopka, FL 32703			Patient Refund				104.28	
Account No. Barbara L Predovich 370 W Dunlop Dr Pueblo West, CO 81007			Patient Refund				200.00	
Sheet no. <u>6</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	674.07

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. BCBS of AL 450 Riverchase Parkway East Birmingham, AL 35244		-	Patient Refund				7,393.17
Account No. BCBS of GA PO Box 60007 Los Angeles, CA 90060-0007		-	Patient Refund				291.54
Account No. BCBS of GA PO Box 7368 Columbus, GA 31908		-	Patient Refund				374.40
Account No. BCBS TN 1 Cameron Hill Circle Chattanooga, TN 37402		-	Patient Refund				21.67
Account No. BCBS, BCBS OF FLORIDA DEPT 1213 PO BOX 121213 Dallas, TX 75312-1213		-	Patient Refund				62.10
Subtotal (Total of this page)							8,142.88

Sheet no. 7 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. BELINDA O'REAR 388 CR 2450 Shelbyville, TX 75973		-	Patient Refund				1,200.00	
Account No. Bernard Baer 145 OAK DR Lake Jackson, TX 77566		-	Patient Refund				55.41	
Account No. Beverly Avcock 515 Still Forest Terrace Sanford, FL 32771		-	Patient Refund				288.35	
Account No. Bonni Laffoon		-	Patient Refund				70.40	
Account No. Brenda Peterson PO Box 110221 Atlanta, GA 30311		-	Patient Refund				521.40	
Sheet no. <u>8</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,135.56

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Brian K Worthington 109 Robin St Rome, GA 30165		-	Patient Refund				175.63	
Account No. Brian McMahan 1540 MEADOWVIEW DR Marietta, GA 30062		-	Patient Refund				242.50	
Account No. Bruce Ying 15849 NW 4TH STREET Pembroke Pines, FL 33028		-	Patient Refund				502.70	
Account No. Bryan Kaeser 885 Wellington Ave Oviedo, FL 32765		-	Patient Refund				513.50	
Account No. CarePlus PO Box 14697 Lexington, KY 40512		-	Patient Refund				293.35	
Sheet no. <u>9</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,727.68

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Carlos J Marin PO Box 452264 Kissimmee, FL 34745		-	Patient Refund				198.47	
Account No. Carol Causseaux 18 Seminole Dr Debary, FL 32713		-	Patient Refund				50.00	
Account No. Carol Hart 5138 NW 58th St Gainesville, FL 32653		-	Patient Refund				616.20	
Account No. Carolyn Curry 9402 STEPHEN F AUSTIN Johns Creek, TX 77541		-	Patient Refund				503.25	
Account No. Cathy Burgess 317 SUNSET BLVD Chester, VA 23831		-	Patient Refund				243.00	
Sheet no. <u>10</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,610.92

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Charlene Bethel 5219 SANDYFIELD LN Katy, TX 77494		-	Patient Refund				25.82	
Account No. Charles Eubanks 3761 Oak Lane Marietta, GA 30062		-	Patient Refund				537.20	
Account No. Charles Gladfelter 11030 Rufford Rd Chester, VA 23831		-	Patient Refund				140.80	
Account No. Charles Richardson 120 DAFFODIL ST Lake Jackson, TX 77566		-	Patient Refund				56.88	
Account No. Charlotte Ledbetter 1197 MACLAUREN DR Oviedo, FL 32765		-	Patient Refund				21.25	
Sheet no. <u>11</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	781.95

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Chelsea Nave		-	Patient Refund			38.40
Account No. Cheryl McCurdy 4600 HADLEY PL Snellville, GA 30039		-	Patient Refund			291.42
Account No. Cheryl Parellada 522 PAGE AVE Atlanta, GA 30307		-	Patient Refund			195.61
Account No. Christine Hare		-	Patient Refund			32.00
Account No. Christine Johnson 458 Wilton Circle Sanford, FL 32773		-	Patient Refund			600.40
Subtotal (Total of this page)						1,157.83

Sheet no. 12 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. CHRISTINE TAYLOR 317 PEMBROKE CIR Milton, GA 30004		-	Patient Refund				50.00	
Account No. Christopher Dreher 2064 Delburyt Ct Snellville, GA 30078		-	Patient Refund				72.80	
Account No. Christopher Hooper 2886 Rivermeade Dr NW Atlanta, GA 30327		-	Patient Refund				504.28	
Account No. Christopher Reed 649 Old Ivy Rd Atlanta, GA 30342		-	Patient Refund				316.98	
Account No. Chun Lam 2115 Cooper Lake Dr Smyrna, GA 30080		-	Patient Refund				707.86	
Sheet no. <u>13</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,651.92

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Cigna PO Box 2625 Del Mar, CA 92014	-		Patient Refund				6,697.20
Account No. Cigna PO Box 182223 Chattanooga, TN 37422-7223	-		Patient Refund				1,428.59
Account No. Cigna 1000 Great West Dr Kennett, MO 63857-3749	-		Patient Refund				212.52
Account No. Cigna Chattanooga HMO PO Box 182223 Chattanooga, TN 37422-7223	-		Patient Refund				2,187.00
Account No. CINDY OSORIO 13990 DARCHANCE RD Windermere, FL 34786	-		Patient Refund				700.00
Subtotal (Total of this page)							11,225.31

Sheet no. 14 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. CLAIM RECEIPTS DEPARTMENT 1 Cameron Hill Cir Chattanooga, TN 37402	-	Patient Refund				27.99
Account No. Clare Lachappelle 1160 Twin Rivers BLVD Oviedo, FL 32766	-	Patient Refund				96.99
Account No. Coastal Anesthesia, P.A. c/o Jason W. Peterson, Esq. 125 West Romana St.; Ste 800 Pensacola, FL 32502	-	Contribution Claim				Unknown
Account No. Crystal Springs PO BOX 660579 Dallas, TX 75266	-	Office Expense				7.99
Account No. CT Corporation PO Box 4349 Carol Stream, IL 60197	-	Office Expense Corporate Filings				2,250.00
Subtotal (Total of this page)						2,382.97

