Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:1 of 75

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Southern District of Georgia

In re	Hospital Authority of Charlton County		Case No.	12-50305-JSD	
-	De	btor			
			Chapter		9

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	3,436,548.00		
B - Personal Property	Yes	5	5,500,750.70		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		1,744,700.88	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	6		638,667.07	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	36		2,536,286.67	
G - Executory Contracts and Unexpired Leases	Yes	1			
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 Schedu	ıles	52			
	To	otal Assets	8,937,298.70		
		ı	Total Liabilities	4,919,654.62	

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:2 of 75

Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Southern District of Georgia

Hospital Authority of Charlton County		Case No. 12-5	50305-JSD
Ι	Debtor	Chapter	9
		Chapter	·
STATISTICAL SUMMARY OF CERTAIN LL	ABILITIES AN	ND RELATED DA	ATA (28 U.S.C. § 1
f you are an individual debtor whose debts are primarily consumer do case under chapter 7, 11 or 13, you must report all information requ	ebts, as defined in § 1 ested below.	01(8) of the Bankruptcy	Code (11 U.S.C.§ 101(8
☐ Check this box if you are an individual debtor whose debts are report any information here.	NOT primarily consu	umer debts. You are not	required to
This information is for statistical purposes only under 28 U.S.C. §			
Summarize the following types of liabilities, as reported in the Sch	edules, and total th	em.	
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 16)			
Average Expenses (from Schedule J, Line 18)			
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)			
State the following:			
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)			

101(8)), filing

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:3 of 75

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

In re	Hospital Authority of Charlton County		Case No	12-50305-JSD	
-		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	Amount of Secured Claim
.95 Acres and Office	Fee simple	-	Claim or Exemption 331,118.00	73,812.56
2383 Third Street Corner of Third Street & Indian Trail 2011 Tax Year Value Charlton County				
Charlton Memorial Hospital 2449 Third Street (formerly 1203 N. Third Street) 15.55 Acres, Main Building and Outbuildings Folkston, GA 31537 Charlton County 2011 Charlton County Tax Value	Fee simple	-	3,105,430.00	0.00

Sub-Total > **3,436,548.00** (Total of this page)

Total > **3,436,548.00**

(Report also on Summary of Schedules)

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:4 of 75

B6B (Official Form 6B) (12/07)

In re	Hospital Authority of Charlton County		Case No	12-50305-JSD	
_		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 Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Х		
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.	FNB South Post Office Box 2028 Folkston, GA 31510 Commercial Checking Account Last Four of Acccount Number 1493 Balance as of April 30, 2012	-	479.46
		FNB South Post Office Box 2028 Folkston, GA 31510 Commercial Checking Account Last Four of Acccount Number 4123 Balance as of April 30, 2012	-	337.11
		Southeastern Bank Post Office Box 308 Folkston, GA 31537 Payroll Account Last Four of Account Number 2097 Balance as of 4/30/12	-	3,327.61
		Southeastern Bank Post Office Box 308 Folkston, GA 31537 Saving Account (Library Fund Rosemary Cittadina Last Four of Account Number 3219 Balance as of 4/30/12	-	3,259.83
		Southeastern Bank Post Office Box 308 Folkston, GA 31537 Saving Account Last Four of Account Number 4909 Balance as of 4/30/12	-	187.98

Sub-Total > **7,591.99** (Total of this page)

⁴ continuation sheets attached to the Schedule of Personal Property

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Hospital	Authority	of Char	lton	County

Case No. **12-50305-JSD**

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Southeastern Bank Post Office Box 308 Folkston, GA 31537 Checking Account (Operating Account) Last Four of Account Number 7078 Balance as of 4/30/12	-	606,269.79
		Southeastern Bank Post Office Box 308 Folkston, GA 31537 Checking Account Non-Interest Bearing Account Last Four of Account Number 6751 Balance as of 4/30/12	-	243.16
		Southeastern Bank Post Office Box 308 Folkston, GA 31537 Saving Account (Memorial Fund) Last Four of Account Number 0090 Balance as of 4/30/12	-	2,275.10
		Southeastern Bank Post Office Box 308 Folkston, GA 31537 Business Checking (Family Practice Associates, LLC) Last Four of Account Number 3507 Balance as of 4/30/12	-	1,483.17
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		
			Cl- T	al > 610,271.22
		(To	Sub-Tot tal of this page)	ai > 010,271.22

Sheet <u>1</u> of <u>4</u> continuation sheets attached to the Schedule of Personal Property

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:6 of 75

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Hospital Authority of	Charlton	County
-------	-----------------------	----------	--------

Case No. **12-50305-JSD**

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
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			
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.		0% Owner of Family Practice Associates, LLC, pola Family Practice Clinic	-	0.00
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	Du All	tient Receivables: \$17,192,084 le from Third Party: (678,071) lowance for Doubtful Accounts: (14,043,255) lowance for Contractual Adjustments: (1,127,739)	-	2,021,090.00
		Ot	her Receivables	-	20,926.00
		Di	rect Supply	-	169.98
		Мо	:Kessen Drug DC#8148	-	569.05
		St	rategic Equipment	-	358.46
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
			(Total	Sub-Total of this page)	al > 2,043,113.49

Sheet **2** of **4** continuation sheets attached to the Schedule of Personal Property

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:7 of 75

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re Hospital Authority of Charlton Cou	ınty
--	------

Case No. **12-50305-JSD**

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 Exemptio
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	C	Counterclaims against St. Vincent's and ERx	-	Unknown
	claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		claim against Charlton County for Funds paid for Ambulances surrendered to County	-	Unknown
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.		008 Mobile Home 011 Tax Value	-	53,018.00
			See Attached Exhibit B to Schedule B - III Ambulances were surrendered on May 1, 2012	-	0.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
			(Tota	Sub-Total of this page)	al > 53,018.00

to the Schedule of Personal Property

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:8 of 75

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Hospital Authority	v of Charlton	County

Case No. **12-50305-JSD**

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
29. Machinery, fixtures, equipment, and supplies used in business.	Fixed Equipment & Office Furniture Detailed List to be Provided Net Book Value from Hospital Records	-	1,750,000.00
	Operating System (Software & Hardware) Including Electronic Health Records	-	750,000.00
30. Inventory.	Inventories Detailed List to be Provided	-	186,197.00
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.	Prepaid Expenses	-	100,559.00

 $\begin{tabular}{ll} Sub-Total > & \textbf{2,786,756.00} \\ (Total of this page) & \end{tabular}$

Total > **5,500,750.70**

Sheet <u>4</u> of <u>4</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:9 of 75

Charlton Memorial Hospital Ambulance Fixed Assets As of 6/30/2011

									ACCUM	
	DATE IN				DEPREC	USEFUL	NBV	DEPR	DEPR	NBV
ASSET #	SERVICE	DESCRIPTION	(COST	METHOD	LIFE	6/30/2010	6/30/2011	6/30/2011	6/30/2011
514	1/8/1997	' Bunk Beds for EMT's	No group ii	2,736	SL	1	5 273.6	182.4	2644.8	91.2
661	1/1/2006	3-Defibrillators	Ambulance	33,296	SL		3329.601	3329.6	33296.009	0.001
662	1/1/2006	5 20' Disaster Relief Trailer	Ambulance	22,000	SL		4 0	0	22000	0
663	1/1/2006	Disaster Relief Truck	Ambulance	23,994	SL		4 0	0	23994	0
664	1/1/2006	Medtec Ambulance	Ambulance	126,980	SL		4 0	0	126980	0
669	8/20/2006	Itronix Laptop Computers	Ambulance	20,600	SL		4806.6667	4120	19913.333	686.66667
671	1/1/2007	2007 Ford Explorer	Ambulance	24,850	SL		4 3106.25	3106.25	24850	0
357	11/1/1988	Radio/Mobile-Med	Ambulance	3,647	SL		4 0.00475	0	3646.9953	0.00475
358	1/1/1987	' ACLS-Lifepak Equ	Ambulance	3,500	SL		4 0	0	3500	0
										777.87

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:10 of 75

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

In re Hospi	tal Authority of Charlton County	Case No	12-50305-JSD
-------------	----------------------------------	---------	--------------

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.

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 "Unsecured Portion" on the Statistical 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.

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	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	COZH_ZGWZ	UNLLQULDAH	U T F	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 2122 CPSI - E.H.R. P. O. Box 850309 Mobile, AL 36685		-	Operating System (Software & Hardware) Including Electronic Health Records	T	T E D			
		L	Value \$ 750,000.00				66,081.67	0.00
Account No. CPSI - E.H.R. P. O. Box 850309 Mobile, AL 36685		-	Operating System (Software & Hardware) Including Electronic Health Records					
			Value \$ 750,000.00	Ш			681,098.00	0.00
Account No. FNB South 4322 Second Street North Folkston, GA 31537		-	Lien 2008 Mobile Home 2011 Tax Value					
		╀	Value \$ 53,018.00	H		Н	36,008.12	0.00
Account No. MERCANTILE BANK LN#2934719-9001 P.O. BOX 5600 Lewiston, ME 04243-1332		-	Mortgage .95 Acres and Office 2383 Third Street Corner of Third Street & Indian Trail 2011 Tax Year Value Charlton County			x		
			Value \$ 331,118.00				73,812.56	0.00
continuation sheets attached		_	(Total of t	Subte his p		- 1	857,000.35	0.00

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:11 of 75

 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Hospital Authority of Charlton County		Case No	12-50305-JSD	
_		Debtor			

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

	_	_		_	_	_		
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	L H H	NATURE OF LIEN, AND DESCRIPTION AND VALUE	COZHLZGEZ	DZLLQULDAH	S P U T	DEDUCTING VALUE OF	UNSECURED PORTION, IF ANY
Account No.			9/1/2007	 	T E D			
St. Vincent's Health System, Inc. 1 Shircliffway Jacksonville, FL 32204		-	Perfected Security Agreement Fixed Equipment & Office Furniture Detailed List to be Provided Net Book Value from Hospital Records		D			0.00
Account No.		H	Value \$ 1,750,000.00	+			887,700.53	0.00
			Value \$					
Account No.		H	value φ	+				
			Value \$					
Account No.			Value \$					
Account No.			Value \$					
Sheet 1 of 1 continuation sheets attack		d to	J	Sub			887,700.53	0.00
Schedule of Creditors Holding Secured Claims			(Total of (Report on Summary of S	7	ota	1	1,744,700.88	0.00

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:12 of 75

B6E (Official Form 6E) (4/10)

In re	Hospital Authority	of Charlton	County
111 10	Tiospital Authority	or oriaritori	Country

Case No. 12-50305-JSD

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 <u>not</u> 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.

Ш	Check this box if debto	or has no creditors holding u	nsecured priority claims to rep	ort 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 \$11,725* 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 \$5,775* 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 \$2,600* 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).

5 continuation sheets attached

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:13 of 75

B6E (Official Form 6E) (4/10) - Cont.

In re	Hospital Authority of Charlton County		Case No. 12-50305-JSD	_
-		Debtor		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions

							TYPE OF PRIORITY	•
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C C E E C	C C Hu	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGEN	UNLIQUIDAT	U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY AMOUNT ENTITLED TO PRIORITY
Account No. 1152			Trade debt	7	T E D			
Advance Rehabilitation P. O. Box 1510 Kingsland, GA 31548		-						124,640.90
Account No. x0037	\dashv	+	Trade debt	-		\vdash	136,365.90	11,725.00
Albert M. Thompson, Jr. 1066 Greenwillow Drive Saint Marys, GA 31558		-						52,647.50
Account No. 7038		+	Trade debt	+			64,372.50	11,725.00
Dale Gibson 6342 Summerlakes Lane Pensacola, FL 32504		-		x	x	x	22,000.00	10,275.00
Account No. 1157		\dagger	Trade debt	\dagger		H		,
First Imex Corporation 1300 S. Locust St., #1 Grand Island, NE 68801		-						4,970.00
Account No. x5029		+	Trade debt	-		-	16,695.00	11,725.00
GHISLAIN PERRON 110 YELLOW BLUFF TRACE Saint Marys, GA 31558-4395		-	TIGGO GENT				11,700.00	0.00
Sheet 1 of 5 continuation sheets a	attach	ed to		Sub	tota	ıl	11,100.00	192,533.40
Schedule of Creditors Holding Unsecured I				this	pag	ge)	251,133.40	58,600.00

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:14 of 75

B6E (Official Form 6E) (4/10) - Cont.

