

B7 (Official Form 7) (04/13)

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

In re Hutcheson Medical Center, Inc.

Debtor(s)

Case No. 14-42863

Chapter 11

STATEMENT OF FINANCIAL AFFAIRS

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

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

DEFINITIONS

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

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

1. Income from employment or operation of business

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

AMOUNT	SOURCE
\$17,610,457.00	Gross revenue to date for fiscal year 2015
\$194,492,650.00	Gross revenue for fiscal year 2014
\$187,457,625.00	Gross revenue for fiscal year 2013

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
\$175,176.64	Cafeteria sales in fiscal year 2013

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AMOUNT	SOURCE
\$200,696.10	Cafeteria sales in fiscal year 2014
\$19,818.04	Cafeteria sales to date for fiscal year 2015
\$960.97	Staff miscellaneous (includes CPR and other training) in fiscal year 2013
\$2,875.00	Staff miscellaneous (includes CPR and other training) in fiscal year 2014
\$707.20	Visitors meals sales in fiscal year 2013
\$411.53	Visitors meals sales in fiscal year 2014
\$22.29	Visitors meals to date for fiscal year 2015
\$3,557.02	Catering in fiscal year 2013
\$2,566.89	Catering in fiscal year 2014
\$288.15	Catering to date for fiscal year 2015
\$45.00	Vending sales in fiscal year 2013
\$61.03	Vending sales in fiscal year 2014
\$35,624.66	Medical records fees in fiscal year 2013
\$14,319.48	Medical records fees in fiscal year 2014
\$40.00	APT - miscellaneous income in fiscal year 2014
\$110,859.18	Physician office building and apartment rent in fiscal year 2013
\$62,059.42	Physician office building and apartment rent in fiscal year 2014
\$3,682.68	Physician office building and apartment rent to date for fiscal year 2015
\$396,242.62	Child care revenue in fiscal year 2013
\$379,184.82	Child care revenue in fiscal year 2014
\$24,638.68	Child care revenue to date for fiscal year 2015
\$177,685.08	Physician office building rent from Hutcheson Medical Division, Inc. in fiscal year 2013
\$177,685.08	Physician office building rent from Hutcheson Medical Division, Inc. in fiscal year 2014
\$14,807.09	Physician office building rent from Hutcheson Medical Division, Inc. to date for fiscal year 2015
\$12,545.99	Physician office building parkway ground lease in fiscal year 2013
\$17,090.61	Physician office building parkway ground lease in fiscal year 2014
\$1,956.96	Contributions in fiscal year 2013
\$455,666.09	Contributions in fiscal year 2014
\$2.19	Contributions to date for fiscal year 2015
\$33,871.50	Equipment lease in fiscal year 2013
\$33,836.04	Equipment lease in fiscal year 2014
\$2,819.67	Equipment lease to date for fiscal year 2015
\$10.00	Miscellaneous - contributions in fiscal year 2014
\$1,767,259.49	Miscellaneous (includes Battlefield Imaging, LLC dividends and meaningful use) in fiscal year 2013
\$1,438,448.03	Miscellaneous (includes Battlefield Imaging, LLC dividends and meaningful use) in fiscal year 2014
\$134.78	Miscellaneous to date for fiscal year 2015
\$121.88	Hosp miscellaneous in fiscal year 2014
\$3,136.45	Parkside interest income in fiscal year 2013
\$5,520.41	Parkside interest income in fiscal year 2014

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AMOUNT
\$558.87

SOURCE
Parkside interest income to date for fiscal year 2015

3. Payments to creditors

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

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

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

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
See Attachment 3B		\$0.00	\$0.00

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

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

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

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Chattanooga-Hamilton County Hospital Authority, d/b/a Erlanger Health System v. Hospital Authority of Walker, Dade and Catoosa Counties, et al. Civil Action File No. 4:14-cv-16-HLM	Collection action	United State District Court for the Northern District of Georgia, Rome Division	Pending
American Express Travel Related Services Company, Inc. v. Hutcheson Medical Center Inc. d/b/a Hutcheson Medical Index No. 155658/2014	Services rendered	Supreme Court of State of New York, County of New York	Settled
Callahan Mechanical Contractors, Inc. v. Hutcheson Medical Center Case No. 14-GS-7005	Services rendered	General Sessions Court of Hamilton County, Tennessee	Settled

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

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CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Cardinal Health 110, Inc. v. Hutcheson Medical Center, Inc. Case No. 2013 SUCV 1536	Services rendered	Superior Court of Catoosa County, State of Georgia	Settled
Celtic Leasing Corp. v. Hutcheson Medical Center, Inc. Case No. 2014 SUCV 553	Services rendered	Superior Court of Catoosa County, State of Georgia	Settled
Farnam Street Financial, Inc. v. Hutcheson Medical Center, Inc. Case No. 2014-SUCV-752	Breach of contract	Superior Court of Catoosa County	Settled
MEDHOST of Tennessee, Inc. f/k/a Healthcare Management Systems, Inc. v. Hutcheson Medical Center, Inc. Case No. 4:14-cv-245-HLM	Breach of contract	United States District for the Northern District of Georgia, Rome Division	Active
Hospira Worldwide, Inc. v. Hutcheson Medical Center, Inc. Civil Action File No. 2014SUCV879	Services rendered	Superior Court of Catoosa County, State of Georgia	Dismissed with prejudice
Sanofia Pasteur, Inc. v. Hutcheson Medical Center, Inc. Case No. 2014-SUCV-230	Breach of contract	Superior Court of Catoosa County, State of Georgia	Dismissed with prejudice
Metropolitan Security Services, Inc. d/b/a Walden Security v. Hutcheson Medical Center, Inc./Erlanger at Hutcheson Civil Action File No. 14-SUCV-419	Services rendered	Superior Court of Walker County, State of Georgia	Settled
Meridian Leasing Corporation v. Hutcheson Medical Center, Inc. Case No. 13L 921	Breach of contract	Circuit Court of 19th Judicial Circuit, Lake County, Illinois	Dismissed without prejudice
Joiner v. Hutcheson Medical Center, Inc. 13-CV-1747-M	Civil action	Superior Court of Whitfield County, State of Georgia	
Kuritz v. Hutcheson Medical Center, Inc. 13STCV119	Civil action	State Court of Walker County, State of Georgia	
Mashburn v. Hutcheson Medical Center, Inc. 2011-SU-CV-1398	Civil action	Superior Court of Catoosa County, Georgia	
McDowell v. Hutcheson Medical Center, Inc. 12STCV253	Civil action		
Michael Czarnecki, M.D. v. Hutcheson Medical Center, Inc. 2014-SUCV-1555	Breach of contract	Superior Court of Catoosa County, State of Georgia	Pending
Express Courier International v. Hutcheson Medical Center Case No. 2014-450-CC	Breach of contract	Magistrate Court of Catoosa County, State of Georgia	Default judgment
Johnson Controls, Inc. v. Hutcheson Medical Center, Inc. Case No. 2014-SUCV-1417	Action on open account	Superior Court of Catoosa County, State of Georgia	Active
Parallon Wofkforce Management Solutions, LLC d/b/a Parallon Workforce Solutions v. Hutcheson Medical Center, Inc. Case No. 14C4291	Breach of contract	Circuit Court for Davidson County, Tennessee	Active
Daniel & Yeager, Inc. v. Hutcheson Medical Center, Inc. Case No. CV-2013-900495.00	Services rendered	Circuit Court of Madison County, Alabama	Settled
Daniel & Yeager, Inc. v. Hutcheson Medical Center, Inc. Civil Action File No. 2013-SUCV-1080	Domestication of judgment	Superior Court of Catoosa County, State of Georgia	

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

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

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

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

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

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

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

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

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

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

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

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

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Scroggins & Williamson, P.C. 1500 Candler Building 127 Peachtree Street, NE Atlanta, GA 30303	10/29/2014	\$15,000.00
	11/19/2014	\$100,000.00
	TOTAL	\$115,000.00
GCG Partners, LLC 5883 Glenridge Drive, NE Suite 160 Atlanta, GA 30328	10/31/2014	\$10,000.00
	11/7/2014	\$25,000.00
	11/19/2014	\$75,000.00
	TOTAL	\$110,000.00
	*Retainers provided on a consolidated basis for Hutcheson Medical Center, Inc. and Hutcheson Medical Division, Inc.	
	TOTAL	

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
Battlefield Imaging, LLC 4700 Battlefield Parkway Ringgold, GA 30736	6/30/2014	Sale of Debtor's 51% interest in imaging center - \$5,200,000.00 (\$4,000,000.00 cash and \$1,200,000.00 forgiveness of debt owed to Specialty Net, a computer company related to purchaser)
Olympus America, Inc. 3500 Corporate Parkway Center Valley, PA 18034	August 2014	Sale lease back of GI equipment - \$251,714.36

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

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

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

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Regions Bank	Checking ZBA - 4307	\$68.75 closed 12/8/2014
Regions Bank	Insurance account - 2158	\$0.00 closed on 12/3/2014
Regions Bank	Medical flex spending account - 2166	\$2.34 closed 12/5/2014
Regions Bank	Workers comp account - 2258	\$0.00 closed 12/8/2014
SunTrust Bank	General checking account - 2041	
Regions Bank	Hutcheson Primary Care TN - 5920	\$0.00 closed on 12/3/2014
Regions Bank	Hutcheson Health money market - 4156	\$48.10 closed on 12/3/2014
Regions Bank	Primary care - 2662	\$0.00 closed on 12/3/2014

12. Safe deposit boxes

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

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

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

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

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

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Alcon	92 cataract lenses various sizes model #SN60AT at \$125.00 each and 43 cataract lenses model #MTA4UO at \$125.00 each	Hospital main campus
Bausch & Lomb	94 cataract lenses various sizes model #A060 and 1 each of model #MTA4UO	Hospital main campus

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NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Direct Supply	Bookwalter value around \$8,000.00	Hospital main campus
Physician Practice Groups	Miscellaneous office furniture and equipment owned by physicians - approximately \$15,000	Various

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 a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
Hospital's Main Campus 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	GA Dept of Natural Resources Environmental Protection Division 4244 International Parkway Suite 104 Atlanta, GA 30354-0000	4/1992	Georgia Underground Storage Tank Act, Georgia Rules for Underground Storage Tank Management (GUST Rules) Underground gas tank leak

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF NOTICE ENVIRONMENTAL LAW

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- None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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