Sheet no. 15 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Cynthia Bullington			Patient Refund				83.20	
Account No. Cynthia Inge			Patient Refund				121.60	
Account No. Cynthia Lynch 14570 Potanow Trail Orlando, FL 32837			Patient Refund				537.20	
Account No. Cynthia Ramsch 2950 Travis Lane Apt 17 Petersburg, VA 23803			Patient Refund				148.26	
Account No. Daniel Pugh 27 Rosewood Rd Rome, GA 30165			Patient Refund				321.30	
Sheet no. <u>16</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,211.56

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Daniel Romero 5645 Markham Woods Rd Lake Mary, FL 32746		-	Patient Refund				779.70	
Account No. David James 57 Rumson Way NE Atlanta, GA 30305		-	Patient Refund				529.30	
Account No. David Conley 30219 PGA Drive Sorrento, FL 32776		-	Patient Refund				39.29	
Account No. David Draper 478 Pine Lake Circle Vernon Hills, IL 60061		-	Patient Refund				15.00	
Account No. David Hoitt PO Box 252 Shannon, GA 30172		-	Patient Refund				343.19	
Sheet no. <u>17</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,706.48

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. David Pitcher 322 Lake Rd Lake Mary, FL 32746		-	Patient Refund				316.60	
Account No. David Thoman 3009 SW 103rd ST Gainesville, FL 32608		-	Patient Refund				600.40	
Account No. Dawn Meadows 27 GOLF TERRACE DR APT 103 Winter Garden, FL 34787		-	Patient Refund				309.52	
Account No. De Lage Landen P.O. Box 41602 Philadelphia, PA 19101		-	Copier Expense				2,680.27	
Account No. Deborah Wilson PO Box 130 Bethlehem, GA 30620		-	Patient Refund				592.50	
Sheet no. <u>18</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	4,499.29

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Deborah Hall 3739 Robinson Drive Oakwood, GA 30566		-				327.85
Account No. Deborah Parson 624 Gold Valley Pass Canton, GA 30114		-				505.60
Account No. Deborah Ryave 12534 DALLINGTON TERRACE Winter Garden, FL 34787		-				261.09
Account No. Deborah S Krauth 318 S Pln High Dr Pueblo West, CO 81007		-				240.00
Account No. Deborah Wilkiewicz 2549 Hemlock Granite City, IL 62040		-				692.06
Sheet no. <u>19</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	2,026.60

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Debra K Davis 3807 Poverty Creek Rd Crestview, FL 32539		-	Patient Refund				25.00	
Account No. Deloris Tyree		-	Patient Refund				41.20	
Account No. Dennis Bell 925 Keep Loop Oviedo, FL 32765		-	Patient Refund				83.50	
Account No. DEPT OF VETERANS AFFAIRS, VA GULF COAST 400 Veterans Blvd Biloxi, MS 39531		-	Patient Refund				1,016.21	
Account No. Dexter Ward 4600 BUTNER ROAD College Park, GA 30340		-	Patient Refund				300.00	
Sheet no. 20 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,465.91

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Donna Barnes		-	Patient Refund			25.60
Account No. Donna Derison 1166 OAK CREEK CT Winter Springs, FL 32708		-	Patient Refund			399.75
Account No. Donna Kohlbacker 1015 Compass Pointe Crossing Alpharetta, GA 30005		-	Patient Refund			285.47
Account No. Donna Tielke 4288 COUNTY RD 571 West Columbia, TX 77486		-	Patient Refund			67.11
Account No. Dorsey Young, JR 266 Ben Mosley Circle Summerville, GA 30747		-	Patient Refund			521.40
Subtotal (Total of this page)						1,299.33

Sheet no. 21 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Dr Dobson 555 N Bell Avenue S Suite 102 Carnegie, PA 15106		-	Deffered Stipend				36,083.32	
Account No. Dr Hoffman 5850 Dexter Drive Dallas, TX 75230		-	Deffered Stipend				13,333.32	
Account No. Dwayne Alan Maulsby 198 Crater Woods Court Petersburg, VA 23805		-	lawsuit	X	X	X	75,000.00	
Account No. Edward Marston 6314 Old Stage Hwy Smithville, VA 23430		-	Patient Refund				40.50	
Account No. Elan Technology Inc PO Box 116227 Atlanta, GA 30368		-	Patient Refund				920.96	
Sheet no. 22 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	125,378.10

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Elite Resources	-	Breach of Letter of Engagement				332,000.00
Account No. Elizabeth Hatfield 2514 Dovetail Dr Ocoee, FL 34761	-	Patient Refund				50.00
Account No. Ellen Behm 5295 Woodridge Forest Trail Atlanta, GA 30327	-	Patient Refund				488.27
Account No. Emma Ferguson 2985 Benjamin E Mays SW Atlanta, GA 30311	-	Patient Refund				779.70
Account No. Esther Treese 7935 EDGELAKE DRIVE Orlando, FL 32822	-	Patient Refund				560.90
Subtotal (Total of this page)						333,878.87

Sheet no. 23 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. Eugene Bently 2041 LEES CHAPEL RD Cedartown, GA 30125			Patient Refund				234.60
Account No. Eugene Pierce 408 BROCKMAN ST Clute, TX 77531			Patient Refund				31.88
Account No. Fai Kai Pang 7129 Hiwassee Overlook Dr Orlando, FL 32835			Patient Refund				568.80
Account No. Felix Wilson WILSON FELIX 381 MAYA ST Lake Mary, FL 32746			Patient Refund				28.33
Account No. FL MCR FIRST COAST SERVICE OPTIONS, INC PO BOX 44141 Jacksonville, FL 32231-4141			Patient Refund				225.66
Subtotal (Total of this page)							1,089.27