In re	Hospital Authority of Charlton County		Case No. 12-50305-JSD	_
-		Debtor		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	Hu H W J	DATE CLAIM WAS INCURRED	CONTINGEN	UNLIQUIDA	SPUTE	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY AMOUNT ENTITLED TO PRIORITY
Account No. 8047			Trade debt	Ť	D A T E D			
HANTZ C HERCULE 3029 PASTURE WOOD LANE Tallahassee, FL 32309		-					12,037.50	312.50
Account No. x2058			Trade debt				12,007.00	11,720.00
JIMMY MALAVER 1000 BROWARD RD #208 Jacksonville, FL 32218		 -						0.00
2252			Trade debt				2,160.00	2,160.00
Account No. 2058 KAREN BLANTON 77 PLANTATION DRIVE Warm Springs, GA 31830		-					9,986.39	9,986.38
Account No. x0030 KENLYN CONTRACTORS INC 1545 PILGRIM ROAD Cumming, GA 30040-7382		-	Trade debt					0.00
Account No. 1100	\dashv		Trade debt				4,862.32	4,862.32
KHADIJATU E. ALLEN 9277 WESLEY COVE COURT Jacksonville, FL 32257		-					407.000.00	93,571.90
G1 + 2 - C. 5		<u>L</u>	1	Subt	tota	<u> </u> ıl	105,296.90	11,725.00 93,884.40
Sheet 2 of 5 continuation sheets Schedule of Creditors Holding Unsecured							134,343.11	40,458.7

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:15 of 75

B6E (Official Form 6E) (4/10) - Cont.

In re	Hospital Authority of Charlton County		Case No	12-50305-JSD
-		Debtor		

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

Wages, salaries, and commissions

	TYPE OF PRIORITY							,
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	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGEN	UNLLQULDA	SPUTE	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY AMOUNT ENTITLED TO PRIORITY
Account No. 2097			Trade debt	Т	D A T E D			
LYNDSEY CARTER 348 BELL TELEPHONE RD Hazlehurst, GA 31539-0509		-						0.00
Account No. 1072	╁	<u> </u>	Trade debt				4,913.01	4,913.01
MAGED ABDELMALIK 190 AUSTIN RYAN DRIVE Kingsland, GA 31548		-						5,394.95
							17,119.95	11,725.00
Account No. x4035 NETCARE HEALTH STAFFING INC 3355 LENOX ROAD SUITE 750 Atlanta, GA 30326		-	Trade debt				9,640.00	9,640.00
Account No. x5031	t	+	Trade debt				9,640.00	3,640.00
PHARM & CONSULT MANAGE CO,LLC PAUL MOORE 7001 CYPRESS HILL DRIVE Gaithersburg, MD 20879-3279		-					15,444.00	3,719.00
Account No. x3003	╁	T	Trade debt	<u> </u>		\vdash	13,444.00	11,723.00
TERRI WESTBERRY 318 LAKE RIDGE DRIVE Baxley, GA 31513		-					4 400 0-	0.00
	_			Subt	ota	1	1,468.95	1,468.95 9,113.95
Sheet <u>3</u> of <u>5</u> continuation sheets atta Schedule of Creditors Holding Unsecured Prior)				48,585.91	39,471.96

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:16 of 75

B6E (Official Form 6E) (4/10) - Cont.

In re	Hospital Authority of Charlton County		(Case No	12-50305-JSD
_		Debtor			

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

Wages, salaries, and commissions

							TYPE OF PRIORITY	
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)		C Hu W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDA	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY AMOUN: ENTITLED TO PRIORITY
Account No. x0089			Trade debt	٦т	T E D			
TURNER & COMPANY, LLC 1945 COUNTY ROAD 2 Heflin, AL 36264		-						14,809.97
		\bot		_		┞	26,534.97	11,725.0
Account No.								
Account No.								
Account No.	_	╁		+	-	┢		
ACCOUNT 110.								
Account No.								
Sheet 4 of 5 continuation sheets	attach	ed to		Sub	tota	ıl		14,809.97
Schedule of Creditors Holding Unsecured				f this	pag	ge)	26,534.97	11,725.0

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:17 of 75

B6E (Official Form 6E) (4/10) - Cont.

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
_		Debtor	,			

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR ONTINGENT NLIQUIDATED S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED AMOUNT INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) Payroll Taxes - Employee Account No. (Trust) Portion Internal Revenue Service 0.00 Insolvency Stop 334-D, Rm 400 401 W. Peachtree Street, NW Atlanta, GA 30308 84,642.61 84,642.61 Payroll Taxes - Employer Portion Account No. Internal Revenue Service 0.00 Insolvency Stop 334-D, Rm 400 401 W. Peachtree Street, NW Atlanta, GA 30308 93,427.07 93,427.07 Account No. Account No. Account No. Subtotal 0.00 Sheet <u>5</u> of <u>5</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims (Total of this page) 178,069.68 178,069.68 Total 310,341.72 (Report on Summary of Schedules) 638,667.07 328,325.35 Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:18 of 75

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

In re	Hospital Authority of Charlton County		Case No.	12-50305-JSD
		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,	C O D E B T	н	pand, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND			UN L QU	D I S P	
AND ACCOUNT NUMBER (See instructions above.)	B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	1 1 2 1		Q U I D A T	U T E D	AMOUNT OF CLAIM
Account No. 1017			Trade debt		T I	T E D		
A & D Imaging Systems 5578-D Export Blvd. Savannah, GA 31408		-						
Account No. 1002			Trade debt	\downarrow	1			1,874.34
ABBOTT LABORATORIES P O BOX 100997 Atlanta, GA 30384-1014		-	Trade dest					
				\dashv	1	_		2,335.52
Account No. 1063 ADMINISTRATIVE SERVICES ATTN: PREMIUM ACCOUNTING ONE RIVERFRONT PLAZA Westbrook, ME 04092-9700		-	Trade debt					
Account No. 1990	\dashv		Trade debt	+	+	+		192.76
Air Management Systems, Inc. 292 SE Park Avenue Baxley, GA 31513		-						4,405.00
		<u> </u>	[(Total	Su of this			:)	8,807.62

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:19 of 75

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

In re	Hospital Authority of Charlton County	,	Case No.	12-50305-JSD	
•		Debtor			

CREDITOR'S NAME,	С	Hu	sband, Wife, Joint, or Community	С	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	NL I QU I DA	D I S P U T E D	AMOUNT OF CLAIN
Account No. 1993			Utility Service	Т	E		
Airgas South P. O. Box 532609 Atlanta, GA 30353		-					20,088.66
Account No. 1099		\vdash	Trade debt		t	_	20,000.00
Alert Alarm Co. P O BOX 840 Brunswick, GA 31521		-					4 40= 55
Account No. 1120	╀	┞	Trade debt	_	╀	╀	1,485.00
Allscripts Misys, LLC 24630 Network Place Chicago, IL 60673		-	Trade debt				15,951.88
Account No. 1032	╁	H	Trade debt		t	t	.,
Ambu Inc. P. O. Box 64118 Baltimore, MD 21264		-					3,427.80
Account No. 1093			Trade debt		+	_	0,427.00
AMERICAN HERITAGE LIFE P.O. BOX 190 Valdosta, GA 31601-0190		-					40 000 00
							10,330.30
Sheet no. <u>1</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total of	Sub			51,283.64

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:20 of 75

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

In re	Hospital Authority of Charlton County	,	Case No.	12-50305-JSD	
•		Debtor			

CDEDITODIS NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIM
Account No. 1038	1		Trade debt	T	E D		
Arrow International Inc. P. O. Box 8500-S-9060 Philadelphia, PA 19178		-					685.20
Account No. 1061	1	┢	Trade debt	+	\dagger	t	
Arthrocare Medical Corp. P. O. Box 844161 Dallas, TX 75284		-					313.30
Account No. 1154	╀	├	Trade debt	+	+	╀	0.0.00
AVESIS-FIDELITY SECURITY LIFE AVESIS 3RD PARTY ADMIN, INC. P O BOX 52718 Phoenix, AZ 85072		-					601.34
Account No. 2034	╁		Trade debt	+	+	+	
B & K DIESEL ELECTRIC SERVICE P.O. BOX 28898 Jacksonville, FL 32226		-					4 600 70
Account No. 1714	╀		Trade debt	+	+	+	1,609.79
B Braun Medical Inc. P. O. Box 512382 Philadelphia, PA 19175		-					27,175.55
Sheet no. 2 of 35 sheets attached to Schedule of	_			Sub	tot	al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				30,385.18

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:21 of 75

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

In re	Hospital Authority of Charlton County	,	C	Case No	12-50305-JSD	
•		Debtor				

CREDITORIS NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	Ī
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIM
Account No. x7103	1		Trade debt	ľ	E		
BERNARD RESTREPO 278 CAMP PICKNEY RD Folkston, GA 31537		-					103.81
Account No. x7026			Trade debt	+	\dagger	$\frac{1}{1}$	100101
Bibbero Systems Inc. 1300 N. McDowell Blvd. Petaluma, CA 94954		-					
	┸	L		\bot	╀	┖	15.63
Account No. 2032 Bill Williams A/C & Heat, Inc. P. O. Box 6779 Jacksonville, FL 32236		-	Trade debt				1,305.00
Account No. 2045			Trade debt	+	\dagger	\dagger	·
Bionix Development Corp. P. O. Box 935 Toledo, OH 43697		-					182.80
Account No. 1698	-	\vdash	Trade debt	+	+	$\frac{1}{1}$	102.00
Boston Scientific Corporation P. O. Box 8500-6205 Philadelphia, PA 19178		-					2,364.80
Chapter 2 of 25 shorts attached to Color July of				Cul	1	1	2,004.00
Sheet no. <u>3</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			3,972.04

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:22 of 75

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

In re	Hospital Authority of Charlton County		Case No12-50305-JSD	
_		Debtor		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	-	c l	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		ONTINGEN	Z	D _ Ø P U F U D	AMOUNT OF CLAIN
Account No. 4047			Trade debt		[⊤]	T E		
Brandi Durrence-Perkins 96152 Marsh Lakes Drive Fernandina Beach, FL 32034		-				D		2,525.46
Account No. 2007	t		Trade debt		\dashv			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Briggs Corporation P. Ol. Box 1355 Des Moines, IA 50305		-						355.69
Account No. 2054	╁	H	Trade debt	\dashv	\dashv	_		
BSC Supply 411 Waverly Oaks Road Suite 308 Waltham, MA 02452		-						555.00
Account No. 2067			Trade debt		+			000.00
CAHABA GBA INC ALABAMA PART B FINANCIAL P O BOX 10146 Birmingham, AL 35202-0146		-					X	66.14
Account No. 2068			Trade debt		+			00.14
CAHABA GBA INC ALABAMA PART B FINANCIAL P O BOX 10146 Birmingham, AL 35202-0146		-					X	
								83,152.26
Sheet no. <u>4</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total	Su of thi				86,654.55

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:23 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

CREDITOR'S NAME,	С	Hus	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	O D E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNL-QU-DATED	I S P U T E D	AMOUNT OF CLAIM
Account No.	l		Trade debt	'	Ė		
Cahaba GBA Inc. Alabama Part B Financial P. O. Box 10146 Birmingham, AL 35202		-				х	39,431.60
Account No.			Trade debt	+			,
Cahaba GBA Inc. Alabama Part B Financial P. O. Box 10146 Birmingham, AL 35202		-				x	39,502.95
Account No.	┞	L	Trade debt	+	\vdash	L	39,302.93
Cahaba GBA Inc. Alabama Part B Financial P. O. Box 10146 Birmingham, AL 35202		-				x	37,147.26
Account No. x9002		H	Trade debt	+	H	H	
Cardinal Health 110, Inc34 c/o Bank of America P. O. Box 402592 Atlanta, GA 30384		-					32,424.51
Account No. x9001			Trade debt	+	\vdash		- ,
Cardinal Health 110, IncPharm c/o Bank of America P. O. Box 402598 Atlanta, GA 30384		-					3,796.60
Sheet no. <u>5</u> of <u>35</u> sheets attached to Schedule of		L		Sub	tota	<u>L</u>	•
Creditors Holding Unsecured Nonpriority Claims			(Total of				152,302.92