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

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

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

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Battlefield Imaging, LLC		4700 Battlefield Parkway Ringgold, GA 30736	Imaging center	Hospital owned 51% until 6/30/2014
Premier Inc.	58-2251207	13034 Ballantyne Corporate Place Charlotte, NC 28277	Purchasing group	2012 sold its interest

- None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

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

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

19. Books, records and financial statements

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

NAME AND ADDRESS	DATES SERVICES RENDERED
Farrell Hayes, President/CEO 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	2012 - 2014
Sherry Webb, Staff Accountant 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	2012 - 2014

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NAME AND ADDRESS	DATES SERVICES RENDERED
Susan Howard, Staff Accountant 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	2013 - 2014
Mary Look, Staff Accountant 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	2012 - 2014
Julie Grisham, Staff Accountant 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	2012 - 2014
Alison McCarthy 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	2012 - 2014
Denise I. Baker 1308 Normandy Road Duncan, OK 73533	2012

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
Cherry Bekaert, LLP	1180 West Peachtree Road Suite 1400 Atlanta, GA 30309	Services rendered for fiscal year 2011 and fiscal year 2012

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
Cherry Bekaert, LLP	1180 West Peachtree Street Suite 1400 Atlanta, GA 30309

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
Regions Bank 601 Market Street Chattanooga, TN 37402	Monthly
Walker County c/o Don Oliver, County Attorney PO Box 445 La Fayette, GA 30728	Monthly
Catoosa County c/o Chad Young, County Attorney PO Box 727 Ringgold, GA 30736	Monthly
Dade County c/o Robin Rogers, County Attorney 12362 S. Main Street, Suite B Trenton, GA 30752	Monthly

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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)
9/30/2013	Sharon Evans	\$1,237,867.96
9/30/2014	Steve Fisher	\$1,259,941.87

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

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
9/30/2013	Farrell Hayes Hutcheson Medical Center, Inc. 100 Gross Crescent Circle Fort Oglethorpe, GA 30742
9/30/2014	Farrell Hayes Hutcheson Medical Center, Inc. 100 Gross Crescent Circle Fort Oglethorpe, GA 30742

21. Current Partners, Officers, Directors and Shareholders

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

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

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Ashley Jewell, V	Chairman	0%
Steven M. Ellis	Vice Chairman	0%
Alex Case	Secretary/Treasurer	0%
William L. Cohen	Second Vice Chairman	0%
William J. Cooke	Director	0%
Stephen Cooper	Director	0%
John Culpepper	Director	0%
Jim Emberson	Director	0%
Larry Moore	Director	0%
Evan Stone	Director	0%

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NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Eddie Upshaw	Director	0%
T. Darrell Weldon, M.D.	Director	0%
Hutcheson Health Enterprises, Inc. 100 Gross Crescent Circle Fort Oglethorpe, GA 30742	Parent company	Sole member (not for profit)

22 . Former partners, officers, directors and shareholders

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

NAME ADDRESS DATE OF WITHDRAWAL

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

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
John Nelson, M.D. Specialty Networks, LLC 5959 Shallowford Road Suite 575 Chattanooga, TN 37421	Director	2/26/2014
Roger Forgey 17 Morning Glory Drive Ringgold, GA 30736	President/CEO	11/13/2013
Denise Baker 1308 Normandy Road Duncan, OK 73533-3847	CFO	5/9/2012

23 . Withdrawals from a partnership or distributions by a corporation

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

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Farrell Hayes President/CEO	Compensation	\$214,166.00
Kevin Hopkins VP Operations	Compensation	\$93,750.00

24. Tax Consolidation Group.

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

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
Hutcheson Health Enterprises, Inc.	58-6162053

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25. Pension Funds.

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

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
Hutcheson Medical Center Retirement Plan	74-1625348
Hutcheson Medical Center Inc. 403(b) Retirement Plan	74-1625348
Hutcheson Medical Center Inc. 457(b) Deferred Compensation Plan	74-1625348
Hutcheson Medical Center Inc. 457(f) Deferred Compensation Plan	74-1625348

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DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date December 15, 2014

Signature /s/ Thomas Farrell Hayes
Thomas Farrell Hayes
Chief Executive Officer

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

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

Paid Date	Check #	Amount	Payee	Description/Purpose
8/19/2014	4319	34,859.52	BAXTER HEALTHCARE CORP.	SUPPLIES
8/19/2014	4326	32,358.36	BAXTER HEALTHCARE CORP.	SUPPLIES
8/19/2014	4324	164.18	COOPER SURGICAL INC.	SUPPLIES
8/19/2014	4325	12,913.07	FFF ENTERPRISES, INC.	FLU VACCINES
8/19/2014	4320	11,499.62	IPFS CORPORATION	INSURANCE
8/19/2014	4321	41,520.82	IPFS CORPORATION	INSURANCE
8/19/2014	4322	67,860.78	ROCHE DIAGNOSTICS CORP.	SUPPLIES
8/19/2014	4323	5,000.00	STRYKER ORTHOPAEDICS	SURGERY SUPPLIES
8/19/2014	4318	8,470.78	USA MOBILITY	UTILITY
8/20/2014	4329	8,385.00	COLLEGE OF AMERICAN PATHOLOGIS	LAB VENDOR
8/20/2014	4330	14,532.28	IPFS	INSURANCE
8/20/2014	4331	9,048.72	IPFS	INSURANCE
8/20/2014	4332	1,724.94	IPFS	INSURANCE
8/20/2014	4327	2125.00	MEDCOM	INSURANCE
8/20/2014	4334	400.00	RANKINE, DR. DAVID	EQUIPMENT RENTAL
8/20/2014	4328	11,000.00	SPITALNY, NEIL H. M.D.	DOCTOR
8/20/2014	4333	762.09	UNITED PARCEL SERVICE	COURIER SERVICE
08/21/14	4359	3,313.72	Abbott Medical Optics	SURGERY SUPPLIES
08/21/14	4335	8.55	AMERISOURCE BERGEN	MEDICATIONS
08/21/14	4350	25	BATTLEFIELD IMAGING	PAYROLL DEDUCTIONS
08/21/14	4343	234.27	BATTLEFIELD OPTICAL	PAYROLL DEDUCTIONS
08/21/14	4342	1,320.00	C KENNETH STILL	PAYROLL DEDUCTIONS
08/21/14	4351	42,500.00	CAREFUSION SOLUTIONS INC	PHARMACY VENDOR
08/21/14	4356	171.69	CENTRAL CHILD SUPPORT RECEIPTI	PAYROLL DEDUCTIONS
08/21/14	4340	368	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
08/21/14	4341	189.2	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
08/21/14	4336	5,112.87	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
08/21/14	4337	295.56	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
08/21/14	4338	4,808.50	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
08/21/14	4344	3,913.60	HUTCH, THE *	PAYROLL DEDUCTIONS
08/21/14	4347	472.02	HUTCHESON HEALTH FOUNDATION	PAYROLL DEDUCTIONS
08/21/14	4355	1,143.82	HUTCHESON MEDICAL CENTER A/R	PAYROLL DEDUCTIONS
08/21/14	4358	4,675.26	IMMUCOR	BLOOD LAB SUPPLIES
08/21/14	4346	100	INTERNAL REVENUE SERVICE	PAYROLL DEDUCTIONS
08/21/14	4354	75,640.42	MOUNTAIN COMMUNITY FCU	PAYROLL DEDUCTIONS
08/21/14	4352	38,257.00	OWENS & MINOR,INC.	MAIN SUPPLY VENDOR
08/21/14	4357	16,052.32	OWENS & MINOR,INC.	MAIN SUPPLY VENDOR
08/21/14	4353	3,235.00	PACELINE	COURIER SERVICE
08/21/14	4339	160.02	PENNSYLVANIA SCDU	PAYROLL DEDUCTIONS
08/21/14	4348	2,696.35	PLAZA UNIFORM	PAYROLL DEDUCTIONS
08/21/14	4345	3,374.95	REMEL	LAB SUPPLIES
08/21/14	4349	358.5	TRI-STATE GOVT	WASTE REMOVAL
08/21/14	4360	1.02	US FOODS	DIETARY SUPPLIES
08/22/14	4362	949.11	FLOWERS	DIETARY SUPPLIES
08/22/14	4361	39,139.73	US FOODS	DIETARY SUPPLIES
08/22/14	4363	10,593.05	XANITOS	LAUNDRY SERVICE
08/25/14	4364	10.00	CAHABA	PATIENT REFUND
08/25/14	4367	200.00	PRIORITY PHARMACEUTICALS	PHARMACY VENDOR
08/25/14	4366	12,500.00	RADPHYS	DOCTOR
08/25/14	4365	1,113.12	RR DONNELLY	CHECK STOCK/FORMS
08/25/14	4368	1,889.29	US Endoscopy	SUPPLIES
08/26/14	4369	9,725.40	CARDIOLOGY CENTER OF DALTON	DOCTOR
08/26/14	4371	10,000.00	INGRAM, DALE	DOCTOR
08/26/14	4370	11,200.00	MILLS, MARVIN, M.D.	DOCTOR
08/27/14	4377	3,291.00	ARTHREX	SURGERY SUPPLIES
08/27/14	4378	4,173.98	BRACCO	SUPPLIES
08/27/14	4374	6,661.14	HOSPIRA	SUPPLIES
08/27/14	4375	15,174.00	MEDTRONIC	SUPPLIES