Sheet no. 24 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Flor Osoriostark 740 SANDPIPER CIRCLE Longwood, FL 32750			Patient Refund				396.49
Account No. GA MCR GA PART B FINANCIAL, PO BOX 12967 Birmingham, AL 35202-2967		-	Patient Refund				12.98
Account No. GA Medicaid PO Box 105202 Tucker, GA 30085		-	Patient Refund				231.81
Account No. Gayle Tucker 205 Hamlin Dr Fern Park, FL 32730		-	Patient Refund				94.38
Account No. GE Hlthcr IITS USA 15724 Collections Center Drive Chicago, IL 60693		-	Software Maintenance				3,008.82
Sheet no. <u>25</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	3,744.48

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R E D F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. GEHA PO Box 4665 Independence, MO 64051-4665			Patient Refund				124.85	
Account No. George Nassos 4846 FORESTGLASDE CIRCLE Stone Mountain, GA 30087			Patient Refund				345.58	
Account No. Glen Cormier 1555 WATSON RIDGE TRAIL Lawrenceville, GA 30045			Patient Refund				268.60	
Account No. GLENDA RUSHING 174 TRAVIS TRAIL Ponce De Leon, FL 32455			Patient Refund				800.00	
Account No. Gordon Smith 1048 CUMBERLAND ROAD, NE Atlanta, GA 30306			Patient Refund				286.27	
Sheet no. <u>26</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,825.30

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Greg Wachowiak 1109 Pristine Place Alpharetta, GA 30022			Settlement Agreement				1,500,000.00	
Account No. Gregory Holland 3052 Normandy Ridge Lawrenceville, GA 30044		-	Patient Refund				308.00	
Account No. Guardian P.O. Box 677458 Dallas, TX 75267		-	Employee Dental				2,664.70	
Account No. Gwendolyn Whigum 4917 SHOSHORE ST Orlando, FL 32819		-	Patient Refund				197.31	
Account No. Gwenn Hamilton 210 Sweetwater BLVD South Longwood, FL 32779		-	Patient Refund				898.20	
Sheet no. <u>27</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,504,068.21

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No. Hall McKinley 2596 Brookdale Dr Atlanta, GA 30305							716.50
Account No. Hallie Zoebel 824 CHIPLEY CT Winter Park, FL 32792							194.00
Account No. Harry Anderson 2656 DOBBS, CIRCLE Atlanta, GA 30327							779.70
Account No. Haskell Cooke PO BOX 302 Matagorda, TX 77457-0302							43.32
Account No. HBI Anesthesia Services 3079 Peachtree Ind Blvd Duluth, GA 30097							39,213.24
Subtotal (Total of this page)							40,946.76

Sheet no. 28 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Health First Network PO Box 11547 Pensacola, FL 32524		-	Patient Refund			182.80
Account No. Heather Poarch 19257 Comans Well Rd Yale, VA 23897		-	Patient Refund			371.25
Account No. Helene Becker 540 LAKEWORTH CIR Heathrow, FL 32746		-	Patient Refund			28.79
Account No. Humana PO Box 14601 Lexington, KY 40512-4601		-	Patient Refund			63.18
Account No. HUMANA HEALTH CARE PO BOX 931655 Atlanta, GA 31193-1655		-	Patient Refund			773.58
Subtotal (Total of this page)						1,419.60

Sheet no. 29 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Insurance 2660 SPRING DR Smyrna, GA 30080		-	Patient Refund				136.00	
Account No. IPFS Corporation PO Box 730223 Dallas, TX 75373		-	Insurance				29,793.57	
Account No. Irma Paccione 6679 Saltaire Ter Margate, FL 33063		-	Patient Refund				458.20	
Account No. Jackie Barton 906 E Airlin Dr. East Alton, IL 62024		-	Patient Refund				850.50	
Account No. Jackie Smith JACKIE SMITH 3111 TRINITY DR Bossier, LA 71111		-	Patient Refund				25.00	
Sheet no. 30 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	31,263.27

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Jacqueline Fernandez 12483 Grand Oaks Dr Davie, FL 33330		-	Patient Refund			568.80	
Account No. James Blaine 2991 Timpana Point Longwood, FL 32779		-	Patient Refund			410.34	
Account No. James Evans 1045 Reeder Cir Atlanta, GA 30306		-	Patient Refund			354.76	
Account No. James Goodwyn 1628 DARBY DR Petersburg, GA 23803		-	Patient Refund			375.00	
Account No. James Hartline 3261 SW 56th AVE West Park, FL 33023		-	Patient Refund			770.25	
Sheet no. <u>31</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	2,479.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. James Kimmell 998 Hess Dr Avondale Estates, GA 30002		-	Patient Refund				521.40	
Account No. James Koby 6025 Fords Lake Court Acworth, GA 30101		-	Patient Refund				521.40	
Account No. James Zweifel 6000 Lady Bet Dr Orlando, FL 32819		-	Patient Refund				505.60	
Account No. Janet Clauson 20807 NW 70 Ave Alachua, FL 32615		-	Patient Refund				302.70	
Account No. Janice McCall 1208 Golf Point Loop Apopka, FL 32712		-	Patient Refund				330.44	
Sheet no. 32 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,181.54

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Janice Parker 767 SPRING LEAF COURT Lawrenceville, GA 30046		-	Patient Refund			280.45
Account No. Jeanine Nonn 33 Mikel Dr Granite City, IL 62040		-	Patient Refund			735.98
Account No. Jeffery Busch 140 River Lake Court Roswell, GA 30075		-	Patient Refund			513.50
Account No. Jennifer Assam 1930 Lake Dr Casselberry, FL 32707		-	Patient Refund			386.63
Account No. Jennifer Cutter 2273 BANBURY AVE Deltona, FL 32725		-	Patient Refund			311.28
Subtotal (Total of this page)						2,227.84