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:24 of 75

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

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
		Debtor	,			

CDEDITODIC NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	D D H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIN
Account No. 1006			Trade debt	Т	E		
Cardinal Health-Med Products Medical Products & Services Acc#10006095 Charlotte, NC 28290		-					21,712.01
Account No. x9004			Trade debt	+	t	t	
Cardinal Health-Nuclear Med Nuclear Pharmacy Services P. O. Box 905488 Charlotte, NC 28290		 -					1,298.81
Account No. x6085	╁	\vdash	Trade debt	+	t	+	
Carefusion 25082 Network Place Chicago, IL 60673		-					32,999.26
Account No. x9018	╁		Trade debt	+	\dagger	t	,
Carestream Health Inc. Dept. 19286 Palatine, IL 60055		-					1,751.76
Account No. 2011	╁	\vdash	Trade debt	+	+	+	1,731.70
CDWG 75 Remittance Drive Ste. 1515 Chicago, IL 60675		-					1,570.00
Sheet no. 6 of 35 sheets attached to Schedule of				Sub	tot	l al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				59,331.84

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:25 of 75

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

In re	Hospital Authority of Charlton County	,	Case No.	12-50305-JSD	
•		Debtor			

CDEDITODIS NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONT INGEN	UNLIGUIDATE	֓֟֝֟֝֟֟֝֟֝֟֟֟֝֟֓֓֟֟֟֟֟֟֟֟ ֓֓֓֓֓֓֓֞֓֓֓֞֓֓֓֓֓֓֓֓֞֓֓֡֡֡֓֓֓֡֡֡֡֡	AMOUNT OF CLAIM
Account No. 2069			Trade debt	Ť	ΙĒ		
Central-Voice, Inc. 2021 Art Museum Dr. Suite 100 Jacksonville, FL 32207		_			D)	2,913.75
Account No. 2099	t		Trade debt		\dagger	T	
Channing L. Bete Co., Inc. P. O. Box 84-5897 Boston, MA 02284		-					200.00
Account No. 3081	╀	L	Trade debt	_	\downarrow	\downarrow	306.00
CHAPTER 13 TRUSTEE-E. MASSEY M. ELAINA MASSEY, TRUSTEE P.O. BOX 1717 Brunswick, GA 31521-1717		-	Trade dest				825.92
Account No. 3007	t	H	Trade debt	+	t	t	
City of Folkston 541 First Street Folkston, GA 31537		-					16,797.04
Account No. 3008	-		Trade debt		+	+	10,707.04
Claim Remedi 2255 Challenger Way, Suite 113 Santa Rosa, CA 95407		-				×	57.60
Sheet no. 7 of 35 sheets attached to Schedule of				Sub	tot	al	20,000,24
Creditors Holding Unsecured Nonpriority Claims			(Total	of this	pa	ge)	20,900.31

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:26 of 75

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

In re	Hospital Authority of Charlton County		Case No. <u>12-50305-JSD</u>	
_		Debtor		

	Тс	Ни	sband, Wife, Joint, or Community	С	Τu	Ъ	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	NL - QU - DA	DISPUTED	AMOUNT OF CLAIM
Account No. 3083			Trade debt	Т	E D		
CLERK OF SUPERIOR COURT CHARLTON COUNTY P O BOX 760 Folkston, GA 31537		-					285.60
Account No. 3082		T	Trade debt		t	T	
CMS Imaging, Inc. P. O. Box 220 Vinemont, AL 35179		-					4 245 00
Account No. x2144	╀	┞	Trade debt	_	╀	╀	1,245.60
Credit Bureau Associates 321 Main Street Tifton, GA 31794		-	Trade dest				183.76
Account No.	╁	\vdash	Settlement	+	+	T	
Crenkovic Settlement c/o Brad McLelland 1801 Gloucester St., Suites A & B Brunswick, GA 31520		-					25,000.00
Account No. 2079	\dagger	\vdash	Trade debt	+	+	+	, , , , , , , , , , , , , , , , , , , ,
CULLIGAN WATER SERVICES P O BOX 1618 310 N LEE STREET Kingsland, GA 31548-1618		-					43.95
Sheet no. 8 of 35 sheets attached to Schedule of		_		Sub	tota	al	20 770 21
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	26,758.91

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:27 of 75

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

In re	Hospital Authority of Charlton County	,	C	Case No	12-50305-JSD	
•		Debtor				

CDEDITOD'S NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	ĮÜ	I L	AMOUNT OF CLAIM
Account No. x9063			Trade debt	Ť	ΙĒ		
DANAN MEDICAL SYSTEMS, INC 232 RIVER BEACH DRIVE Ormond Beach, FL 32176		-			D		38.00
Account No. 4029	\vdash		Trade debt	+	+	<u> </u>	00.00
Dell Marketing, LP c/o Dell USA LP P. O. Box 534118 Atlanta, GA 30353		-					
	┖	L			L	L	122.97
Account No. 2031 DirecTV P. O. Box 538605 Atlanta, GA 30353		_	Utility Service				38.80
Account No. 3048	┢	\vdash	Trade debt	+	+	+	
Dixie Certification & Testing 5455 Tallantworth Crossing Cumming, GA 30040		_					175.00
Account No. 4017	_		Trade debt	+	+	+	175.00
Dollar General #04056 P. O. Box 415000 Nashville, TN 37241		_					489.19
Sheet no. 9 of 35 sheets attached to Schedule of				Sub	tot:	 a1	
Creditors Holding Unsecured Nonpriority Claims			(Total c				863.96

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:28 of 75

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

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
		Debtor	,			

CDEDITOD'S NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C 1 M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGEN	UNLIQUIDATED	I S P U T E D	AMOUNT OF CLAIM
Account No. 4071			Trade debt	Т	E		
Ecom Folders Ecom Lockbox P. O. Box 1530 Dept. 210 Southaven, MS 38671		-					2.18
Account No. 4999		r	Trade debt		t	r	
EMS Consultants LTD. P. O. Box 707 West Point, GA 31833		-					
							600.00
Account No. 5019 ERX Group, LLC 109 Land Oak Lane Knoxville, TN 37922		-	Trade debt			x	80,715.21
Account No. 6004		t	Trade debt		T	t	
Fed Ex P. O. Box 660481 Dallas, TX 75266		-					657.26
Account No. 6041	╁	\vdash	Insurance Services		\vdash	\vdash	
First Insurance Funding Corp. P. O. Box 66468 Chicago, IL 60666		-					9,658.66
Sheet no10 of _35 sheets attached to Schedule o	f	_	ı	Sub	tota	ıl	04 622 24
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	91,633.31

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:29 of 75

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

In re	Hospital Authority of Charlton County		Case No	12-50305-JSD	
_		Debtor			

CREDITORIS MANG	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIN
Account No. 6043			Trade debt	Т	E		
Fisher Healthcare Acct#467301-001 P. O. Box 404705 Atlanta, GA 30384		-					16,050.61
Account No. 5027	t	H	Trade debt	\dagger	t	T	
Florida Bracing Centers 500 SE 17th Street, Suite 301 Fort Lauderdale, FL 33316		-					
	╄	╙		_	╀	╀	49.59
Account No. x0001 Florida Georgia Blood Alliance 7595 Centurion Parkway Jacksonville, FL 32256		-	Trade debt				30,916.00
Account No. 6052	╁	H	Trade debt	+	t	+	
G & P Mediquip Inc. 1225 Johnson Ferry Rd., Ste. 420 Marietta, GA 30068		-					845.71
Account No. 7071	╁	\vdash	Trade debt	+	+	\vdash	3.5.71
Ga. Correctional Industries, Inc. 2984 Clifton Springs Road Atlanta, GA 30334		-					1,030.00
Sheet no11_ of _35_ sheets attached to Schedule of			<u> </u>	Sub	tota	1 al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				48,891.91

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:30 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

CDEDITIONIC NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIN
Account No. x7025			Trade debt	T	I E		
Gail Rudd 90 Heidi Lane Douglas, GA 31535		-					7,110.25
Account No. 7001	+	\vdash	Trade debt		+	╁	
Gantt Air Conditioning & Heat 202 West Love Street Folkston, GA 31537		-					2,337.79
Account No. 1019	+	╀	Trade debt	+	+	+	2,007.70
GE Capital P. O. Box 740423 Atlanta, GA 30374		-					117.82
Account No. 6046	╁	╁	Trade debt	+	+	+	2
GE Healthcare - Atlanta P. O. Box 402076 Atlanta, GA 30384		-					5,944.50
Account No. 6059	-	\vdash	Trade debt		+	+	3,344.30
Genco Pharmaceutical Services 774677 4677 Solutions Center Chicago, IL 60677		-					1,674.68
Sheet no12 of _35 sheets attached to Schedule of	f		<u> </u>	Sub	tot	⊥ al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				17,185.04

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:31 of 75

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

In re	Hospital Authority of Charlton County	,	Case No.	12-50305-JSD	
•		Debtor			

CDEDITOD'S NAME	С	sband, Wife, Joint, or Community	С	U	D		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONT INGEN	Įű	Į Į	AMOUNT OF CLAIM
Account No. 6055			Trade debt	T	ΙĒ		
GEORGIA HOSPITAL ASSOCIATION 1675 TERRELL MILL RD Marietta, GA 30067		-			D		8,220.00
Account No. 7003	t		Utility Service	+	l	H	,,
GEORGIA POWER COMPANY 96 ANNEX Atlanta, GA 30396-0001		-					
	L				L	L	106,314.90
Account No. 1101 GEORGIA WINDSTREAM INC P.O. BOX 9001908 Louisville, KY 40290-1908		_	Trade debt				29,541.65
Account No. 1104	t		Trade debt	+	t	t	
GETINGE USA INC 1265 SOLUTIONS CENTER Chicago, IL 60677-1002		_					281.31
Account No. 7040	1		Trade debt	+	+	+	23.161
Golden Isles Office Equipment Post Ofice Box 1076 Brunswick, GA 31520-4197		_				x	4,564.82
Chapters 42 of 25 oktober the halfe Call LL C					151		4,504.02
Sheet no. <u>13</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			148,922.68

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:32 of 75

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

In re	Hospital Authority of Charlton County	,	Case No.	12-50305-JSD	
•		Debtor			

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIN
Account No. x3022	_		Trade debt	T	E D		
GRAINGER DEPT 804636553 Palatine, IL 60038-0001		-					12,292.50
Account No. x9070	╁	H	Trade debt	+	+	╁	,
GREGORY S SORROW 22 BEARDEN DR Brunswick, GA 31520-0001		-					37.40
Account No. 7070	╁	\vdash	Trade debt	+	+	╀	• • • • • • • • • • • • • • • • • • • •
GUY BROWN MANAGEMENT, LLC 9003 OVERLOOK BLVD Brentwood, TN 37027		-					3,433.13
Account No. 7054	╁	H	Trade debt	+	+	+	.,
HARVIN CARTER & ASSOCIATES P.O. BOX 790 Folkston, GA 31537		-					200.00
Account No. 7055	╁	\vdash	Trade debt	+	+	+	200.00
HASTY'S COMMUNICATIONS EAST,IN 2500 MEMORIAL DR. Waycross, GA 31501		-					502.00
Sheet no. 14 of 35 sheets attached to Schedule o	f	1		Sub	tota	al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				16,465.03

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:33 of 75

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

In re	Hospital Authority of Charlton County		C	Case No	12-50305-JSD	
•		Debtor	,			

CDEDITOD'S NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONFLNGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIN
Account No. 8031	1		Trade debt	T	E D		
HEALTH FINANCIAL SYSTEMS 8109 LAGUNA BLVD EIk Grove, CA 95758		-					1,500.00
Account No. 8022	╁	\vdash	Trade debt	+	\dagger	\vdash	·
HEARTLAND EMS, INC WAYCROSS DIVISION P.O. BOX 636 Cochran, GA 31014		-					1,414.60
Account No. 8020	╁	H	Trade debt	+	+	+	
HOLISTIC TEST & BALANCE APPLIED MECHANICAL #890481 P O BOX 12001 Dallas, TX 75312		-					320.00
Account No. 8037	\dagger	\vdash	Trade debt	+	+	\vdash	
HOMETOWN HEALTH, LLC ATTN; JIMMY LEWIS 3280 CHERRY OAK LANE Cumming, GA 30041-7250		-					18,925.00
Account No. 8049	f	\vdash	Trade debt	+	T		,
Hoodz of Greater Jacksonville 1132 MILL CREEK DRIVE Saint Johns, FL 32259		-					290.00
Sheet no15_ of _35_ sheets attached to Schedule of	_	_		Sub	tota	ı al	
Creditors Holding Unsecured Nonpriority Claims			(Total of				22,449.60