08/27/14	4379	4,064.70	MEDTRONIC	SUPPLIES
08/27/14	4373	3,068.51	QUEST	LAB/DRUG SCREENS
08/27/14	4376	153.95	VERATHON	SUPPLIES
08/27/14	4372	462.06	XODUS	SUPPLIES
08/28/14	4391	2,040.00	APPLIED MEDICAL	SUPPLIES
08/28/14	4389	700.00	D&S OUTDOOR	BILLBOARDS
08/28/14	4392	1,944.54	DETHRO, BOYD	MARKETING
08/28/14	4390	1,000.00	EMS INC	BATTERIES FOR ENGINEERING
08/28/14	4387	500.00	HEALTHCARE FACILITY REGULATION	ENGINEERING LICENSE
08/28/14	4388	500.00	HEALTHCARE FACILITY REGULATION	ENGINEERING LICENSE
08/28/14	4384	499.50	RITZ CARLTON -HOLLY TROTTER TRAVEL	TRAVEL
08/28/14	4385	240.00	ROTO ROOTER	ENGINEERING VENDOR
08/28/14	4386	21,470.76	US FOODS	DIETARY SUPPLIES
08/29/14	4394	80.63	ACCENT	INS REFUND
08/29/14	4411	52.5	ACCU RULER	SUPPLIES
08/29/14	4393	51.01	AMERISOURCEBERGEN DRUG CORP	MEDICATIONS
08/29/14	4431	42.8	ANTHEM BCBS	INS REFUND
08/29/14	4438	2586	ARTHREX	SURGERY SUPPLIES
08/29/14	4434	14000	BLOOD ASSURANCE	BLOOD BANK
08/29/14	4432	92.14	BROWN, CANDICE	PATIENT REFUND
08/29/14	4415	4,673.65	CHATTANOOGA COCA-COLA BOTTLING	DIETARY SUPPLIES
08/29/14	4395	1,000.00	COLES BARTON	WORKERS COMP ATTORNEY
08/29/14	4428	85.6	COMCAST	UTILITY
08/29/14	4429	85.6	COMCAST	UTILITY
08/29/14	4397	936.94	COOK, HERSHELENE	PATIENT REFUND
08/29/14	4418	953	COOK'S PEST CONTROL INC.	UTILITY
08/29/14	4419	327	COOK'S PEST CONTROL INC.	UTILITY
08/29/14	4423	530.8	COOPER SURGICAL INC.	SUPPLIES
08/29/14	4405	594.76	COST EFFECTIVE COMPUTERS INC.	PHARMACY SOFTWARE
08/29/14	4396	447	CREATIVE AVIARIES, LLC	PARKSIDE VENDOR
08/29/14	4412	980	EVOQUA WATER TECHNOLOGIES LLC	SUPPLIES
08/29/14	4408	776.18	EXCEL GRAPHIC SERVICES	FORMS/STATIONARY
08/29/14	4409	523	FANCY PLANTS	PLANT CARE SERVICE
08/29/14	4407	426.95	FEDERAL EXPRESS	COURIER
08/29/14	4410	540.52	FLOWERS BAKING CO. OF VILLA RI	DIETARY SUPPLIES
08/29/14	4416	170.73	HUTCHESON MEDICAL CENTER PETTY	PETTY CASH
08/29/14	4417	195.45	HUTCHESON MEDICAL CENTER PETTY	PETTY CASH
08/29/14	4426	518.64	KELLEY X-RAY COMPANY, INC.	SUPPLIES
08/29/14	4400	1,885.11	LINDSEY, SANFORT	PATIENT REFUND
08/29/14	4421	993.86	LOWE'S OF GEORGIA, INC.	SUPPLIES
08/29/14	4414	10,000.00	MERIDIAN LEASING	LEASE
08/29/14	4403	112.73	MIDWEST MEDICAL EQUIPMENT	SUPPLIES
08/29/14	4436	950	MISSION FIRE SPRINKLER	FIRE EXTINGUISHER INSPECTIONS
08/29/14	4420	122.6	NEWARK ELECTRONICS	SUPPLIES
08/29/14	4399	130	OFFICE OF INSURANCE & SAFETY F	ENGINEERING LICENSE
08/29/14	4398	908	ORANGE GROVE CENTER	SHREDDING COMPANY
08/29/14	4437	6603	PHOENIX LAWN	LAWN SERVICE
08/29/14	4422	22,324.21	RICOH	COPIER CONTRACT
08/29/14	4404	650	ROTO ROOTER	ENGINEERING VENDOR
08/29/14	4430	695.81	ROYAL CUP COFFEE	COFFEE SERVICE
08/29/14	4406	100	SECRETARY OF THE STATE OF GEOR	VOIDED
08/29/14	4427	451.32	SOURCEONE HEALTHCARE TECHNOLOG	SUPPLIES
08/29/14	4435	10,700.00	SOUTHSTAR ENERGY	UTILITY
08/29/14	4425	988.05	THE PRINT SHOP	FORMS
08/29/14	4401	3,111.30	VERIFIED CREDENTIALS	BACKGROUND CHECKS
08/29/14	4424	200	WALKER COUNTY HEALTH DEPARTMEN	PARKSIDE LICENSE
08/29/14	4402	67,298.90	WEEKS & PETERS	INSURANCE
08/29/14	4433	10119.8	XANITOS	LAUNDRY SERVICE
09/02/14	4445	6556.36	CULLIGAN	ENGINEERING VENDOR

09/02/14	4446	1,000.00	Farnam	VOIDED
09/02/14	4444	25000	GB Health Consultants	MANAGEMENT COMPANY
09/02/14	4439	2758.77	MAILFINANCE	MALPRACTICE INSURANCE
09/02/14	4442	8143	MEDTRONIC	SUPPLIES
09/02/14	4441	16790.06	OWENS & MINOR, INC.	MAIN SUPPLY VENDOR
09/02/14	4443	200	PRIORITY PHARMACEUTICALS	PHARMACY VENDOR
09/02/14	4440	4368.6	TOTAL FUNDS BY HASLER	POSTAGE
09/03/14	4447	7,572.83	D&Y	DOCTOR STAFFING AGENCY
09/03/14	4448	9,750.00	FFF	FLU VACCINES
09/04/14	4469	459	ALSCO INC CHATTANOOGA	DIETARY SUPPLIES
09/04/14	4490	780	APPLIED MEDICAL RESOURCES	SUPPLIES
09/04/14	4512	25	BATTLEFIELD IMAGING	PAYROLL DEDUCTIONS
09/04/14	4506	224.49	BATTLEFIELD OPTICAL	PAYROLL DEDUCTIONS
09/04/14	4464	200	BENNETT, REV JIM	CHAPLAIN
09/04/14	4456	10,000.00	BLOOD ASSURANCE, INC.	BLOOD BANK
09/04/14	4482	727.88	BRACCO DIAGNOSTICS	SUPPLIES
09/04/14	4483	425	BRACCO DIAGNOSTICS	SUPPLIES
09/04/14	4505	1,320.00	C KENNETH STILL	PAYROLL DEDUCTIONS
09/04/14	4449	30.1	CARRIE BROOKS	PATIENT REFUND
09/04/14	4517	171.69	CENTRAL CHILD SUPPORT RECEIPTI	PAYROLL DEDUCTIONS
09/04/14	4480	857.6	CHATTANOOGA COCA-COLA BOTTLING	DIETARY SUPPLIES
09/04/14	4461	1,000.00	CHATTANOOGA TIMES FREE PRESS	ADVERTISING
09/04/14	4457	299.35	CITY OF LAFAYETTE	UTILITY
09/04/14	4511	14,000.00	CORNERSTONE ORTHO	DOCTOR
09/04/14	4463	301.61	COST EFFECTIVE COMPUTERS INC.	PHARMACY SOFTWARE
09/04/14	4520	405.99	CUMMINS POWER SOUTH	ENGINEERING VENDOR
09/04/14	4486	700	D&S OUTDOOR ADVERTISING	BILLBOARDS
09/04/14	4487	914.75	DIXIE PRODUCE CO, INC.	DIETARY SUPPLIES
09/04/14	4450	25,000.00	EMCARE, INC.	DOCTOR
09/04/14	4488	716	EMS INC	BATTERIES FOR ENGINEERING
09/04/14	4489	505	EMS INC	BATTERIES FOR ENGINEERING
09/04/14	4465	750.2	ENSIGN FLORIST INC	FLORIST
09/04/14	4471	548.2	EVOQUA WATER TECHNOLOGIES LLC	SUPPLIES
09/04/14	4472	573.36	EVOQUA WATER TECHNOLOGIES LLC	SUPPLIES
09/04/14	4503	368	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
09/04/14	4504	189.2	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
09/04/14	4466	322.61	FLOWERS BAKING CO. OF VILLA RI	DIETARY SUPPLIES
09/04/14	4460	59.45	HERITAGE SERVICE GROUP	SUPPLIES
09/04/14	4496	4,744.53	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
09/04/14	4497	5,014.38	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
09/04/14	4498	286.02	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
09/04/14	4509	469.52	HUTCHESON HEALTH FOUNDATION	PAYROLL DEDUCTIONS
09/04/14	4515	1,259.65	HUTCHESON MEDICAL CENTER A/R	PAYROLL DEDUCTIONS
09/04/14	4519	10,000.00	HUTCHESON/SUNTRUST	SUNTRUST CARD
09/04/14	4518	1,925.00	INTEGRITY PUBLIC FINANCE	BOND REBATE REPORTS
09/04/14	4508	100	INTERNAL REVENUE SERVICE	PAYROLL DEDUCTIONS
09/04/14	4458	648.98	JANPAK ROSSVILLE	HOUSEKEEPING SUPPLIES
09/04/14	4491	680.35	LEMAITRE VASCULAR	SUPPLIES
09/04/14	4484	844.14	LOWE'S OF GEORGIA, INC.	SUPPLIES
09/04/14	4479	28.23	MEDI-DOSE INC/EPS INC	PHARMACY VENDOR
09/04/14	4495	1,210.19	MICHELLE BRIGHT	CONSULTANT
09/04/14	4477	176.61	MOOG MEDICAL DEVICES GROUP	SUPPLIES
09/04/14	4514	74,672.24	MOUNTAIN COMMUNITY FCU	PAYROLL DEDUCTIONS
09/04/14	4475	757.68	MST MICRO SURGICAL TECHNOLOGY	
09/04/14	4476	757.71	MST MICRO SURGICAL TECHNOLOGY	
09/04/14	4451	772	ORANGE GROVE CENTER	SHREDDING COMPANY
09/04/14	4481	44,250.57	OWENS & MINOR, INC.	MAIN SUPPLY VENDOR
09/04/14	4470	368.96	PARKWAY PHARMACY, LLC	CANCER CTR DRUGS
09/04/14	4499	160.02	PENNSYLVANIA SCDU	PAYROLL DEDUCTIONS