Sheet no. 33 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R E D F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Jimmy Pharr 385 Pittman Lane Canton, GA 30114		-	Patient Refund				324.00	
Account No. Joanne Freeman 1605 EAGLE NEST CIR Winter Springs, FL 32708		-	Patient Refund				242.50	
Account No. Jodi Bitler 816 North St Marys Ln Marietta, GA 30064		-	Patient Refund				489.80	
Account No. John Anderson 1640 Highland Dr Longwood, FL 32750		-	Patient Refund				557.52	
Account No. John Craft 3270 Nancy Creek Rd Atlanta, GA 30327		-	Patient Refund				740.20	
Sheet no. <u>34</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,354.02

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. John Ondecker 781 Delfino Dr Ocoee, FL 34761		-	Patient Refund				502.70	
Account No. John P. Niemerg, Clerk of the Circuit Co PO Box 586 Effingham, IL 62401-0586		-	Patient Refund				40.05	
Account No. John Wyle 639 NORFLEET RD NW Atlanta, GA 30305		-	Patient Refund				313.81	
Account No. Jordan Adams		-	Patient Refund				96.00	
Account No. Jordan Adkins		-	Patient Refund				76.80	
Sheet no. <u>35</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,029.36

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. Jordan Aurora 212 HUCKLEBERRY DR Lake Jackson, TX 77566		-	Patient Refund				329.13
Account No. Joseph Simms 2887 MAJOR RIDGE TRL Duluth, GA 30097		-	Patient Refund				529.30
Account No. Joseph Millsap 1977 Pine Key Blvd Sebring, FL 33870		-	Patient Refund				779.70
Account No. Joseph Parham 3683 Manor Brook Terrace Atlanta, GA 30319		-	Patient Refund				497.70
Account No. Julie Miller 661 Silver Birch Place Longwood, FL 32750		-	Patient Refund				160.00
Subtotal (Total of this page)							2,295.83

Sheet no. 36 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. JULIE ROGERS 597 BAILEY RD Farmerville, LA 71241		-	Patient Refund			25.00	
Account No. June Trzcinka 1705 Brassie Court Kissimmee, FL 34746		-	Patient Refund			500.00	
Account No. Karen Nolen 265 Secret Way Casselberry, FL 32707		-	Patient Refund			436.92	
Account No. Karen Thompson		-	Patient Refund			64.00	
Account No. Kathie Holmes 1601 Indian Dane Ct Maitland, FL 32751		-	Patient Refund			489.80	
Sheet no. <u>37</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,515.72

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Kathleen O Kiley 245 New Gate Loop Heathrow, FL 32746		-	Patient Refund				313.43	
Account No. Kayle Harrison 1232 KENNEDY DR Auburn, GA 30011		-	Patient Refund				242.50	
Account No. Kenneth Brown 4725 RIVERSOUND DRIVE Snellville, GA 30039		-	Patient Refund				393.04	
Account No. Kenneth Fretz PO Box 743 Jackson, GA 30233		-	Patient Refund				576.70	
Account No. Kevin Woodlief		-	Patient Refund				44.80	
Sheet no. <u>38</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,570.47

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Kristina Lunsford			Patient Refund				71.50	
Account No. Krystal Kohler 34606 Melton St Westland, MI 48186			Patient Refund				110.01	
Account No. LAUREN WALSH 1211 GULF OF MEXICO DR 904 Longboat Key, FL 34228			Patient Refund				50.00	
Account No. Lewis Tumlin 755 Indian Mound Rd SE Cartersville, GA 30120			Patient Refund				476.18	
Account No. Linda Henis 718 Flowers Crossing Lawrenceville, GA 30044			Patient Refund				292.30	
Sheet no. <u>39</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	999.99

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Linda Lenseth 420 SE 6TH LANE High Springs, FL 32643		-	Patient Refund				211.10	
Account No. Linda Nguyen 1437 Squire Hill Lane Lawrenceville, GA 30043		-	Patient Refund				31.85	
Account No. Lis Knudsen 660 OSCEOLA AVE APT 104 Winter Park, FL 32789		-	Patient Refund				242.50	
Account No. Lisa Compton 10521 BOCA POINTE DRIVE Orlando, FL 32836		-	Patient Refund				481.90	
Account No. LISA SALLEE 368 RIDGE VIEW DR Auburn, GA 30011		-	Patient Refund				850.00	
Sheet no. 40 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,817.35

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Lonnie Scott 3850 John Glenn Dr Granite City, IL 62040		-	Patient Refund				597.10	
Account No. LORENA SANDOVAL 11132 WINDSOR DR Westchester, IL 60154		-	Patient Refund				25.00	
Account No. Lorraine Horton 118 EAST ELM ST Brazoria, TX 77422		-	Patient Refund				28.44	
Account No. Lyndsey Hamilton		-	Patient Refund				10.00	
Account No. Lyne Lanthier 387 EVENING SKY DRIVE Oviedo, FL 32765		-	Patient Refund				250.00	
Sheet no. <u>41</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	910.54

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Lynn Arnold 161 Nandina Terr Winter Springs, FL 32708		-	Patient Refund				296.25	
Account No. Lynn Barone 6193 SW 191 AVE Pembroke Pines, FL 33332		-	Patient Refund				400.00	
Account No. Majid Fouladi 789 THICKTE LANE Orlando, FL 32819		-	Patient Refund				529.30	
Account No. Margaret Isaacs 302 FOREST OAKS LN Lake Jackson, TX 77566		-	Patient Refund				22.77	
Account No. Margaret M Krause 1054 Acadia Rd Venice, FL 34293-5605		-	Patient Refund				8.77	
Sheet no. 42 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,257.09

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Maria Olweleen 1476 Fariview Rd Atlanta, GA 30306		-	Patient Refund				489.00	
Account No. Maria Shuker 3916 EMERALD ESTATES CIRCLE Apopka, FL 32703		-	Patient Refund				285.39	
Account No. Marialouse Draper 268 East Bay Ave Longwood, FL 32750		-	Patient Refund				455.88	
Account No. Marianne Leal 1703 Pelican CV Rd Apt GL456 Sarasota, FL 34231		-	Patient Refund				33.58	
Account No. Marietta Hollada 249 Goldie Dr Marietta, GA 30067		-	Patient Refund				358.69	
Sheet no. <u>43</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,622.54