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:34 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community		C	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.		ONTINGEN	NL I QU I DA	DISPUTED	AMOUNT OF CLAIN
Account No. 9004			Trade debt		Т	E		
IMAGING CENTERS OF AMERICA 5275 BEMISS ROAD Valdosta, GA 31605-1655		-				D		270.00
Account No. 8053	\dagger		Trade debt			_	<u> </u>	270.00
IMMUCOR, INC. P.O. BOX 102118 Atlanta, GA 30368-2118		-						894.68
Account No. 9007	╀	L	Trade debt		┝	╀	┝	034.00
INDUSTRIAL ELECTRIC TESTING 11321 W. DISTRIBUTION AVENUE Jacksonville, FL 32256-2118		-						1,160.00
Account No. x9032	╁		Trade debt			\vdash	\vdash	1,100.00
Ingenix P.O. BOX 27116 Salt Lake City, UT 84127		-						423.46
Account No. x9032	╁		Trade debt				<u> </u>	720,70
INSIGHT PO BOX 26140 Greensboro, NC 27402-1147		-						
		L						1,274.00
Sheet no. <u>16</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(To	S al of tl		tota		4,022.14

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:35 of 75

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

In re	Hospital Authority of Charlton County		Ca	se No	12-50305-JSD	
		Debtor				

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		C	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.	1	ONTINGEN	NL I QU I DA	DISPUTED	AMOUNT OF CLAIN
Account No. 9022			Trade debt		Т	T E		
INTERMED BIOMEDICAL SERV INC. 13351 PROGRESS BLVD. Alachua, FL 32615-4683		-				D		12,810.00
Account No. 9001	╁		Trade debt					12,010.00
INTERNATIONAL BUSINESS MACHINE P.O. BOX 534151 Atlanta, GA 30353-4151		-						392.09
Account No. 9021	╁	H	Trade debt			\vdash	H	
IOLTA TRUST ACCOUNT LAW OFFICE OF BRAD S MCLELLAND, P.C. SUITE A, GLOUCESTER SQUARE Brunswick, GA 31520-4151		-						10,000.00
Account No. 9020	t	T	Trade debt				H	
IPC, INC P.O. BOX 72 Pembina, ND 58271		-						503.66
Account No.	_		Trade debt					333.00
IRWIN COUNTY 710 NORTH IRWIN AVENUE Ocilla, GA 31774		-						390,527.75
Sheet no17_ of _35_ sheets attached to Schedule of			<u> </u>	Sı	ubt	ota	<u>L</u> .1	
Creditors Holding Unsecured Nonpriority Claims			(Tota	l of th				414,233.50

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:36 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

CDEDITODIS NAME	С	Hu	sband, Wife, Joint, or Community	Тс	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU I D A	D I S P U T E D	AMOUNT OF CLAIN
Account No.			Accrued Interest	Т	E		
IRWIN COUNTY 710 NORTH IRWIN AVENUE Ocilla, GA 31774		-					44,586.33
Account No. 9024	t	H	Trade debt	+	t	L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
IRWIN COUNTY HOSPITAL ATTN: SUE SPIVEY 710 N. IRWIN AVENUE Ocilla, GA 31774		-					1,000.00
Account No. 9027	╁	\vdash	Trade debt	+	+	+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
IVANS, INC. P.O. BOX 850001 Orlando, FL 32885-0033		-					386.00
Account No. x0073	╁	\vdash	Trade debt	+	+	\perp	
J L MORGAN & ASSOCIATES, INC P O BOX 360481 Birmingham, AL 35236-0548		-					0.005.00
Account No. 9035	╁	_	Trade debt	+	+	 	2,325.00
JP MARCHAN & ASSOCIATES, LC 1070-B W. CAUSEWAY APPROACH Mandeville, LA 70471		-					1,750.00
Chapters 40 of 25 shorts attached to Calcabillate				Cul	1	<u></u>	1,7 30.00
Sheet no. <u>18</u> of <u>35</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			50,047.33

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:37 of 75

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

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
		Debtor	,			

	С	Ни	sband, Wife, Joint, or Community	С	: Tu	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	T I N G E N		DISPUTED	AMOUNT OF CLAIM
Account No. x9009	1		Trade debt	T	E		
JULIE CARDOZO 36276 OKEFENOKEE DRIVE Folkston, GA 31537		-					757.70
Account No. x0025	╁	\vdash	Trade debt		\dagger	+	
KCI USA PO BOX 203086 Houston, TX 77216-3086		-					242.74
A	╀	L	Tuesdo dobá		+	╀	240.71
Account No. x9080 KIMBERLY SAVAGE P O BOX 345 Callahan, FL 32011		-	Trade debt				482.96
Account No. x2024	╁	\vdash	Trade debt		+	+	192.00
LABCORP OCCUPATIONAL TESTING SERVICES DIVISION P O BOX 12140 Burlington, NC 27216-2140		-					7,817.42
Account No. x2030		T	Trade debt		\dagger	T	
LABORATORY SUPPLY COMPANY ATTN: TIFFANY 250 OTTAWA AVE. Louisville, KY 40209-2140		-					2,959.31
Sheet no19_ of _35_ sheets attached to Schedule of		_		Sub	otot	al	
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pa	ge)	12,258.10

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:38 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

_	1.0	lu.	shood Wife laint or Community	1.0	1	15	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	Ü	Į,	AMOUNT OF CLAIM
Account No. 9021			Attorney Fees	Т	ΙĖ		
LAW OFFICE OF BRAD S MCLELLAND, P.C. SUITE A, GLOUCESTER SQUARE 1801 GLOUCESTER STREET Brunswick, GA 31520		-			D		10,000.00
Account No. x2008			Trade debt				
LEAF P O BOX 644006 Cincinnati, OH 45264-4006		-					
		L			L	L	4,450.96
Account No. x2006 LEES HOOD CLEANING 1950 CARDINAL ROAD Blackshear, GA 31516		-	Trade debt				400.00
Account No. x2051	╅	H	Trade debt	+	t	t	
LIGHT VENDING COMPANY 309 GLOUCESTER STREET Brunswick, GA 31520		-					1,080.18
Account No. 8038	+		Trade debt	+	+	+	1,000.10
LINDEGAS NORTH AMERIGAS, LLC P.O. BOX 24963 Chicago, IL 60673		_					15,837.26
Sheet no. 20 of 35 sheets attached to Schedule of	f	_	l	Sub	tota	ı al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				31,768.40

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:39 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

CREDITOR'S NAME,	C		sband, Wife, Joint, or Community		Ç	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.	M	ONTINGEN	NL I QU I DA	DISPUTED	AMOUNT OF CLAIN
Account No. 8041			Trade debt		Т	E		
LIPPINCOTT WILLIAMS & WILKINS P O BOX 1610 Hagerstown, MD 21741-1610		-				D		85,38
Account No. x3060	╁		Trade debt					03.30
MACDOWELL & ASSOCIATES P. O. Box 450849 Atlanta, GA 31145		-						400.00
Account No. 7052	╀	L	Trade debt		L	┞		130.00
Mail Finance 25881 NETWORK PLACE Chicago, IL 60673		-	Trade dest					168.38
Account No. x2055	+	\vdash	Trade debt		-	╁		
MCGEE & MCGEE, PC P O DRAWER 679 Waycross, GA 31502		-						
Account No. x3052	$\frac{1}{1}$		Trade debt					1,572.47
MCKESSON HEALTH SOLUTIONS 22423 NETWORK PLACE Chicago, IL 60673-0001		-						
								3,914.00
Sheet no. _21 _ of _35 _ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(То	S al of tl		tota pag		5,870.23

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:40 of 75

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

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
		Debtor	,			

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	Ü	P	j.	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	L QU DAT	D I S P U T E D		AMOUNT OF CLAIM
Account No. x3054	1		Trade debt	'	Ę			
MCKESSON MEDICAL SURGICAL P O BOX 740215 Cincinnati, OH 45274-0215		-			В			201.45
Account No. x4057			Trade debt		Г	Г	T	
MEDICAL TECHNOLOGY ASSOCIATES 12445 62ND STREET N. SUITE 305 Largo, FL 33773		-						954.00
Account No. x3002	t	T	Trade debt	†	T	T	t	
MEDLINE INDUSTRIES INC DEPT CH 14400 Palatine, IL 60055-4400		-						10,939.15
Account No. x2064	T	T	Trade debt	T	T	T	Ť	
MEDRAD P.O. BOX 360172 Pittsburgh, PA 15251-6172		-						294.50
Account No.	1	T	Trade debt	\dagger	+	+	\dagger	
MERCANTILE BANK LN#2934719-9001 P.O. BOX 5600 Lewiston, ME 04243-1332		-						75,519.42
Sheet no. 22 of 35 sheets attached to Schedule of			,	Sub	tota	ıl	T	97.000.50
Creditors Holding Unsecured Nonpriority Claims			(Total of	his	pag	ze)		87,908.52

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:41 of 75

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

In re	Hospital Authority of Charlton County		Case No12-50305-JSD	
_		Debtor		

<u> </u>	Ιc	I ш	sband, Wife, Joint, or Community	<u> </u>	1	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT	U	Į	AMOUNT OF CLAIM
Account No. x2044			Trade debt	Т	ΙĖ		
MGA HEALTH MANAGEMENT, INC P O BOX 1009 Douglas, GA 31534		-			D		37,500.00
Account No.	H		Trade debt	+	\dagger		,
MGA HEALTH MANAGEMENT, INC P O BOX 1009 Douglas, GA 31534		-					
							378,750.00
Account No. 4002 MINDRAY DS USA, INC. 24312 NETWORK PLACE Chicago, IL 60673-1243		-	Trade debt				2,511.53
Account No. x3071	t	\vdash	Trade debt	+	t	\dagger	
MODULAR MAILING SYSTEMS INC 4913 W LAUREL ST Tampa, FL 33607	-	-					7.70
Account No. x4025	\mathbf{f}	\vdash	Trade debt	+	+	+	•
NASSAU PRINTING & OFFICE SPLY 542028 US HIGHWAY 1 Callahan, FL 32011		-					926.00
Sheet no. 23 of 35 sheets attached to Schedule of				Sub	tot	al	A10 605 22
Creditors Holding Unsecured Nonpriority Claims			(Total o	this	pa	ge)	419,695.23

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:42 of 75

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

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
		Debtor	,			

	1.	Li	skand Wife Isiat as Osmanusita	1.			1	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H V	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		ıΤi	ΙF	AMO	UNT OF CLAIM
Account No. x4004			Trade debt	Т	E			
NATIONAL RECALL ALERT CTR ACCTG & CIRC DEPT P.O. BOX 609 Marlton, NJ 08053		-						195.00
Account No. x4024	T	T	Trade debt		Ť	T		
NEOTECH PRODUCTS, INC 27822 FREMONT COURT Valencia, CA 91355		-						
								171.15
Account No. x4014 NEUROSTAR SOLUTIONS-ACCELERAD DEPT AT 952896 Atlanta, GA 31192-2896		-	Trade debt					7,338.80
Account No. x4016	T	T	Trade debt		Ť	Ť		
NEW YORK LIFE INSURANCE CO P.O. BOX 742582 Cincinnati, OH 45274-2582		-						216.76
Account No. x4006	+	$\frac{1}{1}$	Trade debt		+	+		
NTELAGENT INC 330 MALLORY STATION RD SUITE B-3 Franklin, TN 37067		-						6,153.75
Sheet no. 24 of 35 sheets attached to Schedule o	f			Sul	oto	tal		446
Creditors Holding Unsecured Nonpriority Claims			(Total	of this	s pa	ige)		14,075.46

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:43 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

	10	l	and Wife Island or Occasions to		Lii	L	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	I N G E N	Ιü	DISPUTED	AMOUNT OF CLAIM
Account No. 9006			Trade debt	Т	ΙĒ		
OCE IMAGISTICS INC P.O. BOX 11407 Birmingham, AL 35246-0831		-			D		9,518.27
Account No. 6049	t		Trade debt	1	T	T	
Orchard 701 CONGRESSIONAL BLVD STE 360 Carmel, IN 46032		-					24,361.50
Account No. x5007	╀	⊢	Trade debt	+	╀	╀	2 1,00 1100
OUTPATIENT IMAGING LLC 119 MAPLE STREET STE 205 Carrollton, GA 30117		-	Trade dest				2,405.00
Account No. x5039	+	┢	Trade debt	+	+	H	
PATIENT TELEPHONE SUPPLY P O BOX 84372 Baton Rouge, LA 70884		-					136.35
Account No. x5023	╁		Trade debt	+	+		
PATRICK'S UNIFORMS 1265 LANE AVE S STE 5 Jacksonville, FL 32205		-					692.79
Sheet no. 25 of 35 sheets attached to Schedule of	_	_		Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				37,113.91