09/04/14	4474	808.37	PHARMEDIUM SERVICES, LLC	PHARMACY VENDOR
09/04/14	4510	2,801.21	PLAZA UNIFORM	PAYROLL DEDUCTIONS
09/04/14	4452	1,000.00	PRIME POWER SERVICES, INC	ENGINEERING VENDOR
09/04/14	4494	892.45	PRIORITY PHARMACEUTICALS	PHARMACY VENDOR
09/04/14	4468	12,500.00	RADPHYS ONCOLOGY, LLC	DOCTOR
09/04/14	4462	318	RNA MEDICAL	SUPPLIES
09/04/14	4459	290	ROTO ROOTER	ENGINEERING VENDOR
09/04/14	4492	641.43	ROYAL CUP COFFEE	COFFEE SERVICE
09/04/14	4453	614.22	RR DONNELLEY	CHECK STOCK/FORMS
09/04/14	4500	9,375.00	SANTORO	DOCTOR
09/04/14	4501	9,375.00	SANTORO	DOCTOR
09/04/14	4513	4,926.60	SOUTHEAST REIMBURSEMENT GROUP	CONSULTANT
09/04/14	4454	1,320.00	TFI RESOURCES	VOIDED
09/04/14	4507	3,583.92	THE HUTCH	PAYROLL DEDUCTIONS
09/04/14	4516	882.24	TRI ANIM	RESPIRATORY SUPPLIES
09/04/14	4502	663.13	Unisource	HOUSEKEEPING SUPPLIES
09/04/14	4473	45.2	UNITED PARCEL SERVICE	COURIER SERVICE
09/04/14	4467	20,003.92	US FOODS	DIETARY SUPPLIES
09/04/14	4485	574	W.L. GORE & ASSOCIATES, INC.	SUPPLIES
09/04/14	4478	200	WHITESEL, DENNY DR. CHAPLAIN	
09/04/14	4493	854.35	WORLDPOINT ECC, INC.	SUPPLIES
09/04/14	4455	10,272.67	XANITOS, INC.	LAUNDRY SERVICE
09/05/14	4524	6,486.99	ALLIED WASTE	TRASH UTILITY
09/05/14	4528	1,250.00	ARTHREX	SURGERY SUPPLIES
09/05/14	4526	15,000.00	COLES BARTON	WORKERS COMP ATTORNEY
09/05/14	4525	590.76	COOPER SURGICAL	SUPPLIES
09/05/14	4521	5,135.20	GEORGE CAUDLE	ATTORNEY
09/05/14	4527	12,500.00	HORNE LLP	ACCOUNTING FIRM
09/05/14	4522	60,562.55	MCA	EMPLOYEE INSURANCES
09/05/14	4529	3,815.00	PACELINE	COURIER SERVICE
09/05/14	4523	6,960.00	SOUTHEASTERN CERTIFICATION	ENGINEERING INSPECTIONS
09/08/14	4532	614.00	ARTHREX	SURGERY SUPPLIES
09/08/14	4533	30,533.55	STRYKER	SURGERY SUPPLIES
09/08/14	4530	3,750.00	TCAS	SURGERY VENDOR
09/08/14	4531	2,014.75	TERUMO	SUPPLIES
09/09/14	4534	9,469.70	ANGEL EMS	AMBULANCE SERVICE
09/09/14	4541	348.82	COMCAST	UTILITY
09/09/14	4539	74.51	PENTAX	SUPPLIES
09/09/14	4540	3,220.00	PREMIER MEDICAL	SUPPLIES
09/10/14	4542	430.99	carefusion 211	SUPPLIES
09/10/14	4543	325.98	k-mart	SUPPLIES
09/10/14	4544	2,282.31	merit medical	SUPPLIES
09/11/14	4572	239.14	ALSCO INC CHATTANOOGA	DIETARY SUPPLIES
09/11/14	4577	100	AMERICAN HEART ASSOCIATION	VOIDED
09/11/14	4578	100	AMERICAN HEART ASSOCIATION	VOIDED
09/11/14	4579	100	AMERICAN HEART ASSOCIATION	VOIDED
09/11/14	4592	900	APPLIED MEDICAL RESOURCES	SUPPLIES
09/11/14	4562	803.18	BEAVER VISITEC INTERNATIONAL I	SUPPLIES
09/11/14	4553	10,000.00	BLOOD ASSURANCE	BLOOD BANK
09/11/14	4550	1,600.00	BOSSHARDT, DAVID	VOIDED
09/11/14	4585	940.05	BRASSELER USA MEDICAL LLC	SUPPLIES
09/11/14	4560	1,100.00	CHATTANOOGA TIMES FREE PRESS	ADVERTISING
09/11/14	4558	1,484.53	COLLEGE OF AMERICAN PATHOLOGIS	VOIDED
09/11/14	4574	549	COMM ONE INC	COMMUNICATIONS VENDOR
09/11/14	4557	81.3	CONE INSTRUMENTS INC.	SUPPLIES
09/11/14	4561	308.18	COST EFFECTIVE COMPUTERS INC.	PHARMACY SOFTWARE
09/11/14	4589	700	D&S OUTDOOR ADVERTISING	BILLBOARDS
09/11/14	4590	745.5	DIXIE PRODUCE CO, INC.	DIETARY SUPPLIES
09/11/14	4573	503.86	EVOQUA WATER TECHNOLOGIES LLC	SUPPLIES

09/11/14	4566	506.46	EXCEL GRAPHIC SERVICES	FORMS/STATIONARY
09/11/14	4563	220.93	FEDERAL EXPRESS	COURIER
09/11/14	4591	655	FFF ENTERPRISES, INC.	FLU VACCINES
09/11/14	4567	326.33	FLOWERS BAKING CO. OF VILLA RI	DIETARY SUPPLIES
09/11/14	4548	150	GEORGIA COMPOSITE MEDICAL BOAR	DUES
09/11/14	4559	3,182.00	GEORGIA DEPT OF NATURAL GAS	UTILITY
09/11/14	4570	1,040.00	GEORGIA HEALTH CARE ASSOCIATIO	DUES
09/11/14	4588	140	GEORGIA TUMOR REGISTRARS' ASSO	CONTINUING EDUCATION
09/11/14	4587	2,097.82	IMMUCOR INC	BLOOD LAB SUPPLIES
09/11/14	4556	716.27	JANPAK ROSSVILLE	HOUSEKEEPING SUPPLIES
09/11/14	4583	208	LOUIS C. HERRING & COMPANY	SUPPLIES
09/11/14	4582	694.75	LOWE'S OF GEORGIA, INC.	SUPPLIES
09/11/14	4575	10,631.64	MEDICAL THIRD PARTY RESOURCES	COLLECTIONS SERVICE
09/11/14	4586	8,001.50	MEDTRONIC	SUPPLIES
09/11/14	4552	263.79	MIZUHOSI INC	SUPPLIES
09/11/14	4545	716	ORANGE GROVE CENTER	SHREDDING COMPANY
09/11/14	4580	19,339.72	OWENS & MINOR, INC.	MAIN SUPPLY VENDOR
09/11/14	4546	1,000.00	PRIME POWER SERVICES, INC	ENGINEERING VENDOR
09/11/14	4569	17,000.00	RADPHYS ONCOLOGY, LLC	VOIDED
09/11/14	4551	8,112.75	ROCHE DIAGNOSTICS CORP.	SUPPLIES
09/11/14	4593	512.66	ROYAL CUP COFFEE	COFFEE SERVICE
09/11/14	4547	193.07	RR DONNELLEY	CHECK STOCK/FORMS
09/11/14	4554	61.03	SIMPLEX GRINNELL	SUPPLIES
09/11/14	4555	821	SMITH & NEPHEW ENDOSCOPY	SUPPLIES
09/11/14	4565	200	SMITH, REVEREND MICHAEL	CHAPLAIN
09/11/14	4581	451.02	STAPP AUTO PARTS	SUPPLIES
09/11/14	4564	1,227.44	STERICYCLE, INC.	RED BAG WASTE REMOVAL
09/11/14	4584	742.03	THE PRINT SHOP	FORMS
09/11/14	4594	1,000.00	TRI ANIM HEALTH SERVICES INC.	RESPIRATORY SUPPLIES
09/11/14	4571	134.5	TRIMEDCO INC	VOIDED
09/11/14	4576	387.36	UNIFIRST	HOUSEKEEPING SUPPLIES
09/11/14	4568	21,668.54	US FOODS	DIETARY SUPPLIES
09/11/14	4595	1,000.00	WORLDPOINT ECC, INC.	SUPPLIES
09/11/14	4549	5,157.07	XANITOS	LAUNDRY SERVICE
09/12/14	4598	4,800.00	ASHCRAFT	DOCTOR
09/12/14	4599	4,800.00	ASHCRAFT	DOCTOR
09/15/14	4600	9.45	AMERISOURCE BERGEN	MEDICATIONS
09/15/14	4601	8,324.34	BORDEN DAIRY OF KENTUCK	MILK
09/15/14	4603	17,912.11	Medcare South	CONSULTANTS
09/15/14	4602	1,963.62	SOUTHERN PATHOLOGY ASSOCIATES,	VOIDED
09/15/14	4604	10,000.00	SOUTHERN PATHOLOGY ASSOCIATES,	DOCTOR
09/15/14	4605	1,148.00	W.L. Gore	SUPPLIES
09/16/14	4608	171.58	ALPHA SOURCE	SUPPLIES
09/16/14	4607	1,200.00	NEWTON, PHILIP	DOCTOR
09/16/14	4606	471.87	WOLTERS KLUWER	SUPPLIES
09/17/14	4910	9,900.00	BHUTWALA	DOCTOR
09/17/14	4615	5,896.80	Cigna	EMPLOYEE INSURANCES
09/17/14	4616	5,000.72	Cigna	EMPLOYEE INSURANCES
09/17/14	4614	7,312.52	Georgia Natural Gas	UTILITY
09/17/14	4612	8,527.92	Hartford	EMPLOYEE INSURANCES
09/17/14	4613	1,165.80	Hartford	EMPLOYEE INSURANCES
09/17/14	4609	289.99	KMART	SUPPLIES
09/17/14	4611	2,041.05	LEMAITRE VASCULAR	SUPPLIES
09/18/14	4642	1,500.00	ANDERSON, DR MARK	DOCTOR
09/18/14	4637	18,600.00	ASSOC IN WOMENS HEALTH	DOCTOR
09/18/14	4638	25	BATTLEFIELD IMAGING	PAYROLL DEDUCTIONS
09/18/14	4632	100.42	BATTLEFIELD OPTICAL	PAYROLL DEDUCTIONS
09/18/14	4617	4,800.00	BOWERS, ELIZABETH M D.O.	VOIDED