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Mark Chmielewski 14041 Bellagio Way Unit 415 Osprey, FL 34229		-	Patient Refund				307.12	
Account No. Mark Lamet, MD, PA 1150 N 35th Ave Suite 445 Hollywood, FL 33021-5430		-	Patient Refund				200.00	
Account No. Mark Swartz 4729 NW 26TH WAY Boca Raton, FL 33434		-	Patient Refund				513.50	
Account No. Marshal Johnson		-	Patient Refund				25.60	
Account No. Mary Brown 4 Coral Ave Rome, GA 30161		-	Patient Refund				894.23	
Sheet no. <u>44</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,940.45

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Mary Lerer 3021 Loridan Way Atlanta, GA 30339		-	Patient Refund				513.50	
Account No. Mary Vindett 516 Bristol Dr Altamonte Springs, FL 32714		-	Patient Refund				433.76	
Account No. Maureen Collins 114 COVE LAKE DRIVE Longwood, FL 32779		-	Patient Refund				826.50	
Account No. Maurice Hormell 6970 Harding Street Hollywood, FL 33024		-	Patient Refund				568.80	
Account No. Mazelle Janes 1930 NORTH AVE G Freeport, TX 77541		-	Patient Refund				21.00	
Sheet no. <u>45</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,363.56

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. MCIM PO Box 80740 Lansing, MI 48908	-	Patient Refund				297.85	
Account No. McKesson Corporation 8741 Landmark Road Richmond, VA 23228	-	Drugs & Realted Supplies				0.00	
Account No. MD Solutions One Westinghouse Plaza Suite 201 Boston, MA 02136	-	Account				130,000.00	
Account No. Medical Maintenance Consult 4295 International Blvd, Ste C Norcross, GA 30093	-	Site Equipment				1,342.80	
Account No. Medkinetics LLC 124 First Ave S Franklin, TN 37064	-	Software				3,154.00	
Sheet no. <u>46</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	134,794.65

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Medpoint Inc 12013 SW 129 Court Miami, FL 33186		Site Equipment				1,362.00
Account No. Melissa Hays 3108 OAK ALLEY DR Apopka, FL 32703		Patient Refund				276.50
Account No. Melissa Tiffany 50 Sheoah Blvd Apt. 33 Wintersprings, FL 32708		Patient Refund				110.60
Account No. Melvina Cummings		Patient Refund				89.60
Account No. Michael Bray 904 Autumn Path Way Snellville, GA 30078		Patient Refund				339.70
Sheet no. 47 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	2,178.40

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Michael Porter 2315 EWING CHAPEL ROAD Dacula, GA 30019		-	Patient Refund				248.45	
Account No. Michael Weiss 1000 Venetian Way Apt 11 Miami Beach, FL 33139		-	Patient Refund				647.80	
Account No. Michelle Beaton 2656 KINNETT DR SW Lilburn, GA 30047		-	Patient Refund				240.95	
Account No. Michelle Crist 4613 Reminces Way Douglasville, GA 30134-3955		-	Patient Refund				301.12	
Account No. MICHELLE PENNIE 4860 PEREGERINE PT CIR N Sarasota, FL 34231		-	Patient Refund				550.00	
Sheet no. <u>48</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,988.32

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Mickey Lowry 17288 COUNTY RD APT 945B Brazoria, TX 77422		-	Patient Refund				52.94	
Account No. MIGUEL VARGAS 17321 SW 35TH ST Pembroke Pines, FL 33029		-	Patient Refund				850.00	
Account No. Molina Healthcare 200 Oceangate Suite 100 Long Beach, CA 90802		-	Patient Refund				245.48	
Account No. Mountain Glass Arts, Inc 1370 Tunnel Rd, Asheville Ashville, NC 28805		-	Patient Refund				920.96	
Account No. Nancy Jackson 3996 SECLUDED CIRCLE Lilburn, GA 30047		-	Patient Refund				238.46	
Sheet no. <u>49</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,307.84

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. Nancy Micklos 429 Bay Tree Ln Longwood, FL 32779		-	Patient Refund				107.50
Account No. Nancy Ringier 2700 GALLIANO CIR Winter Park, FL 32792		-	Patient Refund				280.16
Account No. NYDCC Medicare Supplemental 303 Merrick Rd Suite 300 Lynbrook, NY 11536		-	Patient Refund				28.79
Account No. Otis Wells 2662 Waverly Hills Dr Lawrenceville, GA 30044		-	Patient Refund				300.20
Account No. Patricia Czar 5395 Ohio Ave W Sanford, FL 32771		-	Patient Refund				33.95
Subtotal (Total of this page)							750.60

Sheet no. 50 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Patricia Earley 949 Faith Ave SE Atlanta, GA 30316		-				513.50
Account No. Patricia Lagland		-				89.60
Account No. Patricia Pippin		-				57.60
Account No. Patricka Biron 3823 DUNEDIN CT Apopka, FL 32712		-				427.44
Account No. Per-Se Technologies 5995 Windward Parkway Alpharetta, GA 30005		-				534,929.57
Subtotal (Total of this page)						536,017.71

Sheet no. 51 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Percy Truitt 264 MOSSY MEADOW West Columbia, TX 77486		-	Patient Refund				42.44	
Account No. Peter Corbett 420 Somerset Lane SE Marietta, GA 30067		-	Patient Refund				538.91	
Account No. Peter Hill 4051 LOCH HIGHLAND PATH NE Roswell, GA 30075		-	Patient Refund				222.82	
Account No. Peter Joy		-	Patient Refund				76.80	
Account No. Peter Lersner 586 EAGLES CROSSING PL Lake Mary, FL 32746		-	Patient Refund				267.45	
Sheet no. 52 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,148.42