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:44 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

	16	l io	ahard Wife Isiat as Campanish.	10	1	I n	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N G E N	U I D A		AMOUNT OF CLAIM
Account No. x5040			Trade debt	Т	ΙĒ		
PHILIPS HEALTHCARE P O BOX 100355 Atlanta, GA 30384-0355		-			D		101.25
Account No. x9046		\vdash	Trade debt		t	\perp	
PRAXAIR DISTRIBUTION DEPT 1222 P O BOX 121222 Dallas, TX 75312-1222		-					22.12
Account No. x6098	╀	├	Trade debt		+	+	22.12
QA REAL TIME SYSTEMS LLC 5150 BELFORT ROAD STE 701 Jacksonville, FL 32256		-					5,130.00
Account No. x6999	t	╁	Trade debt		t	╁	3,100.00
QUADAX 3690 ORANGE PL STE 270 Beachwood, OH 44122-4438		-					0.050.04
Account No. x7010	\perp	\vdash	Trade debt	+	+	+	8,653.24
RADIOMETER AMERICA INC 13217 COLLECTIONS CENTER DRIVE Chicago, IL 60693		-					1,275.00
Sheet no. 26 of 35 sheets attached to Schedule of	1_	_		Sub	tot	L al	
Creditors Holding Unsecured Nonpriority Claims			(Total o	this	pa	ge)	15,181.61

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:45 of 75

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

In re	Hospital Authority of Charlton County		Case No12-50305-JSD	
_		Debtor		

CDEDITODIC NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIN
Account No. x8013			Trade debt	Т	E		
REGIONAL EMS P O BOX 88 Quitman, GA 31643		-					1,030.00
Account No. x7100	╁	\vdash	Utility Service	+	+	\vdash	1,000.00
RELIANT PEST CONTROL ROBERT JOHNS RT 1 BOX 50 Folkston, GA 31537		-					840.00
Account No. x7104	╁	┢	Trade debt	+	+	+	
RESPIRONICS,INC P O BOX 405740 Atlanta, GA 30384-5740		-					1,635.49
Account No. x7015	\dagger	\vdash	Trade debt	\dagger	T	+	1,000
ROGERS JOINER 501 MCDONALD ST Waycross, GA 31503		-					2,100.00
Account No. x0048	†		Trade debt	t	$\frac{1}{1}$	\perp	2,100.00
RUHOF CORPORATION, THE 393 SAGAMORE AVENUE Mineola, NY 11501-1310		-					690.49
Sheet no. 27 of 35 sheets attached to Schedule of	_	_		Sub	tota	ı ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				6,295.98

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:46 of 75

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

In re	Hospital Authority of Charlton County	,	Case No.	12-50305-JSD	
•		Debtor			

CDEDITORIO NA ME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	N L I QU I D A	DISPUTED	AMOUNT OF CLAIN
Account No. x9084			Trade debt	Т	E D		
SATILLA REGIONAL MED. CENTER 410 DARLING AVENUE Waycross, GA 31502		-					9,027.00
Account No. x8148	+	H	Trade debt	+	+	$\frac{1}{1}$.,
SEA BREEZE FOOD SERVICE 3807 EDGEWOOD DRIVE Jacksonville, FL 32254		-					4,710.66
Account No. x9028	╁	╀	Trade debt	+	+	╀	1,1 10100
SGHS- CAMDEN CAMPUS 2415 PARKWOOD DRIVE Brunswick, GA 31521		-					1,447.00
Account No. x9114	+	t	Trade debt	+	+	 	1,11100
SHUMAN HEALTHCARE 2015 TEBEAU STREET Waycross, GA 31501-6358		-					E 400 06
Account No. x9110	+	\vdash	Trade debt	+	+	+	5,408.86
SHUMAN HEALTHCARE SPEC PHARM 2011 TEBEAU STREET Waycross, GA 31501-6358		-					850.00
Sheet no. 28 of 35 sheets attached to Schedule of	f	_	1	Sub	tot	al	24 442
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pa	ge)	21,443.52

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:47 of 75

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

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
		Debtor	,			

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community		Č	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE	IM	ONTLNGEN	NLIQUIDA	DISPUTED	AMOUNT OF CLAIM
Account No. 4005			Trade debt		Ť	Ť		
SIEMENS HEALTHCARE DIAGNOSTICS P O BOX 121102 Dallas, TX 75312-1102		-				D		8,300.89
Account No. x9043	t		Trade debt					
SINGLE SOURCE SERVICES 2320 SOUTH THIRD STREET SUITE 7 Jacksonville Beach, FL 32250		-						738.07
Account No. x1006	╁	\vdash	Trade debt		H	H	H	
SOURCEONE HEALTHCARE TECH. INC P O BOX 8004 Mentor, OH 44061-8004		-						529.83
Account No. x9113	╁	\vdash	Trade debt		\dagger	\vdash	\vdash	
SOUTH EAST ANSWERING SERVICE P O BOX 2997 Brunswick, GA 31521-8004		-						715.00
Account No. x8155	╁		Trade debt		-	\vdash		713.00
SOUTHEASTERN EMERGENCY EQUIP P O BOX 1097 Youngsville, NC 27596-1097		-						
					L			3,111.58
Sheet no. 29 of 35 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	<i>:</i>		(T.	tal of t	Sub his			13,395.37

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:48 of 75

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

In re	Hospital Authority of Charlton County	,	Case No.	12-50305-JSD	
•		Debtor			

CDEDITOD'S NAME	С	Hu	sband, Wife, Joint, or Community	С	U N	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	C 1 M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	NL I QU I DA	D I S P U T E D	AMOUNT OF CLAIN
Account No. x9016			Trade debt	Т	E		
SOUTHEASTERN ENVIRONMENTAL SVC 2940 MERCURY ROAD Jacksonville, FL 32207-7913		-					364.95
Account No. x9066	┪	T	Trade debt		T	T	
SOUTHEASTERN PATHOLOGY ASSOC. CLIENT BILL DEPT 203 INDIGO DRIVE Brunswick, GA 31525		-					34,337.78
Account No. x9071		T	Trade debt		T	T	
SOVEREIGN MEDICAL LLC 620 H VALLEY FORGE ROAD Hillsborough, NC 27278-1581		-					541.00
Account No.	╁	H	Management Fees	+	+	\vdash	
St. Vincent's Health System, Inc. 1 Shircliffway Jacksonville, FL 32204		-				x	359,677.42
Account No.	╁	+	Promissory Note	+	+	\vdash	222,222
St. Vincent's Health System, Inc. 1 Shircliffway Jacksonville, FL 32204		-				x	100,000.00
Sheet no30_ of _35_ sheets attached to Schedule of				Sub	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				494,921.15

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:49 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community		Ç	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE	ΙM	ONTINGENT	NL-QU-DATED	S P U T E D	AMOUNT OF CLAIN
St. Vincent's Health System, Inc. 1 Shircliffway Jacksonville, FL 32204		-					x	39,828.88
Account No. x4972	╁		Trade debt					
STANDARD REGISTER COMPANY P.O. BOX 840655 Dallas, TX 75284-0655		-						
Account No. x4975	╀	L	Trade debt		Ļ		L	4,115.95
STANLEY HEALTHCARE SOLUTIONS DEPT CH 10504 Palatine, IL 60055-0504		-	Trade dest					762.07
Account No. x4974	╁	┢	Trade debt		_	┢	H	
STAPLES BUSINESS ADVANTAGE P O BOX 71217 Chicago, IL 60694-1217		-						3,520.71
Account No. x8164	╁		Trade debt					3,320.71
STATELINE DISPOSAL SERVICES P O BOX 1539 Callahan, FL 32011-0001		-						1,847.16
Sheet no. _31 _ of _35 _ sheets attached to Schedule of		L		5	L Sub	tota	<u>L</u> .1	
Creditors Holding Unsecured Nonpriority Claims			(To	tal of t				50,074.77

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:50 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

<u> </u>	Ιc	10.	sband, Wife, Joint, or Community	-	L	Ь	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu: H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	Ιü	DISPUTED	AMOUNT OF CLAIM
Account No. x9039			Trade debt	Т	ΙE		
STERICYCLE, INC. P O BOX 6582 Carol Stream, IL 60197-6582		-			D		1,355.55
Account No. x9051	t		Trade debt		T		
STERIS CORPORATION P O BOX 676548 Dallas, TX 75267-6548		-					
	L	L		$oxed{oxed}$	L	L	700.42
Account No. x9035 STRYKER SALES CORPORATION P.O. BOX 93308 Chicago, IL 60673-3308	_	-	Trade debt				309.32
Account No. x9101	t		Trade debt	\dagger	H		
SUTURE EXPRESS P O BOX 842806 Kansas City, MO 64184		-					232.41
Account No. x8180	╁		Trade debt		\vdash		232.41
SWEATS LAUNDRY PO BOX 387 Alma, GA 31510		-					25,500.00
Sheet no. 32 of 35 sheets attached to Schedule of		_		Sub			28,097.70
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	20,031.70

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:51 of 75

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

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
		Debtor	,			

CDEDITORIO MANG	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	NL - QU - DA	SPUTED	AMOUNT OF CLAIM
Account No. x9041			Trade debt	Т	E D		
SYSCO JACKSONVILLE 1501 LEWIS INDUSTRIAL DR Jacksonville, FL 32254		-					4,656.85
Account No. x4987	┢		Trade debt		t	+	,
TALYST INC DEPT CH 17728 Palatine, IL 60055-7728		-					2,000.00
Account No. x0015	┢	H	Trade debt	+	+	╀	2,000.00
TELEQUALITY COMMUNICATIONS INC 16601 BLANCO RD STE 207 San Antonio, TX 78232-0038		-					2,481.19
Account No. x2061	t		Trade debt - Lawsuit Pending	\dagger	t	t	·
THEMED, LLC d/b/a MEDESTAR 4055 VALLEY VIEW LANE, SUITE 300 Dallas, TX 75244-1026		-				x	
Account No. 7056	┞		Trade debt		╀	+	20,445.60
TOTALFUNDS BY HASLER P O BOX 30193 Tampa, FL 33631-3021	•	-					4,780.86
Sheet no. 33 of 35 sheets attached to Schedule of				Sub	tot	1	.,. 55.65
Creditors Holding Unsecured Nonpriority Claims			(Total of				34,364.50

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:52 of 75

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

In re	Hospital Authority of Charlton County			Case No	12-50305-JSD	
		Debtor	,			

CDEDITOD'S NAME	С	Hu	Husband, Wife, Joint, or Community		U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLLQULDA	I S P U T E D	AMOUNT OF CLAIM
Account No. x0007			Trade debt	Ť	ΙĒ		
TRAYCO PO BOX 404284 Atlanta, GA 30384-4284		_			D		697.95
Account No. x1007			Trade debt	+			
ULTRASHRED TECHNOLOGIES, INC P O BOX 49246 Jacksonville Beach, FL 32240-9246		-					
				\perp			88.20
Account No. x1017 USF HEALTHCARE CONSULTING P O BOX 326 Prospect, KY 40059-0326		_	Trade debt				1,462.11
Account No. x1013			Trade debt	+	\vdash		.,.02
VALIC C/O CHASE BANK P.O. BOX 201423 Houston, TX 77216-1423		-					2,139.34
Account No. x3026	\vdash		Late Fee	\dagger	\vdash		·
VGM FINANCIAL SERVICES P O BOX 78523 Milwaukee, WI 53278-0523		_				x	400.47
				丄	L		198.17
Sheet no. 34 of 35 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub			4,585.77

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:53 of 75

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

In re	Hospital Authority of Charlton County	,	Case No1	12-50305-JSD
_		Debtor		

	1.			-		-	_	
CREDITOR'S NAME,		Hu	sband, Wife, Joint, or Community	⊣ Շ	ΙN	ľ	7	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	U U U U	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	S P UT E D		AMOUNT OF CLAIM
Account No. x3018			Trade debt	7	I	l	ſ	
W W GAY MECHANICAL CONTRACTOR 524 STOCKTON STREET Jacksonville, FL 32204-2500		-			D			570.00
Account No. x2013			Trade debt			Γ		
WARM SPRINGS MEDICAL CENTER CFO P O BOX 8 Warm Springs, GA 31830		-						
		l				l		1,220.00
Account No. x2024	Π	Г	Trade debt	Т	Т	Т	T	
WILLIAMS INSTITUTIONAL FOODS P.O. BOX 370 Douglas, GA 31534-0582		-						
								2,334.94
Account No.								
Account No.								
Sheet no. 35 of 35 sheets attached to Schedule of	1	•		Sub	tota	ıl	T	440464
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge))	4,124.94
			(Report on Summary of S		Γota dule		,	2,536,286.67

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:54 of 75

B6G (Official Form 6G) (12/07)

In re

Hospital Authority of Charlton County

Case No. 12-50305-JSD

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.