09/18/14	4618	4,200.00	BOWERS, ELIZABETH M D.O.	VOIDED
09/18/14	4619	4,200.00	BOWERS, RICHARD J D.O.	VOIDED
09/18/14	4620	3,600.00	BOWERS, RICHARD J D.O.	DOCTOR
09/18/14	4631	1,320.00	C KENNETH STILL	PAYROLL DEDUCTIONS
09/18/14	4644	9600	CARDIOLOGY CTR OF DALTON	DOCTOR
09/18/14	4649	42500	CAREFUSION	PHARMACY VENDOR
09/18/14	4643	171.69	CENTRAL CHILD SUPPORT RECEIPTI	PAYROLL DEDUCTIONS
09/18/14	4639	35,800.00	DALTON SURGICAL GROUP, PC	DOCTOR
09/18/14	4629	368	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
09/18/14	4630	189.2	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
09/18/14	4648	769.55	FEDERAL EXPRESS	COURIER
09/18/14	4621	4,657.94	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
09/18/14	4622	4,956.40	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
09/18/14	4623	267.48	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
09/18/14	4633	3,857.06	HUTCH, THE *	PAYROLL DEDUCTIONS
09/18/14	4635	454.52	HUTCHESON HEALTH FOUNDATION	PAYROLL DEDUCTIONS
09/18/14	4641	1,229.91	HUTCHESON MEDICAL CENTER A/R	PAYROLL DEDUCTIONS
09/18/14	4634	100	INTERNAL REVENUE SERVICE	PAYROLL DEDUCTIONS
09/18/14	4645	8000	LUNG & SLEEP SPECIALIST	DOCTOR
09/18/14	4646	3675.97	MEDPARTNERS	CASE MGR STAFFING AGENCY
09/18/14	4640	74,150.81	MOUNTAIN COMMUNITY FCU	PAYROLL DEDUCTIONS
09/18/14	4624	160.02	PENNSYLVANIA SCDU	PAYROLL DEDUCTIONS
09/18/14	4636	2,464.84	PLAZA UNIFORM	PAYROLL DEDUCTIONS
09/18/14	4647	5308.66	QUADAX	CLAIMS REMIBURSEMENT SERVICE
09/18/14	4625	27.65	SNYDER TONYA RENNA	PATIENT REFUND
09/18/14	4626	3,700.00	UNIVERSITY ONCOLOGY & HEMATOLO	DOCTOR
09/18/14	4627	4,200.00	WELDON, T. DARRELL M.D.	DOCTOR
09/18/14	4628	6,000.00	WELDON, T. DARRELL M.D.	DOCTOR
09/19/14	4657	6,597.75	ACCESS CLOSURE	SURGERY SUPPLIES
09/19/14	4656	10,072.20	AIRGAS	OXYGEN
09/19/14	4658	2,364.24	HOLOGIC	SUPPLIES
09/19/14	4660	92.77	LOWES	SUPPLIES
09/19/14	4664	17,082.50	Med Ex Staffing	NURSE STAFFING AGENCY
09/19/14	4662	12,992.00	medtronic	SUPPLIES
09/19/14	4663	12,669.00	medtronic	SUPPLIES
09/19/14	4659	33,691.98	OWENS & MINOR	MAIN SUPPLY VENDOR
09/19/14	4661	14,929.68	WERFEN	RESPIRATORY SUPPLIES
09/22/14	4667	6,131.11	FFF	FLU VACCINES
09/22/14	4666	895.76	FLOWERS	DIETARY SUPPLIES
09/22/14	4665	5,405.64	XANITOS	LAUNDRY SERVICE
09/23/14	4670	237.00	ADVER-SYSTEMS	ANSWERING SERVICE
09/23/14	4668	53,595.42	IPFS	INSURANCE
09/23/14	4669	24,494.99	QUEST	LAB/DRUG SCREENS
09/23/14	4673	555.00	R.G. & ASSOCIATES	SUPPLIES
09/23/14	4672	625.50	TENNESSEE VALLEY ICE	DIETARY SUPPLIES
09/23/14	4671	12,702.50	WATERHOUSE	PUBLIC RELATIONS FIRM
09/24/14	4674	518.02	Fisher	LAB SUPPLIES
09/24/14	4675	10,529.86	Thermofisher	LAB SUPPLIES
09/26/14	4678	54,861.34	COLES BARTON	WORKERS COMP ATTORNEY
09/26/14	4677	7,150.00	FORTEC MEDICAL	SURGERY SUPPLIES
09/26/14	4676	15,800.00	SPITALNY	DOCTOR
09/29/14	4679	12.80	AMERISOURCE	MEDICATIONS
09/29/14	4680	9,600.00	MILLS, DR	DOCTOR
09/29/14	4681	14,400.00	MILLS, DR	DOCTOR
09/29/14	4683	30,630.44	OWENS & MINOR	MAIN SUPPLY VENDOR
09/29/14	4682	1,000.00	US FOODS	DIETARY SUPPLIES
09/30/14	4691	17,500.00	CALLAHAN MECHANICAL	ENGINEERING VENDOR
09/30/14	4992	2,719.24	DETHRO, BOYD	MARKETING

09/30/14	4686	5,000.00	FEDERAL EXPRESS	COURIER
09/30/14	4689	5,270.65	JOHNSON, MORGAN ETC.. VAR RESOURCES	VOIDED- INCORRECT AMOUNT
09/30/14	4690	5,000.00	JOHNSON, MORGAN ETC.. VAR RESOURCES	
09/30/14	4688	455.00	MOORE, ASHLEY	PATIENT REFUND
09/30/14	4685	10,245.64	RINGGOLD TELEPHONE CO	UTILITY
9/30/2014	4876	-	SIEMENS FINANCIAL	ZERO OUT WIRE TRANSFERS
09/30/14	4877	-	SPECIALTY NETWORKS	ZERO OUT WIRE TRANSFERS
09/30/14	4687	176.47	STRYKER	SURGERY SUPPLIES
10/01/14	4704	2,400.00	COOK'S PEST CONTROL	UTILITY
10/01/14	4702	15,000.00	CORNERSTONE ORTHO	DOCTOR
10/01/14	4700	1,350.00	ELLIS, JOHN DR	DOCTOR
10/01/14	4693	30,000.00	GB HEALTH	MANAGEMENT COMPANY
10/01/14	4694	15,378.87	HUNTER, MACLEAN, EXLEY & DUNN	
10/01/14	4695	61,622.45	MCA	EMPLOYEE INSURANCES
10/01/14	4699	1,644.40	REMEL	LAB SUPPLIES
10/01/14	4696	1,564.83	STAGO	SUPPLIES
10/01/14	4701	5,607.52	STERICYCLE	RED BAG WASTE REMOVAL
10/01/14	4697	1,161.60	STOCKROOM	SUPPLIES
10/01/14	4698	1,120.00	TERUMO	SUPPLIES
10/01/14	4703	2,695.00	TRI STATE GOVERNMENT SVCS	WASTE REMOVAL
10/02/14	4723	12.50	BATTLEFIELD IMAGING	PAYROLL DEDUCTIONS
10/02/14	4714	70.86	BATTLEFIELD OPTICAL	PAYROLL DEDUCTIONS
10/02/14	4713	1,420.00	C KENNETH STILL	PAYROLL DEDUCTIONS
10/02/14	4727	171.69	CENTRAL CHILD SUPPORT	PAYROLL DEDUCTIONS
10/02/14	4720	853.84	EXCEL	FORMS/STATIONARY
10/02/14	4711	189.20	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
10/02/14	4712	368.00	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
10/02/14	4726	185.49	FFF	FLU VACCINES
10/02/14	4721	200.00	GEETER, REV	CHAPLAIN
10/02/14	4728	35.00	hermann, jeremy	PATIENT REFUND
10/02/14	4706	5,249.06	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/02/14	4707	4,918.02	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/02/14	4708	267.48	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/02/14	4715	3,632.31	HUTCH, THE	PAYROLL DEDUCTIONS
10/02/14	4718	472.02	HUTCHESON HEALTH FOUNDATION	PAYROLL DEDUCTIONS
10/02/14	4725	1,152.75	HUTCHESON MEDICAL CENTER A/R	PAYROLL DEDUCTIONS
10/02/14	4717	100.00	INTERNAL REVENUE SERVICE	PAYROLL DEDUCTIONS
10/02/14	4716	696.49	JANPAK	HOUSEKEEPING SUPPLIES
10/02/14	4722	200.00	LASTER, MAURICE	CHAPLAIN
10/02/14	4705	47.63	LEDFORD, HAROLD	PATIENT REFUND
10/02/14	4724	72,680.41	MOUNTAIN COMMUNITY FCU	PAYROLL DEDUCTIONS
10/02/14	4709	160.02	PENNSYLVANIA SCDU	PAYROLL DEDUCTIONS
10/02/14	4719	2,749.50	PLAZA UNIFORM	PAYROLL DEDUCTIONS
10/02/14	4729	9,375.00	Santoro, DR	DOCTOR
10/02/14	4710	10,892.73	WEATHERBY	DOCTOR STAFFING AGENCY
10/03/14	4733	18,000.00	BAXTER	SUPPLIES
10/03/14	4734	10,000.00	BLOOD ASSURANCE	BLOOD BANK
10/03/14	4735	7,750.00	COMPHEALTH	DOCTOR STAFFING AGENCY
10/03/14	4731	1,079.77	FLOWERS BAKERY	VOIDED - INCORRECT AMOUNT
10/03/14	4732	458.84	FLOWERS BAKERY	DIETARY SUPPLIES
10/03/14	4738	15,000.00	HUTCHESON/SUNTRUST	SUNTRUST CARD
10/03/14	4730	6,603.00	PHOENIX LAWN	LAWN SERVICE
10/03/14	4737	25,439.30	SOUTHSTAR ENERGY	UTILITY
10/03/14	4736	7,615.31	WALDEN SECURITY	VOIDED
10/06/14	4739	695.00	Bounce A Lot	CHILDCARE FIELD TRIP
10/06/14	4741	25,000.00	CHERRY BAEKERT	ACCOUNTING FIRM
10/06/14	4742	2,000.00	GEORGIA SELF INSURERS	VOIDED - MADE OUT TO WRONG PAYEE
10/06/14	4740	40,791.19	OWENS & MINOR	MAIN SUPPLY VENDOR
10/7/2014	4779	30	ARMSTRONG, GREGORY	PATIENT REFUND