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Phillip Davis 1150 Ivy Hill Ct Mableton, GA 30126		-	Patient Refund			545.10
Account No. Preston Evans 130 Marks Way Canton, GA 30115		-	Patient Refund			497.70
Account No. Prosser Memorial Hospital 723 Memorial St Prosser, WA 99350-1593		-	Patient Refund			12.87
Account No. Pueblo Endoscopy Suites LLC 1600 N. Grand Avenue Ste 420 Pueblo, CO 81003		-	Prepaid Expenses			84,216.19
Account No. PULGAR ARMANDO 2813 KINSINGTON CIR Weston Hills, FL 33332		-	Patient Refund			200.00
Subtotal (Total of this page)						85,471.86

Sheet no. 53 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. R&R Professional Recovery PO Box 21575 Pikesville, MD 21282-1575		-	Patient Refund				821.06	
Account No. Ramon Sanchez 4201 Chain Fern Ct Saint Cloud, FL 34772		-	Patient Refund				54.12	
Account No. Raymond McCrimons 7162 Silver Mine Crossing Austell, GA 30168		-	Patient Refund				162.26	
Account No. Raymond Rhodes 779 Long Lake Drive Ovieda, FL 32765		-	Patient Refund				600.40	
Account No. REFUND LOCKBOX P.O. Box 204014 Houston, TX 77216-4014		-	Patient Refund				154.18	
Sheet no. <u>54</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,792.02

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. RENEE STEVENS 6865 YUCATAN ST Milton, FL 32570		Patient Refund				50.00
Account No. Richard Carico		Patient Refund				51.20
Account No. Richard Robles 2336 Oak Park Way Orlando, FL 32822		Patient Refund				521.40
Account No. Richard Wightman 3344 LUKAS COVE Orlando, FL 32820		Patient Refund				70.84
Account No. Richards Barton 906 East Airlin Dr. East Alton, IL 62024		Patient Refund				556.66
Subtotal (Total of this page)						1,250.10

Sheet no. 55 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Ricky Phillips 1602 Overlook RD Orlando, FL 32809	-		Patient Refund				505.30
Account No. Ricky Rojas 4860 Brightmour Circle Orlando, FL 32839	-		Patient Refund				574.00
Account No. Robert Efird 208 CHESTNUT ST Lake Jackson, TX 77566	-		Patient Refund				67.99
Account No. Robert Ellett 109 BUTTERCUP LANE Lake Jackson, TX 77566	-		Patient Refund				27.57
Account No. Robert Hough 32109 Wacassa Tr Sorrento, FL 32776	-		Patient Refund				171.74
Subtotal (Total of this page)							1,346.60

Sheet no. 56 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R E D F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Robert Martinez 113 CROCUS ST Lake Jackson, TX 77566		-	Patient Refund				41.63	
Account No. Robert Mencil 10212 S W 12TH STREET Hollywood, FL 33025		-	Patient Refund				244.90	
Account No. Robert Neely 2431 ISLAND DRIVE Longwood, FL 32779		-	Patient Refund				242.50	
Account No. Robert Renner 280 HAZEL TINE DR Debary, FL 32713		-	Patient Refund				250.00	
Account No. Robert Stock 380 Suncrest Ct Oviedo, FL 32765		-	Patient Refund				316.00	
Sheet no. <u>57</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,095.03

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Robert Tritt 22344 Dellwood Dr Atlanta, GA 30305		-	Patient Refund				156.60	
Account No. Rocco Auri 4512 Powerhorn Place Dr Clermont, FL 34711		-	Patient Refund				779.70	
Account No. Rodney Moore 70 Lee Street Rockmart, GA 30153		-	Lawn Service				100.00	
Account No. Rodney Swann 1179 Liberty Church Rd Ranger, GA 30734		-	Patient Refund				489.80	
Account No. Rosalia Pezzi 130 BRIDLEWOOD LN Longwood, FL 32779		-	Patient Refund				216.65	
Sheet no. <u>58</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,742.75

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Rose Shinpaugh 140 Simmons Lane Copperhill, TN 37317		-	Patient Refund				378.08	
Account No. Ruth Rossman 5194 Vardon Dr Windermere, FL 34786		-	Patient Refund				489.80	
Account No. Salyn Sells PO BOX 753 Social Circle, GA 30025		-	Patient Refund				272.55	
Account No. Sarah Clark 4020 SW 93RD DR Gainesville, FL 32608		-	Patient Refund				521.40	
Account No. Scott F Cassingham MD 833 Thora Blvd. Shreveport, LA 71106		-	Healthcare Provider				29,500.00	
Sheet no. <u>59</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	31,161.83

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Scott Toston 1030 Tullmore Dr Roswell, GA 30075		-	Patient Refund				382.11	
Account No. Scott Uzzel 511 Briarfield Crossing Marietta, GA 30066		-	Patient Refund				508.46	
Account No. Sean M. Lynch 4504 Whitestone Way Suwannee, GA 30024		-	Deffered Payroll, Deffered Taxes & Loans				Unknown	
Account No. SEAN STONE 2790 JAY OAK DR Dacula, GA 30019		-	Patient Refund				200.00	
Account No. Sedgwick Claims Mgmt Services 36392 Treasury Center Chicago, IL 60694		-	Travel Insurance				12.00	
Sheet no. <u>60</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,102.57

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Sharon Brown 10080 Crystal Terrace Jonesboro, GA 30238		-	Patient Refund				568.80	
Account No. Sheron Murray 873 Creek Bottom Rd Loganville, GA 30052		-	Patient Refund				451.40	
Account No. SOUTHERN HEALTH SERVICES REFUNDS P.O. Box 8500-53843 Philadelphia, PA 19178-3843		-	Patient Refund				304.30	
Account No. SS Healthcare Strategies 1385 Kemper Meadow Drive Cincinnati, OH 45240		-	Patient Refunds				6,120.00	
Account No. Standard Office Systems 2475 Meadowbrook Parkway Duluth, GA 30096		-	Office Copier Expense				484.46	
Sheet no. <u>61</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	7,928.96