Carefusion 25082 NETWORK PLACE Chicago, IL 60673

LEAF P O BOX 644006 Cincinnati. OH 45264

LEAF P O BOX 644006 Cincinnati, OH 45264

MedOne 670 Tallevast Road Sarasota, FL 34243

Orchard 701 CONGRESSIONAL BLVD STE 360 Carmel, IN 46032

Radiometer 13217 COLLECTIONS CENTER DRIVE Chicago, IL 60693

Shared Imaging PO BOX 88544 Milwaukee, WI 53288

Shared Imaging PO BOX 88544 Milwaukee, WI 53288 Pyxis Units Operating Lease Monthly Payment: \$3,232.00

Lease of PACS System \$1,838 Lease Termination Date: January, 2014

Copier Leases Monthly Payment: \$521.47 Lease Termination Date: September, 2012

V60 Ventilator Lease Monthly Payment: \$299.00 Lease Termination Date: December, 2015

Vital Signs and Monitors Lease Monthly Payment: \$472.00 Lease Termination Date: February, 2016

StressVue System Lease Monthly Payment: \$520.00 Lease Termination Date: April, 2016

Cardiographs Lease Monthly Payment: \$498.00 Lease Termination Date: April, 2016

Lab Info System Lease Monthly Payment: \$1,736.15 Lease Termination Date: May, 2012

Blood Gas Lease Monthly Payment: \$600.00 Lease Termination Date: October, 2014

CT Operating Lease Monthly Payment: \$10,900.00

MRI Operating Lease Monthly Payment: \$15,995.00 Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:55 of 75

B6H (Official Form 6H) (12/07)

In re	Hospital Authority of Charlton County		Case No	12-50305-JSD	
-		· · · · · · · · · · · · · · · · · · ·			
		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

Charlton County Board of Commissioners Attn: John Meyer - Chairman 68 Kingsland Drive Folkston, GA 31537 Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:56 of 75

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

United States Bankruptcy Court Southern District of Georgia

In re	Hospital Authority of Charlton County			Case No.	12-50305-JSD					
			Debtor(s)	Chapter	9					
			(/							
	DECLARATION C	ONCERN	ING DEBTOR'S SO	CHEDULI	ES					
	DECLARATION UNDER PENALTY OF	F PERJURY	ON BEHALF OF CORPO	ORATION (OR PARTNERSHIP					
	I, the Hospital Authority Chairman of the Hospital Authority named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief.									
Date	May 23, 2012	Signature	/s/ Harley Hickox Harley Hickox Hospital Authority Cha	irman						

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.

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:57 of 75

B7 (Official Form 7) (04/10)

United States Bankruptcy Court Southern District of Georgia

In re	Hospital Authority of Charlton County			12-50305-JSD
		Debtor(s)	Chapter	9

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 owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

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
\$9,056,072.00	2010 Net Operating Revenue
\$15,051,473.00	2012 YTD Gross Operating Revenue for FYE 6/30/2012 as of 3/31/2012
\$5,530,977.00	2012 Net Operating Revenue for year to date for FYE 6/30/2012 as of 3/31/2012
\$21,116,689.00	2011 Gross Operating Revenue for FYE 6/30/2011
\$8,364,634.00	2011 Net Operating Revenue for FYE 6/30/2011

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:58 of 75

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

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

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 (*) 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

2

None П

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 \$5,850*. 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 See Exhibit A to SoFA

DATES OF PAYMENTS/ **TRANSFERS**

AMOUNT PAID OR VALUE OF **TRANSFERS** \$0.00

AMOUNT STILL OWING \$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**

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.)

AND CASE NUMBER The ERx Company v. Charlton Memorial Hospital Civil

NATURE OF **PROCEEDING** COURT OR AGENCY AND LOCATION **American Arbitration Association**

Knoxville, Tennessee

Jacksonville Division

STATUS OR DISPOSITION **Pending**

30 103 Y 00738 11

St. Vincent's Health System, Inc. v. Hospital

Suit on Note

United States District Court Middle District of Florida

Pending

Authority of Charlton County and Charlton County, GA

CAPTION OF SUIT

Civil Action No. 3: 12-CV-285-J-37JRK

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:59 of 75

CAPTION OF SUIT AND CASE NUMBER

THMED, LLC d/b/a MEDESTAR

Charlton Memorial Hospital Civil Number 12-02621

NATURE OF **PROCEEDING** Civil

COURT OR AGENCY AND LOCATION **District Court of Dallas County, Texas** STATUS OR DISPOSITION 3

Pending

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

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**

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.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE

ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

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

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

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:60 of 75

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

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

Thomas & Settle P.O. Box 980 Waycross, GA 31502 DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR March 28, 2012 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$25,000 Retainer
\$5,100 billed pre-petition for
Thomas & Settle
\$8,893.84 bill pre-petition for

McCallar Law Firm

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

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

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

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:61 of 75

12. Safe deposit boxes

None П

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

Southeastern Bank 4233 Second Street Folkston, GA 31537

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY Closed

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

April 24, 2012

5

Cancelled Bonds, Coupons, related statements, Warranty Deeds, an Old

Management Contract and couple of ink

pens No Value

13. Setoffs

None П

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 **CAHABA GBA INC** ALABAMA PART B FINANCIAL P O BOX 10146 Birmingham, AL 35202-0146

DATE OF SETOFF

Medicare Administrative Contractor pffset Amounts owed to hospital for the final settlement of the FYE 6/30/2009 cost report. The information on the amount of the setoff has not been provided to the Debtor.

AMOUNT OF SETOFF

Unknown

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 **Employee Activity Committee Fund** DESCRIPTION AND VALUE OF PROPERTY **Deposit Account owned by Employee Activity Committeee**

LOCATION OF PROPERTY

Southeastern Bank

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

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

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

DATE OF

ENVIRONMENTAL

GOVERNMENTAL UNIT

NOTICE

LAW

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

ENVIRONMENTAL

NOTICE LAW

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

18. Nature, location and name of business

None П

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.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

Family Practice Associates, LLC

NAME

P.O. Box 188 Folkston, GA 31537 Department of the Hospital which is a **Rural Health Clinic** Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:63 of 75

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

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

Kim Savage

DATES SERVICES RENDERED

2009-present

Kim Savage c/o Charlton Memorial Hospital 2449 Third Street Folkston, GA 31537

Draffin & Tucker 2009 and 2010

2617 Gillionville Road Albany, GA 31702

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 ADDRESS DATES SERVICES RENDERED

Smiley & Smiley 2120 Corporate Square Blvd, Suite 18 Debtor hired this firm to complete an

Jacksonville, FL 32216 audit in 2009 but it was never completed

Draffin & Tucker 2617 Gillionville Road 2009 and 2010

Albany, GA 31702 2010 autid was never finalized

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 ADDRESS

Kim Savage c/o Charlton Memorial Hospital

2449 Third Street Folkston, GA 31537

Draffin & Tucker 2617 Gillionville Road
Albany, GA 31702

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 DATE ISSUED

Charlton County Board of Commissioners Attn: John Meyer - Chairman 68 Kingsland Drive Folkston, GA 31537

Various Creditors

Debtor has provided financial statements to various vendors and creditors in reference to

credit requests over the past 2 years

7

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:64 of 75

8

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 two 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

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
Harley Hickox
Chairman/Boardmember
Boardmember

Hospital Authority of Charlton County

2449 3rd Street Folkston, GA 31537

Tommy Tillman Vice-Chairman/Boardmember Boardmember

Mike Eunice Secretary/Boardmember Boardmember

John Adams Attorney/Boardmember Boardmember

Sylvia Everett Boardmember Boardmember

Rosa Mae Brooks Boardmember Boardmember

Don Crews Boardmember Boardmember

Inez Raulerson Boardmember Boardmember

John Atwater Boardmember Boardmember

May Kay Lindquist Boardmember Boardmember

Farrell Turner Interim Administrator

Kimberly Savage CFO Officer

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:65 of 75

	22 . Former partners, officers,	directors and shareholder	s			
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		
None	b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one yo immediately preceding the commencement of this case.					
		TITLE Treasurer		DATE OF TERMINATION 2011		
	23 . Withdrawals from a partne	ership or distributions by	a corporation			
None —	If the debtor is a partnership or c in any form, bonuses, loans, stoc commencement of this case.	orporation, list all withdraw k redemptions, options exer	als or distributions cre- cised and any other pe	dited or given to an insider, including compensation rquisite during one year immediately preceding the		
NAME &	& ADDRESS			AMOUNT OF MONEY		
OF REC	IPIENT, ONSHIP TO DEBTOR	DATE ANI OF WITHD	PURPOSE RAWAL	OR DESCRIPTION AND VALUE OF PROPERTY		
	24. Tax Consolidation Group.					
None				per of the parent corporation of any consolidated ix years immediately preceding the commencement		
NAME (OF PARENT CORPORATION			TAXPAYER IDENTIFICATION NUMBER (EIN)		
	25. Pension Funds.					
None				umber of any pension fund to which the debtor, as mediately preceding the commencement of the case.		
NAME (OF PENSION FUND			TAXPAYER IDENTIFICATION NUMBER (EIN)		
Ι	DECLARATION UNDER PER	NALTY OF PERJURY	ON BEHALF OF (CORPORATION OR PARTNERSHIP		
	under penalty of perjury that I have hey are true and correct to the best of			nent of financial affairs and any attachments thereto		
Date N	May 23, 2012	Signature	/s/ Harley Hickox			
			Harley Hickox Hospital Authority	<i>r</i> Chairman		
[An indiv	idual signing on behalf of a partner	ship or corporation must inc	licate position or relati	onshin to debtor l		

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

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:66 of 75

CHARLTON MEMORIAL HOSPITAL CHECK REGISTER 02/01/2012 - 04/30/2012

Run Date: Run Time:

CHECK #	DATE	AMOUNT	PAYEE
2.42	2/12/2012	11 21 6 72	CARRIAN AREA TWANT
242	2/12/2012		CARDINAL HEALTH 110, In
243	2/27/2012		CARDINAL HEALTH 110, In
244	2/29/2012		INTERNATIONAL BUSINESS
245	3/20/2012		CARDINAL HEALTH 110, In
246	4/12/2012		CARDINAL HEALTH 110, In
247	4/27/2012		CARDINAL HEALTH 110, IN
* 000248	4/27/2012		CARDINAL HEALTH 110, In
* 020212	2/2/2012		GENCO PHARMACEUTICAL SE
54895	2/2/2012		ABDELMALIK MAGED
54896	2/2/2012		ALBERT M. THOMPSON, JR
54897	2/2/2012		B BRAUN MEDICAL INC
54898	2/2/2012		BIO-RAD LABORATORIES, I
54899	2/2/2012		BIONIX DEVELOPMENT CORP
54900	2/2/2012		CARDOZO JULIE
54901	2/2/2012	*	GAIL RUDD
54902	2/2/2012		GHISLAIN PERRON
54903	2/2/2012		GREGORY S SORROW
54904	2/2/2012		INSIGHT
54905	2/2/2012		IVANS, INC.
54906	2/2/2012	3,240.00	JOHNS JEFFREY
54907	2/2/2012	2,407.50	KHADIJATU E. ALLEN
54908	2/2/2012	3,187.50	NETCARE HEALTH STAFFING
54909	2/2/2012	334.77	PHILIPS HEALTHCARE
54910	2/2/2012	2,339.00	PHILIPS MEDICAL SYSTEMS
54911	2/2/2012	627	QA REAL TIME SYSTEMS LL
54912	2/2/2012	600	RADIOMETER AMERICA INC
54913	2/2/2012	4,000.00	SIEMENS HEALTHCARE DIAG
54914	2/2/2012	1,657.50	THE DILLON CO, INC.
54915	2/2/2012	5,314.02	TURNER & COMPANY, LLC
54916	2/2/2012	245	ULTRASHRED TECHNOLOGIES
54917	2/2/2012	4,114.81	UNITED STATES TREASURY
54918	2/2/2012	157.72	VERIZON WIRELESS
54919	2/3/2012	2,804.40	BLANTON KAREN
54920	2/3/2012	189	COCA-COLA
54921	2/3/2012	481.72	WILLIAMS INSTITUTIONAL
54922	2/3/2012	555	BSC SUPPLY
54923	2/3/2012		CAHABA
54924	2/9/2012	,	ABDELMALIK MAGED
54925	2/9/2012	,	ADMINISTRATIVE SERVICES
54926	2/9/2012		ADVANCE REHABILITATION
54927	2/9/2012		ALBERT M. THOMPSON, JR
, -,		2 32 .50	