10/7/2014	4757	2.23	ARNOLD, CHARLOTTE	VOIDED
10/7/2014	4829	40.43	BAKER, RACHEL	PATIENT REFUND
10/7/2014	4814	29.83	BEAGAN, JORDANA	PATIENT REFUND
10/7/2014	4799	5.21	BELL, MARY	PATIENT REFUND
10/7/2014	4840	223	BISHOP, RONALD	PATIENT REFUND
10/7/2014	4837	20	BORN, ANN	PATIENT REFUND
10/7/2014	4805	15	BOWMAN, DENNIS	PATIENT REFUND
10/7/2014	4824	5.85	BREEDLOVE, MELBA	PATIENT REFUND
10/7/2014	4789	25	BREWER KELLY MASON	PATIENT REFUND
10/7/2014	4839	55	BROWN, BEULAH	PATIENT REFUND
10/7/2014	4796	165.68	BROWN, CLAYTON	PATIENT REFUND
10/7/2014	4804	4.81	BROWN, CONNIE	VOIDED
10/7/2014	4764	34.5	BROWNLEE DAVID	PATIENT REFUND
10/7/2014	4782	99.99	BRUCE JIMMIE D	PATIENT REFUND
10/7/2014	4846	25	CANALES TICIA HUGHES	PATIENT REFUND
10/7/2014	4752	70.05	CARVER BETTY JUNE	PATIENT REFUND
10/7/2014	4743	5	CASCELLA ANDREW	PATIENT REFUND
10/7/2014	4857	2,575.00	CBR ASSOCIATES, INC.	CREDENTIALING SOFTWARE
10/7/2014	4800	3	CHAMBERS, AMY	PATIENT REFUND
10/7/2014	4855	25	COBB WENDY DENISE	PATIENT REFUND
10/7/2014	4860	184.36	COMCAST	UTILITY
10/7/2014	4861	98.76	COMCAST	UTILITY
10/7/2014	4791	3	CORNELL, LINDA	PATIENT REFUND
10/7/2014	4765	19.17	DEAN, DUSTIN	PATIENT REFUND
10/7/2014	4744	2.24	DENNISON, ADAM	VOIDED
10/7/2014	4816	3	DEWBERRY, KACEY	PATIENT REFUND
10/7/2014	4798	25	DIETZ, GEORGE	PATIENT REFUND
10/7/2014	4826	20	EDGEWORTH, MICHAEL	PATIENT REFUND
10/7/2014	4797	13.39	ENGLAND, CYNTHIA	PATIENT REFUND
10/7/2014	4802	34.2	ESPY, CHARLES	PATIENT REFUND
10/7/2014	4832	2.11	FARROW, SUZANNE	VOIDED
10/7/2014	4822	12.25	FLAMMIA, MARTHA	PATIENT REFUND
10/7/2014	4850	48.08	FRICKS CAROLYN ANN	PATIENT REFUND
10/7/2014	4766	150	FRYE DONNA M	PATIENT REFUND
10/7/2014	4795	125	GAYTON PEGGY L	PATIENT REFUND
10/7/2014	4820	21.22	GILL, LACY	PATIENT REFUND
10/7/2014	4815	98	GLOVER, JOSEPH	PATIENT REFUND
10/7/2014	4781	2,250.00	GORDON, DAVID H MD	PATIENT REFUND
10/7/2014	4833	100.75	GORDY, TRESA	PATIENT REFUND
10/7/2014	4745	30	HAWKINS, ADAM	PATIENT REFUND
10/7/2014	4784	74.15	HEMPHILL, JAMES	PATIENT REFUND
10/7/2014	4801	11.83	HESTER, ANDREA	PATIENT REFUND
10/7/2014	4807	24.84	HOLLOWAY, ELIZABETH	PATIENT REFUND
10/7/2014	4813	35	HOOPER, JERRY	PATIENT REFUND
10/7/2014	4806	17.97	HYDE, EARLENE	PATIENT REFUND
10/7/2014	4767	53.36	JACKSON DAVID	PATIENT REFUND
10/7/2014	4783	1,966.00	JAMES BRANNON	PATIENT REFUND
10/7/2014	4785	61.54	JENKINS, JEFFREY	PATIENT REFUND
10/7/2014	4790	1.91	JENKINS, KELLSEA	PATIENT REFUND
10/7/2014	4825	2	JOHNSON, MELODY	VOIDED
10/7/2014	4746	48.18	KAUFMANN ANNA	PATIENT REFUND
10/7/2014	4758	20.27	KECK, CONNIE	PATIENT REFUND
10/7/2014	4835	34.2	KEEFE, ANGELA	PATIENT REFUND
10/7/2014	4841	30	KERLEY, RAYMOND	VOIDED
10/7/2014	4845	13.31	LACKEY SHARLA L	PATIENT REFUND
10/7/2014	4851	165	LEDBETTER ARLENE JANET	PATIENT REFUND
10/7/2014	4747	18.66	LEDBETTER, AMANDA	PATIENT REFUND
10/7/2014	4777	27.54	LIGHTSEY, EMILY	PATIENT REFUND
10/7/2014	4759	30	MCCRARY, CRYSTAL	PATIENT REFUND

10/7/2014	4811	3	MCDANIEL, JAMES	PATIENT REFUND
10/7/2014	4849	13.31	MCGILL JAMES ELBERT SR	PATIENT REFUND
10/7/2014	4836	49	MCGILL, ANGELA	PATIENT REFUND
10/7/2014	4778	12.27	MILLIGAN, ELIZABETH	PATIENT REFUND
10/7/2014	4770	8.21	MOONEY, DONALD	PATIENT REFUND
10/7/2014	4823	5.33	MORRIS, MATTHEW	VOIDED
10/7/2014	4769	20	MURDOCK DEBBIE G	VOIDED
10/7/2014	4768	33.56	MURRAY DAVID B	PATIENT REFUND
10/7/2014	4809	5.15	NANCE, GARLAND	VOIDED
10/7/2014	4810	17.8	NAPIER, HANNAH	VOIDED
10/7/2014	4792	19.17	NUNN, LISA	PATIENT REFUND
10/7/2014	4748	40	ODELL, ALLISON	PATIENT REFUND
10/7/2014	4771	10	ODONALD, DEAN	PATIENT REFUND
10/7/2014	4786	35.96	PALMER, JOHNNY	PATIENT REFUND
10/7/2014	4753	58.88	PENNINGTON BERTHA BEATRIC	PATIENT REFUND
10/7/2014	4852	15.7	PERSUN, TERESA	VOIDED
10/7/2014	4834	105.23	PETRIKAS, VICKEY	PATIENT REFUND
10/7/2014	4760	11.03	PIPKIN CHAROLETTE F	VOIDED
10/7/2014	4819	10.01	PRINCE, KRISTY	PATIENT REFUND
10/7/2014	4772	91.7	PRYOR DONALD EUGENE	PATIENT REFUND
10/7/2014	4780	72.47	RADOVICH, GLENN	PATIENT REFUND
10/7/2014	4787	40	REED JIMMIE SUE	PATIENT REFUND
10/7/2014	4838	13.91	REYNOLDS, APRIL	VOIDED
10/7/2014	4821	50	REYNOLDS, MARK	PATIENT REFUND
10/7/2014	4853	3.18	RIPPER, TIMOTHY	PATIENT REFUND
10/7/2014	4773	10	ROBINSON, DANIEL	PATIENT REFUND
10/7/2014	4831	9.35	ROBINSON, STACI	PATIENT REFUND
10/7/2014	4812	41.05	ROY, JANET	PATIENT REFUND
10/7/2014	4827	10	SAMPSON, MYRTLE	VOIDED
10/7/2014	4818	28.85	SAWYER, KIMBERLY	VOIDED
10/7/2014	4859	3,665.25	SCALE-TRONIX ACCESSORIES	PARKSIDE SUPPLIES
10/7/2014	4842	17.42	SCHULTS, RICHARD	PATIENT REFUND
10/7/2014	4817	61	SCRUGGS, KIM	PATIENT REFUND
10/7/2014	4774	34.2	SHACKLEFORD, DONNIE	PATIENT REFUND
10/7/2014	4793	18	SHAVER, LEIGH	PATIENT REFUND
10/7/2014	4843	13.1	SHEPHERD ROBYN	PATIENT REFUND
10/7/2014	4788	12.17	SITTON, JEFFREY	PATIENT REFUND
10/7/2014	4762	65	STEPHENS CLYDE	PATIENT REFUND
10/7/2014	4808	3	STEPHENS, FELICIA	PATIENT REFUND
10/7/2014	4761	52.8	STILES, CARY	PATIENT REFUND
10/7/2014	4830	2.03	TAYLOR, RANDALL	PATIENT REFUND
10/7/2014	4828	50	THOMPSON, PAMELA	PATIENT REFUND
10/7/2014	4754	2	TIMMONS, BARRY	PATIENT REFUND
10/7/2014	4844	15	TOMPKINS, RICHARD	PATIENT REFUND
10/7/2014	4847	42	TUTTON WILLIAM D	PATIENT REFUND
10/7/2014	4775	71.85	UNDERWOOD DORIS JEAN	PATIENT REFUND
10/7/2014	4858	280.15	UNITED PARCEL SERVICE	COURIER SERVICE
10/7/2014	4848	395.09	WALLIN TONY LEE	PATIENT REFUND
10/7/2014	4763	340.5	WATTS CATHY CLARK	PATIENT REFUND
10/7/2014	4750	59.6	WEBB, ALICIA	PATIENT REFUND
10/7/2014	4749	35	WEBSTER, ALAN	VOIDED
10/7/2014	4756	19.17	WHITMIRE, BOBBY	PATIENT REFUND
10/7/2014	4776	19.37	WILKES, DEBORAH	PATIENT REFUND
10/7/2014	4803	3	WIMBERLY, CHRISTOPHER	VOIDED
10/7/2014	4755	74	WOMACK, BENNETTE	PATIENT REFUND
10/7/2014	4856	17.11	WOOD, WILLIAM	PATIENT REFUND
10/7/2014	4794	28.69	WOODALL, MELISSA	PATIENT REFUND
10/7/2014	4751	146	WORLEY, ALVIN	PATIENT REFUND
10/7/2014	4854	17.2	WRIGHT VICKIE ELAINE	PATIENT REFUND