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Stanley Ward 4662 WARRINGTON DRIVE NE Roswell, GA 30075		-	Patient Refund			273.19	
Account No. Stepanie Spencer moore		-	Patient Refund			54.40	
Account No. Steven Bennett 3777 HIGHWAY 7 WEST Jewett, TX 75846		-	Patient Refund			38.73	
Account No. Steven Davis 823 N Lake Adair BLVD Orlando, FL 32804		-	Patient Refund			624.10	
Account No. Steven Peck 434 DEER PINTE CIRCLE Casselberry, FL 32707		-	Patient Refund			220.15	
Sheet no. <u>62</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,210.57

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Sunbelt Office Products 5150 Peachtree Industrial Blvd Norcross, GA 30071		-	Office Expense			7,008.25
Account No. Sunbelt Printing 1691 Sands Place Marietta, GA 30067		-	Office Expense			1,388.76
Account No. Susan Bach 604 Bourne Place Orlando, FL 32801		-	Patient Refund			573.50
Account No. Susan Cobb		-	Patient Refund			51.20
Account No. Susan Davis 1150 Ivy Hill Ct Mableton, GA 30126		-	Patient Refund			537.20
Subtotal (Total of this page)						9,558.91

Sheet no. 63 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Susan Jump Almon 24146 CR 44A Eustis, FL 32765		-	Patient Refund				115.34	
Account No. Susan Woodbury 5485 Summer Cove Dr Stone Mountain, GA 30087		-	Patient Refund				377.06	
Account No. Suzanne Griffy 2246 Majestic Woods Blvd Apopka, FL 32712		-	Patient Refund				763.90	
Account No. Suzanne Turner 1133 River Road Mineral Bluff, GA 30599		-	Healthcare Provider				33,333.34	
Account No. Teresa Batton 107 Oxford Rd Hopewell, VA 23860		-	Patient Refund				64.00	
Sheet no. 64 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	34,653.64

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
Account No. Teresita Gaylon 1977 KIMLYN CR Kissimmee, FL 34758			Patient Refund				229.10	
Account No. Teri Tanner			Patient Refund				25.60	
Account No. Terri Barnewolt 10425 Alameda Alma RD Clermont, FL 34711			Patient Refund				521.40	
Account No. Terry Harris 5649 Autumn Chase Circle Sanford, FL 32773			Patient Refund				529.30	
Account No. Thays Urdaneta 4175 West Oaks CT Atlanta, GA 30342			Patient Refund				513.50	
Sheet no. <u>65</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,818.90

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Theresa Tartaglia 1513 LADY AVE Ocoee, FL 34761		-	Patient Refund				250.00	
Account No. THOMAS JIMERSON PO BOX 309 Stonewall, LA 71078		-	Patient Refund				500.00	
Account No. Thomas Moore 2901 Hadrian Dr Snellville, GA 30078		-	Patient Refund				316.00	
Account No. Tiffany Bynum		-	Patient RefundPatient Refund				44.80	
Account No. Timothy Andrews		-	Patient Refund				83.20	
Sheet no. <u>66</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,194.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R E D F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. Timothy Lawrence 131 Kelly Circle Sanford, FL 32773		-	Patient Refund				518.50
Account No. Timothy Tomkiewicz 5323 SW 88TH CT Gainesville, FL 32608		-	Patient Refund				318.03
Account No. TRACY CURENTON 3655 NEW EBENEZER RD Laurel Hill, FL 32567		-	Patient Refund				540.00
Account No. Trudy French 611 MARSHALL ST West Columbia, TX 77486		-	Patient Refund				41.35
Account No. TX MCR		-	Patient Refund				172.40
Sheet no. 67 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,590.28

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. UHC PO Box 740800 Atlanta, GA 30374-0800			Patient Refund				2,280.75
Account No. UHC PO Box 30986 Salt Lake City, UT 84130			Patient Refund				680.68
Account No. UHC P.O. BOX 740806 Atlanta, GA 30374			Patient Refund				280.45
Account No. UHC of PA dba UHC Community Plan 1001 Brinton Rd Pittsburgh, PA 15221			Patient Refund				117.11
Account No. UHC Recovery Services P.O. Box 740804 Atlanta, GA 30374-0804			Patient Refund				15,308.29
Subtotal (Total of this page)							18,667.28
Sheet no. <u>68</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. UMR on behalf of The Hartford 2700 Midwest Dr Onalaska, WI 54650-8764		-	Patient Refund				22.09	
Account No. VA Premier PO Box 5207 Richmond, VA 23220-0208		-	Patient Refund				429.93	
Account No. Vanguard Advanced PO Box 1026380 Atlanta, GA 30368-6380		-	Patient Refund				8.77	
Account No. Vaughn Pusher 18501 NW 82N COURT Miami, FL 33015		-	Patient Refund				377.30	
Account No. VELDA GUMBS PO BOX 10104 St. Thomas, VI 00801		-	Patient Refund				200.00	
Sheet no. <u>69</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,038.09

B6F (Official Form 6F) (12/07) - Cont.