54928	2/9/2012	610.18	AVESIS-FIDELITY SECURIT
54929	2/9/2012	2,689.51	BLANTON KAREN
54930	2/9/2012	3,982.57	CARDINAL HEALTH 110, IN
54931	2/9/2012	84.27	CARDOZO JULIE
54932	2/9/2012	825.92	CHAPTER 13 TRUSTEE-E. M
54933	2/9/2012	8,933.78	FIRST INSURANCE FUNDING
54934	2/9/2012	2,269.50	FNB SOUTH
54935	2/9/2012	2,385.00	GHISLAIN PERRON
54936	2/9/2012	98.97	GREGORY S SORROW
54937	2/9/2012	2,193.75	HERCULE HANTZ C.
54938	2/9/2012	569	IVANS, INC.
54939	2/9/2012	7,346.25	KHADIJATU E. ALLEN
54940	2/9/2012	130	MACDOWELL & ASSOCIATES
54941	2/9/2012	1,830.16	MERCANTILE BANK
54942	2/9/2012	2,851.20	NEUROSTAR SOLUTIONS-ACC
54943	2/9/2012	196.76	NEW YORK LIFE INSURANCE
54944	2/9/2012	2,721.78	PHARM & CONSULT MANAGE
54945	2/9/2012	286.95	PREMIERE CREDIT OF N AM
54946	2/9/2012	600	RADIOMETER AMERICA INC
54947	2/9/2012	2,324.98	SEA BREEZE FOOD SERVICE
54948	2/9/2012	26,895.00	SHARED IMAGING, INC.
54949	2/9/2012		SIEMENS HEALTHCARE DIAG
54950	2/9/2012	627.63	STATELINE DISPOSAL SERV
54951	2/9/2012	11.1	TAYLOR CASSANDRA
54952	2/9/2012	8,262.73	TURNER & COMPANY, LLC
54953	2/9/2012		UNITED STATES TREASURY
54954	2/9/2012	2,164.34	
54955	2/9/2012		WESTBERRY TERRI
54956	2/13/2012		RADIOMETER AMERICA INC
54957	2/16/2012		ABDELMALIK MAGED
54958	2/16/2012		ALBERT M. THOMPSON, JR
54959	2/16/2012		GEORGIA DEPT OF LABOR
54960	2/16/2012		GHISLAIN PERRON
54961	2/16/2012	*	GRAINGER
54962	2/16/2012		HERCULE HANTZ C.
54963	2/16/2012		INSIGHT
54964	2/16/2012		KHADIJATU E. ALLEN
54965	2/16/2012		LABORATORY SUPPLY COMPA
54966	2/16/2012		SEA BREEZE FOOD SERVICE
54967	2/16/2012		SOVEREIGN MEDICAL LLC
54968	2/16/2012		UNITED STATES TREASURY
54969	2/16/2012		WESTBERRY TERRI
* 054970	2/16/2012		WILLIAMS INSTITUTIONAL
54972	2/10/2012		ABBOTT LABORATORIES
54973 54974	2/22/2012 2/22/2012		ALDEDT M. THOMPSON, ID
54974 54975			ALBERT M. THOMPSON, JR
54975 54976	2/22/2012		BLANTON KAREN
54976 54977	2/22/2012		CARDINAL HEALTH 110, IN
54977 54078	2/22/2012		CARDINAL HEALTH-MED PRO
54978	2/22/2012		CARDOZO JULIE
54979	2/22/2012	379.98	
54980	2/22/2012		CHAPTER 13 TRUSTEE-E. M
54981	2/22/2012	525	CLERK OF BACON CTY SUPE

£ 4002	0/00/0010	70.0	CHILLICAN WATER GERMICEG
54982	2/22/2012		CULLIGAN WATER SERVICES
54983	2/22/2012		DIRECTV
54984	2/22/2012		DURRENCE-PERKINS BRAND
54985	2/22/2012		GE CAPITAL
54986	2/22/2012		GE HEALTHCARE - ATLANTA
54987	2/22/2012		GEORGIA POWER CO
54988	2/22/2012		GEORGIA WINDSTREAM INC.
54989	2/22/2012		GHISLAIN PERRON
54990	2/22/2012		JOHNSON CARIE
54991	2/22/2012		KHADIJATU E. ALLEN
54992	2/22/2012	3,238.07	
54993	2/22/2012		MACDOWELL & ASSOCIATES
54994	2/22/2012		MAIL FINANCE
54995	2/22/2012		MALAVER JIMMY
54996	2/22/2012		NASSAU PRINTING & OFFIC
54997	2/22/2012		NETCARE HEALTH STAFFING
54998	2/22/2012		NEUROSTAR SOLUTIONS-ACC
54999	2/22/2012		OCE IMAGISTICS INC
55000	2/22/2012		OGEECHEE TECHNICAL COLL
55001	2/22/2012		POPA CYNTHIA
55002	2/22/2012		PRAXAIR DISTRIBUTION
55003	2/22/2012		PREMIERE CREDIT OF N AM
55004	2/22/2012		QA REAL TIME SYSTEMS LL
55005	2/22/2012		QUADAX
55006	2/22/2012		SIEMENS HEALTHCARE DIAG
55007	2/22/2012		SOUTHEASTERN PATHOLOGY
55008	2/22/2012		SOUTHERN LINC.
55009	2/22/2012	808.86	STAPLES BUSINESS ADVANT
55010	2/22/2012		STATE HEALTH BENEFIT PL
55011	2/22/2012		SYSCO JACKSONVILLE
55012	2/22/2012	*	TURNER & COMPANY, LLC
55013	2/22/2012		UNITED PARCEL SERVICE
55014	2/22/2012		UNITED STATES TREASURY
55015	2/22/2012		VERIZON WIRELESS
* 055016	2/22/2012		WILLIAMS INSTITUTIONAL
55018	2/27/2012		FIRST INSURANCE FUNDING
55019	2/27/2012		HOME TOWN HEALTH, LLC
55020	2/29/2012		IMMUCOR, INC.
55021	3/2/2012		ABC FIRE EQUIPMENT CO
55022	3/2/2012	230.34	ADMINISTRATIVE SERVICES
55023	3/2/2012	0	ALBERT M. THOMPSON, JR
55024	3/2/2012	20.09	ANNIE F JORDAN
55025	3/2/2012		AVESIS-FIDELITY SECURIT
55026	3/2/2012		BLANTON KAREN
55027	3/2/2012	5,332.44	CAHABA
55028	3/2/2012	877.21	CARDINAL HEALTH-MED PRO
55029	3/2/2012		CARDOZO JULIE
55030	3/2/2012		CHAPTER 13 TRUSTEE-E. M
55031	3/2/2012	265.41	CHARLTON COUNTY HEALTH
55032	3/2/2012	594.83	CLERK OF SUPERIOR COURT
55033	3/2/2012	387.2	COCA-COLA
55034	3/2/2012	33.3	DOROTHY PARKER
55035	3/2/2012	4,320.00	GHISLAIN PERRON

55036	3/2/2012		GREGORY S SORROW
55037	3/2/2012		HERCULE HANTZ C.
55038	3/2/2012	2,160.00	KHADIJATU E. ALLEN
55039	3/2/2012	2,657.88	LABORATORY SUPPLY COMPA
55040	3/2/2012	130	MACDOWELL & ASSOCIATES
55041	3/2/2012	4,795.24	MAGED ABDELMALIK
55042	3/2/2012	224.13	MCCASLAND FATIMA
55043	3/2/2012	1,347.00	MCNEARY INC
55044	3/2/2012	3,365.55	MEDLINE INDUSTRIES INC
55045	3/2/2012	294.5	MEDRAD
55046	3/2/2012	211.35	MODULAR MAILING SYST IN
55047	3/2/2012	7,320.00	NETCARE HEALTH STAFFING
55048	3/2/2012	216.76	NEW YORK LIFE INSURANCE
55049	3/2/2012	2,721.78	PHARM & CONSULT MANAGE
55050	3/2/2012	1,650.00	PHOENIX TECHNOLOGY CORP
55051	3/2/2012		PREMIERE CREDIT OF N AM
55052	3/2/2012	42.78	RESTREPO BERNARD
55053	3/2/2012	18.87	SMITH KRISTY
55054	3/2/2012	595.83	SOUTH EAST ANSWERING SE
55055	3/2/2012	154.52	SOUTHERN LINC.
55056	3/2/2012		THE ST. JOHN COMPANIES,
55057	3/2/2012		TRAYCO
55058	3/2/2012		TURNER FARRELL
55059	3/2/2012		TURNER & COMPANY, LLC
55060	3/2/2012		UNITED STATES TREASURY
55061	3/2/2012	2,164.34	
55062	3/2/2012		AMERICAN HERITAGE LIFE
55063	3/2/2012		CAHABA
55064	3/2/2012		CAHABA
55065	3/8/2012		QUADAX
55066	3/12/2012		ABBOTT LABORATORIES
55067	3/12/2012		ADVANCE REHABILITATION
55068	3/12/2012		ALBERT M. THOMPSON, JR
55069	3/12/2012		CLAUDIA BURKHART
55070	3/12/2012		COCA-COLA
55070	3/12/2012		EULEEN STEEDLEY
55072	3/12/2012		FIRST INSURANCE FUNDING
55073	3/12/2012		FISHER HEALTHCARE
55074	3/12/2012		GENCO PHARMACEUTICAL SE
55075	3/12/2012		GHISLAIN PERRON
55076	3/12/2012		GREGORY S SORROW
55077	3/12/2012		KHADIJATU E. ALLEN
55078	3/12/2012		
			LASERBAND, LLC
55079	3/12/2012		MAGED ABDELMALIK MEDICAL FORMS & GRAPHIC
55080	3/12/2012		
55081	3/12/2012		MERCANTILE BANK
55082	3/12/2012		NETCARE HEALTH STAFFING
55083	3/12/2012		NEUROSTAR SOLUTIONS-ACC
55084	3/12/2012		SEA BREEZE FOOD SERVICE
55085	3/12/2012		SHARED IMAGING, INC.
55086	3/12/2012		SINGLE SOURCE SERVICES
55087	3/12/2012		TURNER & COMPANY, LLC
55088	3/12/2012	529.39	WILLIAMS INSTITUTIONAL