10/8/2014	4965	70,307.13	GEORGIA DEPT OF LABOR	UNEMPLOYMENT BENEFITS
10/8/2014	4866	11,855.80	THERMOFISHER	LAB SUPPLIES
10/9/2014	4867	6,442.05	CAUDLE, GEORGE	ATTORNEY
10/9/2014	4868	345.49	FEDERAL EXPRESS	COURIER
10/10/2014	4874	10,000.00	BLOOD ASSURANCE	BLOOD BANK
10/10/2014	4873	164.18	COOPER SURGICAL	SUPPLIES
10/10/2014	4872	45,873.85	OWENS & MINOR - Overnighted	MAIN SUPPLY VENDOR
10/10/2014	4871	7,290.00	SOUTHEASTERN REIMBURSEMENT	CONSULTANT
10/10/2014	4875	39,329.70	TRIAD ISOTOPES	NUCLEAR MED VENDOR
10/10/2014	4870	4,478.05	XANITOS	LAUNDRY SERVICE
10/14/14	4887	25,000.00	CHERRY BEKAERT	ACCOUNTING FIRM
10/14/14	4879	16,174.18	MEDCARE SOUTH	CONSULTANTS
10/14/14	4878	14,485.00	MEDEX STAFFING	NURSE STAFFING AGENCY
10/14/14	4884	14,000.00	OMNICARE	PARKSIDE MEDICATIONS
10/14/14	4886	3,333.33	PLAZA UROLOGY	DOCTOR
10/14/14	4885	955.72	PRINT SHOP	FORMS
10/14/14	4882	9,573.08	RINGGOLD TELEPHONE	UTILITY
10/14/14	4880	9,375.00	SANTORO	DOCTOR
10/14/14	4883	20,000.00	SOUTHEASTERN KIDNEY	DOCTOR
10/14/14	4881	3,500.00	UNIVERSITY ONCOLOGY	DOCTOR
10/15/14	4899	6,853.40	ALLIED WASTE SERVICES	VOIDED
10/15/14	4905	10,500.00	BHUTWALA	DOCTOR
10/15/14	4897	987.62	BORDEN	MILK
10/15/14	4894	3,240.00	DIRECT SUPPLY	SUPPLIES
10/15/14	4895	731.00	DRUG ENFORCEMENT ADMIN	DUES
10/15/14	4898	3,500.00	ELDRIDGE	AIR CONDITIONING REPAIR
10/15/14	4896	170.70	FEDERAL EXPRESS	COURIER
10/15/14	4889	5,090.30	Fidelity Eye Med	EMPLOYEE INSURANCES
10/15/14	4888	5,217.04	Fidelity Eye Med	EMPLOYEE INSURANCES
10/15/14	4901	234.89	NORTH AMERICAN	SUPPLIES
10/15/14	4904	3,637.00	PACELINE COURIER	COURIER SERVICE
10/15/14	4893	24,590.94	QUEST	LAB/DRUG SCREENS
10/15/14	4903	100,000.00	RAZOR INSIGHTS	NEW COMPUTER SYSTEM
10/15/14	4902	1,381.43	Royal Cup Coffee	VOIDED
10/15/14	4890	11,240.00	SW MEDSOURCE	VOIDED
10/15/14	4892	1,267.50	TERUMO	SUPPLIES
10/15/14	4891	6,634.34	VERIFIED CREDENTIALS	VOIDED
10/15/14	4900	287.90	WALKER CO WATER	UTILITY
10/16/14	4927	266.07	AIRGAS	OXYGEN
10/16/14	4925	1.17	AMERISOURCE	MEDICATIONS
10/16/14	4918	12.5	BATTLEFIELD IMAGING	PAYROLL DEDUCTIONS
10/16/14	4912	178.21	BATTLEFIELD OPTICAL	PAYROLL DEDUCTIONS
10/16/14	4926	1,320.00	C KENNETH STILL	PAYROLL DEDUCTIONS
10/16/14	4924	171.69	CENTRAL CHILD SUPPORT RECEIPTI	PAYROLL DEDUCTIONS
10/16/14	4910	368	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
10/16/14	4911	189.2	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
10/16/14	4920	2,000.00	GEORGIA SELF INSURERS GUARANTY	AUDIT
10/16/14	4906	4,712.03	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/16/14	4907	4,912.07	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/16/14	4908	267.48	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/16/14	4913	4,392.26	HUTCH, THE *	PAYROLL DEDUCTIONS
10/16/14	4915	457.52	HUTCHESON HEALTH FOUNDATION	PAYROLL DEDUCTIONS
10/16/14	4922	1,131.67	HUTCHESON MEDICAL CENTER A/R	PAYROLL DEDUCTIONS
10/16/14	4914	100	INTERNAL REVENUE SERVICE	PAYROLL DEDUCTIONS
10/16/14	4919	10,000.00	MERIDIAN LEASING	VOIDED
10/16/14	4921	73,444.34	MOUNTAIN COMMUNITY FCU	PAYROLL DEDUCTIONS
10/16/14	4909	160.02	PENNSYLVANIA SCDU	PAYROLL DEDUCTIONS
10/16/14	4916	2,802.97	PLAZA UNIFORM	PAYROLL DEDUCTIONS
10/16/14	4923	1,710.00	TN PHYSICIANS QUALITY VERIFICA	DOCTOR CREDENTIALING

10/16/14	4917	66,868.34	US FOODS	DIETARY SUPPLIES
10/17/14	4928	90.43	AIRGAS	OXYGEN
10/17/14	4935	5,126.72	CIGNA	EMPLOYEE INSURANCES
10/17/14	4936	5,836.80	CIGNA	EMPLOYEE INSURANCES
10/17/14	4932	8,585.66	HARTFORD	EMPLOYEE INSURANCES
10/17/14	4933	1,166.80	HARTFORD	EMPLOYEE INSURANCES
10/17/14	4934	28.85	SAWYER, KIMBERLY	PATIENT REFUND
10/17/14	4929	7,500.00	WALDEN SECURITY	SECURITY GUARDS
10/17/14	4931	7,500.00	WALDEN SECURITY	SECURITY GUARDS
10/17/14	4930	4,242.64	XANITOS	VOIDED
10/20/14	4941	200.00	BENNETT, REV JIM	CHAPLAIN
10/20/14	4937	9,733.95	MEDICAL THIRD PARTY	COLLECTIONS SERVICE
10/20/14	4938	28,049.03	OWENS & MINOR	MAIN SUPPLY VENDOR
10/20/14	4940	675.00	PARK CITY CLEANING	DIETARY HOOD CLEANING
10/20/14	4942	321.54	PRINT SHOP	FORMS
10/20/14	4939	5,401.00	TFI/DECOSIMO	ACCOUNTING TEMP AGENCY
10/20/14	4943	1,455.30	TRI ANIM	RESPIRATORY SUPPLIES
10/21/14	4944	1,115.20	COSTCO	OFFICE SUPPLIES
10/21/14	4946	4,906.70	GEORGIA NATURAL GAS	UTILITY
10/21/14	4945	13,800.00	SPITALNY	DOCTOR
10/22/14	4950	6,391.85	Immucor	BLOOD LAB SUPPLIES
10/22/14	4947	12,074.60	IPFS	INSURANCE
10/22/14	4949	1,699.74	Landaur	RADIATION BADGES
10/22/14	4948	9,411.53	Santoro	DOCTOR
10/23/14	4953	74.86	ALLIE BEAGLES	PATIENT REFUND
10/23/14	4952	55,000.00	AMERISOURCE BERGEN	MEDICATIONS
10/23/14	4954	982.50	CUMMINS POWER SOUTH	ENGINEERING VENDOR
10/23/14	4951	3,846.00	VERIZON WIRELESS	UTILITY
10/27/14	4955	526.30	BEAVER VISATEK	SUPPLIES
10/27/14	4956	288.00	LIANE MCCLURE	PT ACCTS
10/27/14	4957	50,000.00	Razor	NEW COMPUTER SYSTEM
10/28/14	4958	41,425.90	Owens & Minor	MAIN SUPPLY VENDOR
10/29/14	4959	99.31	Airgas	OXYGEN
10/29/14	4964	135.00	Civco	SUPPLIES
10/29/14	4963	338.92	Federal Express	COURIER
10/29/14	4962	1,050.00	Newton, Philip	DOCTOR
10/29/14	4960	15,000.00	Scroggins & Williamson	ATTORNEY
10/29/14	4961	822.25	Zema, Michael	DOCTOR
10/30/14	4979	12.5	BATTLEFIELD IMAGING	VOIDED
10/30/14	4973	287.8	BATTLEFIELD OPTICAL	VOIDED
10/30/14	4972	1,320.00	C KENNETH STILL	PAYROLL DEDUCTIONS
10/30/14	4982	171.69	CENTRAL CHILD SUPPORT RECEIPTI	PAYROLL DEDUCTIONS
10/30/14	4970	368	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
10/30/14	4971	189.2	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
10/30/14	4983	35,000.00	HMC AUXILLAIRY	REIMBURSEMENT
10/30/14	4965	4,621.19	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/30/14	4966	4,878.12	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/30/14	4967	267.48	HOUZE & ASSOCIATES	PAYROLL DEDUCTIONS
10/30/14	4974	3,640.09	HUTCH, THE *	VOIDED
10/30/14	4977	459.59	HUTCHESON HEALTH FOUNDATION	PAYROLL DEDUCTIONS
10/30/14	4981	1,093.09	HUTCHESON MEDICAL CENTER A/R	PAYROLL DEDUCTIONS
10/30/14	4975	5,996.39	INTERNAL REVENUE SERVICE	PAYROLL DEDUCTIONS
10/30/14	4976	100	INTERNAL REVENUE SERVICE	PAYROLL DEDUCTIONS
10/30/14	4980	73,701.94	MOUNTAIN COMMUNITY FCU	PAYROLL DEDUCTIONS
10/30/14	4968	160.02	PENNSYLVANIA SCDU	PAYROLL DEDUCTIONS
10/30/14	4969	200.46	PHEAA	PAYROLL DEDUCTIONS
10/30/14	4978	3,191.67	PLAZA UNIFORM	PAYROLL DEDUCTIONS
10/31/14	4995	1,280.00	BHUTWALA, TIKU	DOCTOR
10/31/14	4992	13,000.00	BLOOD ASSURANCE	BLOOD BANK