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Verizon Wireless P.O. Box 660108 Dallas, TX 75266-0108			Phone Expense				1,624.53	
Account No. Vicki King 5292 Bowers Brook CT Lilburn, GA 30047		-	Patient Refund				154.76	
Account No. Victoria Connelly 14628 Cornwall Lane Chester, VA 23831		-	Patient Refund				60.80	
Account No. Vinita Lachhaya 20213 Rivertree Cir Apt. 307 Orlando, FL 32839		-	Patient Refund				250.00	
Account No. Virginia Cassady 1629 Wood Duck Dr Winter Springs, FL 32708		-	Patient Refund				537.20	
Sheet no. 70 of 72 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,627.29

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc. Case No. 14-59631
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Virginia Spiers			Patient Refund				38.40	
Account No. Viva Araki 4029 Briarglade Way Atlanta, GA 30340			Patient Refund				537.20	
Account No. Warren Kennedy 2217 LAKE FOREST DR West Columbia, TX 77486			Patient Refund				18.56	
Account No. Waymon Armstrong 504 RICHMOND ST Orlando, FL 32806			Patient Refund				521.40	
Account No. William Brines 15840 WICKINSON DRIVE Clermont, FL 34711			Patient Refund				290.00	
Sheet no. <u>71</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,405.56

B6F (Official Form 6F) (12/07) - Cont.

In re Anesthesia Healthcare Partners, Inc., Debtor Case No. 14-59631

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. William Crooks PO BOX 560295 Orlando, FL 32856		-	Patient Refund				458.20	
Account No. William Rosenberg 1156 CLARENDON DR Marietta, GA 30068		-	Patient Refund				200.00	
Account No. Xerox Recovery Services PO Box 4003 Schaumburg, IL 60168		-	Patient Refund				3,841.47	
Account No.								
Account No.								
Sheet no. <u>72</u> of <u>72</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	4,499.67
							Total (Report on Summary of Schedules)	3,315,165.61

In re Anesthesia Healthcare Partners, Inc.

Case No. 14-59631

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

SEE ATTACHMENT

Payment for service contracts with Insurance Companies and Government Payors

Aetna	All AHP Entities Not Medfinancial or HBL
Blue Cross	All AHP Entities Not Medfinancial or HBL
Cigna	All AHP Entities Not Medfinancial or HBL
Coventry	All AHP Entities Not Medfinancial or HBL
Humana	All AHP Entities Not Medfinancial or HBL
United Health Care	All AHP Entities Not Medfinancial or HBL
Beech Street	All AHP Entities Not Medfinancial or HBL
Multiplan	All AHP Entities Not Medfinancial or HBL
Medicare	All AHP Entities Not Medfinancial or HBL
Medicaid	All AHP Entities Not Medfinancial or HBL

Anesthesia Service Contracts With Medical Sites

Digestive Healthcare of Georgia	AHP of Central Georgia PC
Giles Endoscopy Center	Anesthesia Healthcare Partners of Florida Inc
Johns Creek Endo Center	AHP of Central Georgia PC
Sarasota Endo Center	Anesthesia Healthcare Partners of Florida Inc
Georgia Lithotripsy of Athens	AHP of Central Georgia PC
Shando Endo Center with University of Florida	Anesthesia Healthcare Partners of Florida Inc
Brazosport Hospital	AHP Associates of Texas PA
Dekalb Endo Center	AHPM of Georgia Inc
Stonewall Jackson Hospital	Anesthesia Healthcare Partners Inc
Northwestern Louisiana ASC	AHP of Northwestern Louisiana
Moultrie Endo Center	AHP of Central Georgia PC
Robeson Endo	AHP of North Carolina Inc.

Anesthesia Healthcare Partners Inc and affiliates has contracts with providers to administer anesthesia to patients at above sites.

Operational Contracts

SML Holdings LLC	Lease of 3077 and 3079 Office buildings
G&S Holdings LLC	Lease of Maretta Building
GE Capital	Lease of Scanners at sites
GE Healthcare	Software Billing System
Sysco Capital	Phone System
McKesson	Billing Company Contract

In re **Anesthesia Healthcare Partners, Inc.**

Case No. **14-59631**

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
AHP Associates of Texas, PA	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303
AHP of Central Georgia	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303
AHP of Illinois, Inc.	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303
AHP of North Carolina	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303
AHP of Northwestern Louisiana	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303
AHPM of Georgia, Inc.	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303
Anesthesia Healthcare Partners of Florida, Inc.	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303
HBL Anesthesia Services	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303
Medfinancial, LLC	Suntrust Bank 55 Park Place, NE Ste 1055 Atlanta, GA 30303

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continuation sheets attached to Schedule of Codebtors

United States Bankruptcy Court Northern District of Georgia

In re Anesthesia Healthcare Partners, Inc.

Debtor(s)

Case No. 14-59631

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

Table with 2 columns: Description and Amount. Rows include: For legal services, I have agreed to accept (\$ 40,000.00), Prior to the filing of this statement I have received (\$ 11,440.00), Balance Due (\$ 28,560.00).

2. The source of the compensation paid to me was:

Debtor (checkbox) Other (specify): Debtor (\$20,000.00) and Debtors' principal (\$10,000.00) (checkbox)

3. The source of compensation to be paid to me is:

Debtor (checkbox) Other (specify): (checkbox)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. (checkbox)

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. (checkbox)

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: June 20, 2014

/s/ Theodore N. Stapleton
Theodore N. Stapleton 675850
Theodore N. Stapleton, P.C.
Ste 100-B
2802 Paces Ferry Road
Atlanta, GA 30339
770-436-3334 Fax: 404-935-5344
tstaple@tstaple.com

**United States Bankruptcy Court
Northern District of Georgia**

In re **Anesthesia Healthcare Partners, Inc.**
Debtor

Case No. **14-59631**

Chapter **11**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	19,632,440.33		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		8,500,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		12,550.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	73		3,315,165.61	
G - Executory Contracts and Unexpired Leases	Yes	2			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		83			
		Total Assets	19,632,440.33		
			Total Liabilities	11,827,715.61	

**United States Bankruptcy Court
Northern District of Georgia**

In re **Anesthesia Healthcare Partners, Inc.**,
Debtor

Case No. **14-59631**

Chapter **11**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Northern District of Georgia**

In re **Anesthesia Healthcare Partners, Inc.**

Debtor(s)

Case No. **14-59631**

Chapter **11**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the CEO of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 85 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **June 20, 2014**

Signature **/s/ Sean M. Lynch**

**Sean M. Lynch
CEO**

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.