55089	3/13/2012		A & D IMAGING SYSTEMS
55090	3/19/2012	6,877.93	
55091	3/21/2012		CARDINAL HEALTH 110, IN
55092	3/21/2012		CDWG
55093	3/21/2012		EMD MILLIPORE CORPORATI
55094	3/21/2012		J L MORGAN & ASSOCIATES
55095	3/21/2012	*	MAGED ABDELMALIK
55096	3/21/2012		MEDLINE INDUSTRIES INC
55097	3/21/2012		TURNER & COMPANY, LLC
55098	3/23/2012		ALBERT M. THOMPSON, JR
55099	3/23/2012		ART'S LOCKOUT SERVICE
55100	3/23/2012		CASH
55101	3/23/2012		CHAPTER 13 TRUSTEE-E. M
55102	3/23/2012		CLERK OF BACON CTY SUPE
55103	3/23/2012		CLERK OF SUPERIOR COURT
55104	3/23/2012		CLIA LABORATORY PROGRAM
55105	3/23/2012		COPIER WORKS!
55106	3/23/2012	6,877.93	
55107	3/23/2012		CULLIGAN WATER SERVICES
55108	3/23/2012		DIRECTEC CORP
55109	3/23/2012		EULEEN STEEDLEY
55110	3/23/2012	*	FIRST INSURANCE FUNDING
55111	3/23/2012		FOLKSTON PHARMACY
55112	3/23/2012		GHISLAIN PERRON
55113	3/23/2012		GREGORY S SORROW
55114	3/23/2012		HASTY'S COMMUNICATIONS
55115	3/23/2012		JULIE CARDOZO
55116	3/23/2012	2,946.82	
55117	3/23/2012		MACDOWELL & ASSOCIATES
55118	3/23/2012		MAGED ABDELMALIK
55119	3/23/2012		OCE IMAGISTICS INC
55120	3/23/2012		PENTAX MEDICAL COMPANY
55121	3/23/2012		PHOENIX TECHNOLOGY CORP
55122	3/23/2012		PRAXAIR DISTRIBUTION
55123	3/23/2012		PREMIERE CREDIT OF N AM
55124	3/23/2012		QA REAL TIME SYSTEMS LL
55125	3/23/2012		RELIANT PEST CONTROL
55126	3/23/2012		SHUMAN HEALTHCARE
55127	3/23/2012		STATELINE DISPOSAL SERV
55128	3/23/2012		SUSAN DARLENE TAIT
55129	3/23/2012		TALYST INC
55130	3/23/2012		TURNER & COMPANY, LLC
55131	3/23/2012		ULTRASHRED TECHNOLOGIES
55132	3/23/2012		VERIZON WIRELESS
55133	3/27/2012		THOMAS & SETTLE
55134	3/29/2012		FNB SOUTH
55135	3/30/2012		ADMINISTRATIVE SERVICES
55136	3/30/2012		ALBERT M. THOMPSON, JR
55137	3/30/2012		AMERICAN HERITAGE LIFE
55138	3/30/2012		AVESIS-FIDELITY SECURIT
55139	3/30/2012		BIO-RAD LABORATORIES, I
55140	3/30/2012		BLUE CROSS BLUE SHEILD
55141	3/30/2012	2,321.09	CARDINAL HEALTH-MED PRO

55142	3/30/2012		CARDINAL HEALTH-NUCLEAR
55143	3/30/2012		CHAPTER 13 TRUSTEE-E. M
55144	3/30/2012		CLERK OF SUPERIOR COURT
55145	3/30/2012	6,877.93	
55146	3/30/2012		DILLON CO, INC
55147	3/30/2012	2,720.47	DTGROUP
55148	3/30/2012		GE CAPITAL
55149	3/30/2012		GE HEALTHCARE - ATLANTA
55150	3/30/2012		GEORGIA POWER COMPANY
55151	3/30/2012	*	GEORGIA WINDSTREAM INC
55152	3/30/2012		GHISLAIN PERRON
55153	3/30/2012		GREGORY S SORROW
55154	3/30/2012		HANTZ C HERCULE
55155	3/30/2012		IMMUCOR, INC.
55156	3/30/2012		KHADIJATU E. ALLEN
55157	3/30/2012	*	LABORATORY SUPPLY COMPA
55158	3/30/2012		LINDEGAS NORTH AMERIGAS
55159	3/30/2012		LYNDSEY CARTER
55160	3/30/2012		MACDOWELL & ASSOCIATES
55161	3/30/2012		MAGED ABDELMALIK
55162	3/30/2012		MCNEARY INC
55163	3/30/2012		MEDICAL FORMS & GRAPHIC
55164	3/30/2012		MEDLINE INDUSTRIES INC
55165	3/30/2012		NEW YORK LIFE INSURANCE
55166	3/30/2012		SEA BREEZE FOOD SERVICE
55167	3/30/2012		SIEMENS HEALTHCARE DIAG
55168	3/30/2012		SOURCEONE HEALTHCARE TE
55169	3/30/2012		SOUTH EAST ANSWERING SE
55170	3/30/2012		STATE HEALTH BENEFIT PL
55171	3/30/2012		STATELINE DISPOSAL SERV
55172	3/30/2012		STERICYCLE, INC.
55173	3/30/2012		SWEATS LAUNDRY
55174	3/30/2012		SYSCO JACKSONVILLE
55175	3/30/2012		TALYST INC
55176	3/30/2012		TERRI WESTBERRY
55177	3/30/2012		TURNER & COMPANY, LLC
55178	3/30/2012		ULTRASHRED TECHNOLOGIES
55179	3/30/2012	2,164.34	
55180	3/30/2012		WILLIAMS INSTITUTIONAL MAGED ABDELMALIK
55181	4/9/2012	*	
55182	4/19/2012		DANAN MEDICAL SYSTEMS,
55183	4/19/2012		NOVATEK MEDICAL RENTAL ALBERT M. THOMPSON, JR
55184	4/20/2012	*	BRANDI DURRENCE-PERKINS
55185	4/20/2012		
55186	4/20/2012		CARDINAL HEALTH 110, IN
55187	4/20/2012		CAREFUSION
55188	4/20/2012		CDWG CHAPTER 13 TRUSTEE-E. M
55189 55100	4/20/2012		CHARLTON CTY TAX COMMIS
55190 55191	4/20/2012		CLERK OF BACON CTY SUPE
55191	4/20/2012		
55192	4/20/2012		CLERK OF SUPERIOR COURT
	4/20/2012		COCA-COLA
55194	4/20/2012	11,069.16	Croi

55195	4/20/2012		CPSI SPRING CONFERENCE
55196	4/20/2012		CULLIGAN WATER SERVICES
55197	4/20/2012		DIRECTEC CORP
55198	4/20/2012	1,300.00	DRAFFIN & TUCKER
55199	4/20/2012	117.41	FED EX
55200	4/20/2012	4,850.38	FIRST INSURANCE FUNDING
55201	4/20/2012	430	GA DEPT OF NATURAL RESO
55202	4/20/2012	100	GENCO PHARMACEUTICAL SE
55203	4/20/2012	2,235.06	GHISLAIN PERRON
55204	4/20/2012	84.46	GREGORY S SORROW
55205	4/20/2012	193	IVANS, INC.
55206	4/20/2012	12.84	JENNIFER THORNHILL
55207	4/20/2012	252.49	JULIE CARDOZO
55208	4/20/2012	2,993.01	KAREN BLANTON
55209	4/20/2012	1,071.00	KENLYN CONTRACTORS INC
55210	4/20/2012	4,560.00	KHADIJATU E. ALLEN
55211	4/20/2012		LABORATORY SUPPLY COMPA
55212	4/20/2012		MACDOWELL & ASSOCIATES
55213	4/20/2012	4.000.00	MAGED ABDELMALIK
55214	4/20/2012		MEDLINE INDUSTRIES INC
55215	4/20/2012		MERCANTILE BANK
55216	4/20/2012	,	OCE IMAGISTICS INC
55217	4/20/2012		PHARM & CONSULT MANAGE
55218	4/20/2012		SHARED IMAGING, INC.
55219	4/20/2012		SOUTHERN LINC.
55220	4/20/2012		TRAYCO
55221	4/20/2012		TURNER & COMPANY, LLC
55222	4/20/2012		VERIZON WIRELESS
55223	4/20/2012		FIRST INSURANCE FUNDING
55224	4/27/2012		ADVANCE REHABILITATION
55225	4/27/2012		ALBERT M. THOMPSON, JR
55226	4/27/2012		AMERICAN HERITAGE LIFE
55227	4/27/2012		BLUE CROSS BLUE SHIELD
55228	4/27/2012	,	CAHABA
55229	4/27/2012	9,244.15	
55230	4/27/2012		DIRECTEC CORP
55231	4/27/2012		DJD ENTERPRISES
55232	4/27/2012	_	EMD MILLIPORE CORPORATI
55233	4/27/2012		FATIMA MCCASLAND
55234	4/27/2012		FNB SOUTH
55235	4/27/2012		GAIL RUDD
55236	4/27/2012	,	GEORGIA HOSPITAL ASSOCI
55237	4/27/2012		GHISLAIN PERRON
55238	4/27/2012		HANTZ C HERCULE
	4/27/2012		
55239			IVANS, INC.
55240	4/27/2012		KHADIJATU E. ALLEN
55241 55242	4/27/2012 4/27/2012		LYNDSEY CARTER
55242	4/27/2012		MAGED ABDELMALIK
55243 55244	4/27/2012		MCNEARY INC
			ORCHARD SOFTWARE CORPOR
55245 55246	4/27/2012		RADIOMETER AMERICA INC
55246	4/27/2012		SEA BREEZE FOOD SERVICE
55247	4/27/2012	26,895.00	SHARED IMAGING, INC.

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:73 of 75

55248	4/27/2012	9,147.43	SIEMENS HEALTHCARE DIAG
55249	4/27/2012	102.8	SINGLE SOURCE SERVICES
55250	4/27/2012	538.78	SOUTHEASTERN EMERGENCY
55251	4/27/2012	14,355.19	SOUTHEASTERN PATHOLOGY
55252	4/27/2012	1,019.70	TELEQUALITY COMMUNICATI
55253	4/27/2012	452.15	TERRI WESTBERRY
55254	4/27/2012	10,658.17	TURNER & COMPANY, LLC
55255	4/27/2012	600	WILLIAMS INSTITUTIONAL
55256	4/27/2012	2,031.80	LEAF
55257	4/30/2012	594.6	CPSI

1,363,662.82

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:74 of 75

United States Bankruptcy Court Southern District of Georgia

In re	Hospital Authority of Charlton County		Case No.			
		Debtor(s)	Chapter	9		
	DISCLOSURE OF COMPENSA	TION OF ATTORN	EY FOR DE	CBTOR(S)		
C	ursuant 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 empensation 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:					
	For legal services, I have agreed to accept		\$ Re	gular Hourly Rates		
	Prior to the filing of this statement I have received a retain	ner in the amount of	\$	25,000.00		
	Balance Due - Debtor shall pay bills current as they are a	pproved by the Court	\$	N/A		
2. T	he source of the compensation paid to me was:					
	Debtor Other (specify):					
3. T	he source of compensation to be paid to me is:					
	Debtor Other (specify):					
4.	I have not agreed to share the above-disclosed compensati	on with any other person unl	ess they are mem	bers and associates of my law	firm.	
	I have agreed to share the above-disclosed compensation v copy of the agreement, together with a list of the names of				A	
5. I	n return for the above-disclosed fee, I have agreed to render l	egal service for all aspects of	f the bankruptcy	case, including:		
b c	Analysis of the debtor's financial situation, and rendering a Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and [Other provisions as needed]	of affairs and plan which ma	ay be required;			
6. B	y agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any adversa		rvice:			
	CE	RTIFICATION				
	certify that the foregoing is a complete statement of any agre inkruptcy proceeding.	ement or arrangement for pa	yment to me for r	epresentation of the debtor(s)	in	
Dated	April 30, 2012	/s/ C. James McCalla	ar, Jr.			
		C. James McCallar, McCallar Law Firm	Jr. 481400	_		
		P.O. Box 9026				
		115 W. Oglethorpe A Savannah, GA 31412				
		(912) 234-1215 Fax: mccallar@mccallarla	(912) 236-7549)		

Case: 12-50305-JSD Doc#:41 Filed:05/23/12 Page:75 of 75

United States Bankruptcy Court Southern District of Georgia

In re	Hospital Authority of Charlton County		Case No.	12-50305-JSD
		Debtor(s)	Chapter	9

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ON	NLY INCLUDE informati	on directly related to the bus	siness operation.)
PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS	S:		
1. Gross Income For 12 Months Prior to Filing:	\$	6,302,401.00	
PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INC	COME:		
2. Gross Monthly Income		\$	792,383.00
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:			
3. Net Employee Payroll (Other Than Debtor)	\$	390,892.00	
4. Payroll Taxes		0.00	
5. Unemployment Taxes		0.00	
6. Worker's Compensation		0.00	
7. Other Taxes		0.00	
8. Inventory Purchases (Including raw materials)		41,122.00	
9. Purchase of Feed/Fertilizer/Seed/Spray		0.00	
10. Rent (Other than debtor's principal residence)		0.00	
11. Utilities		18,424.00	
12. Office Expenses and Supplies		0.00	
13. Repairs and Maintenance		24,208.00	
14. Vehicle Expenses		0.00	
15. Travel and Entertainment		0.00	
16. Equipment Rental and Leases		0.00	
17. Legal/Accounting/Other Professional Fees		146,464.00	
18. Insurance		10,688.00	
19. Employee Benefits (e.g., pension, medical, etc.)		10,792.00	
20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition	Business Debts (Specify)	:	
DESCRIPTION	TOTAL		
Other Services	83,408.00		
Other Operating Expenses	31,403.00		
21. Other (Specify):			
DESCRIPTION	TOTAL		
22. Total Monthly Expenses (Add items 3-21)		\$	757,401.00
PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:			
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)		\$	34,982.00