10/31/14	4985	10,878.32	CAUDLE, GEORGE	ATTORNEY
10/31/14	4986	8,400.00	DENMAN, DAVID	DOCTOR
10/31/14	4984	327.60	DETHRO, BOYD	MARKETING
10/31/14	4994	5,040.00	HORTON, WILLIAM	DOCTOR
10/31/14	4988	10,000.00	LINDBLAD	DOCTOR
10/31/14	4987	2,400.00	LUNG & SLEEP	DOCTOR
10/31/14	4991	11,200.00	MILLS, MARVIN	DOCTOR
10/31/14	4993	20.41	MOPEC	SUPPLIES
10/31/14	4997	4,300.00	PACELINE COURIER	COURIER SERVICE
10/31/14	4996	45,008.84	US FOODS	DIETARY SUPPLIES
10/31/14	4989	10,147.78	XANITOS	LAUNDRY SERVICE
10/31/14	4990	2,400.00	ZEMA, MICHAEL	VOIDED
11/03/14	5006	8,000.00	CARDIOLOGY CENTER OF DALTON	DOCTOR
11/03/14	5004	1,000.00	D&S Outdoor	BILLBOARDS
11/03/14	4998	30,000.00	GB HEALTH MGMT	MANAGEMENT COMPANY
11/03/14	5005	10,000.00	HUTCHESON MEDICAL/SUNTRUST	SUNTRUST CARD
11/03/14	4999	426.00	MCCLURE, LIANE	PATIENT ACCOUNTS
11/03/14	5000	5,000.00	MCCRACKEN POSTON	ATTORNEY
11/03/14	5003	44,603.71	OWENS & MINOR	MAIN SUPPLY VENDOR
11/03/14	5002	52.99	RADIO SHACK	SUPPLIES
11/03/14	5001	25,000.00	RAZOR INSIGHTS	VOIDED
11/04/14	5007	1,115.20	COSTCO	OFFICE SUPPLIES
11/04/14	5009	766.38	FISHER SCIENTIFIC	LAB SUPPLIES
11/04/14	5008	6,603.00	PHOENIX LAWN	LAWN SERVICE
11/04/14	5010	6,679.75	STRYKER	SURGERY SUPPLIES
11/04/14	5011	14,992.42	THERMOFISHER	LAB SUPPLIES
11/05/14	5013	111.15	AIRGAS	OXYGEN
11/05/14	5012	464.30	BORDEN DAIRY	MILK
11/05/14	5014	1,065.81	Royal Cup Coffee	COFFEE SERVICE
11/06/14	5022	464.30	BORDEN DAIRY	MILK
11/06/14	5031	947.20	DETHRO, BOYD	MARKETING
11/06/14	5025	4,000.00	E-TRANSX	VOIDED
11/06/14	5015	165.25	FEDERAL EXPRESS	COURIER
11/06/14	5017	2,057.75	MAG MUTUAL	MALPRACTICE INSURANCE
11/06/14	5030	21,656.58	MCNEARY	VOIDED
11/06/14	5023	7,580.00	MED EX STAFFING	NURSE STAFFING AGENCY
11/06/14	5026	5,996.28	MEDPARTNERS CASE	VOIDED
11/06/14	5020	200.00	OLD REPUBLIC SURETY BOND	PARKSIDE SURETY BONDS
11/06/14	5021	1,500.00	OLD REPUBLIC SURETY BOND	PARKSIDE SURETY BONDS
11/06/14	5027	4,995.26	Quadax	CLAIMS REMIBURSEMENT SERVICE
11/06/14	5016	12,500.00	RADPHYS	DOCTOR
11/06/14	5018	2,344.00	STATE VOLUNTEER	MALPRACTICE INSURANCE
11/06/14	5019	1,644.50	STATE VOLUNTEER	MALPRACTICE INSURANCE
11/06/14	5024	3,125.00	STATE VOLUNTEER	MALPRACTICE INSURANCE
11/06/14	5029	1,960.10	TERUMO	SUPPLIES
11/06/14	5028	6,000.00	XANITOS	LAUNDRY SERVICE
11/10/14	5032	384.00	MCCLURE, LIANE	PATIENT ACCOUNTS
11/10/14	5034	25,881.76	OWENS & MINOR	MAIN SUPPLY VENDOR
11/10/14	5033	4,576.60	SOUTHEAST REIMBURSEMENT GROUP	CONSULTANT
11/11/14	5036	7.84	AMERISOURCE	MEDICATIONS
11/11/14	5037	13,990.27	BAXTER	SUPPLIES
11/11/14	5038	9.34	BAXTER	SUPPLIES
11/11/14	5039	586.68	BORDEN	VOIDED
11/11/14	5035	3,750.00	NIGHT TALK	ADVERTISING
11/12/14	5045	25,001.74	AMERISOURCE BERGEN	VOIDED
11/12/14	5044	228.00	BOSTON SCIENTIFIC	SUPPLIES
11/12/14	5043	1,371.62	FLOWERS	DIETARY SUPPLIES
11/12/14	5042	59,971.21	MCA	EMPLOYEE INSURANCES
11/13/14	5050	9,600.00	ABILITY	VOIDED

11/13/14	5046	78.35	AIRGAS	OXYGEN
11/13/14	5047	90.43	AIRGAS	OXYGEN
11/13/14	5048	45.00	ALPHA SOURCE	SUPPLIES
11/13/14	5052	12.50	BATTLEFIELD IMAGING	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5051	238.75	BATTLEFIELD OPTICAL	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5053	1,320.00	C KENNETH STILL	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5054	614.07	CENTRAL CHILD SUPPORT	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5049	1,115.20	COSTCO	OFFICE SUPPLIES
11/13/14	5055	368.00	FAMILY SUPPORT REGISTRY	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5057	4,572.68	HOUZE & ASSOCIATES	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5058	4,875.77	HOUZE & ASSOCIATES	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5056	267.48	HOUZE & ASSOICATES	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5060	448.96	HUTCHESON HEALTH FOUNDATION	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5062	1,275.56	HUTCHESON MEDICAL CENTER A/R	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5061	10,000.00	HUTCHESON MEDICAL/SUNTRUST	SUNTRUST CARD
11/13/14	5063	100.00	INTERNAL REVENUE SERVICE	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5064	72,973.85	MOUNTAIN COMMUNITY FCU	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5065	160.02	PENNSYLVANIA SCDU	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5068	129.90	PENTAX	SUPPLIES
11/13/14	5066	131.67	PHEAA	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5067	2,899.20	PLAZA UNIFORM	VOIDED - WRITTEN OUT OF WRONG ACCT
11/13/14	5069	570.00	TERUMO	SUPPLIES
11/13/14	5059	3,421.27	THE HUTCH	VOIDED - WRITTEN OUT OF WRONG ACCT
11/14/14	5070	387.17	BORDEN	VOIDED
11/14/14	5073	200.00	BROWN, REV NEAL	VOIDED
11/14/14	5074	200.00	BRUCE, REV JOHN	VOIDED
11/14/14	5075	200.00	GRAHAM, CINDY	VOIDED
11/14/14	5076	245.30	HONEA, KAY	PATIENT REFUND
11/14/14	5071	10,000.00	HUTCHESON/SUNTRUST	SUNTRUST CARD
11/14/14	1000	10.00	KEVIN HOPKINS	TEST CHECK
11/14/14	1001	10.00	KEVIN HOPKINS	TEST CHECK
11/14/14	5077	252.58	MAILFINANCE	POSTAGE MACHINE
11/14/14	5078	414.00	MCCLURE, LIANE	PATIENT ACCOUNTS
11/14/14	5072	16,199.47	MEDCARE SOUTH	CONSULTANTS
11/14/14	5079	6,000.00	XANITOS	VOIDED
11/17/14	5080	215.95	AIRGAS	OXYGEN
11/17/14	5082	101.41	FEDERAL EXPRESS	VOIDED
11/17/14	5083	10,000.00	HUTCHESON/SUNTRUST	SUNTRUST CARD
11/17/14	5081	19,178.38	MEDICAL THIRD PARTY	COLLECTIONS SERVICE
11/17/14	5084	38,326.70	OWENS & MINOR	MAIN SUPPLY VENDOR
11/17/14	5086	17,186.60	SOUTHEAST REIMBURSEMENT GROUP	CONSULTANT
11/17/14	5085	780.00	TRAINING ON DEMAND	VOIDED - WRITTEN OUT OF WRONG ACCT
11/18/14	5088	449.57	BORDEN DAIRY	VOIDED - WRITTEN OUT OF WRONG ACCT
11/18/14	5089	480.00	MCCLURE, LIANE	VOIDED - WRITTEN OUT OF WRONG ACCT
11/19/14	5090	225.35	AIRGAS	VOIDED - WRITTEN OUT OF WRONG ACCT
11/19/14	1011	12.50	BATTLEFIELD IMAGING	PAYROLL DEDUCTIONS
11/19/14	1010	238.75	BATTLEFIELD OPTICAL	PAYROLL DEDUCTIONS
11/19/14	1002	449.57	BORDEN DAIRY	MILK
11/19/14	1012	1,320.00	C KENNETH STILL	PAYROLL DEDUCTIONS
11/19/14	1013	614.07	CENTRAL CHILD SUPPORT	PAYROLL DEDUCTIONS
11/19/14	1014	368.00	FAMILY SUPPORT REGISTRY	PAYROLL DEDUCTIONS
11/19/14	1015	4,572.68	HOUZE & ASSOICATES	VOIDED
11/19/14	1016	4,875.77	HOUZE & ASSOICATES	VOIDED
11/19/14	1017	267.48	HOUZE & ASSOICATES	VOIDED
11/19/14	1019	448.96	HUTCHESON HEALTH FOUNDATION	PAYROLL DEDUCTIONS
11/19/14	1020	1,275.56	HUTCHESON MEDICAL AR	VOIDED
11/19/14	1021	100.00	INTERNAL REVENUE SERVICE	PAYROLL DEDUCTIONS
11/19/14	1003	480.00	MCCLURE, LIANE	PATIENT ACCOUNTS
11/19/14	5092	12,472.00	MCNEARY	VOIDED - WRITTEN OUT OF WRONG ACCT

11/19/14	5093	4,899.00	MCNEARY	VOIDED - WRITTEN OUT OF WRONG ACCT
11/19/14	1004	12,472.00	MCNEARY	D&O EXTENSION
11/19/14	1005	4,899.00	MCNEARY	D&O EXTENSION
11/19/14	1022	72,973.85	MOUNTAIN COMMUNITY FCU	PAYROLL DEDUCTIONS
11/19/14	1023	160.02	PENNSYLVANIA SCDU	PAYROLL DEDUCTIONS
11/19/14	1025	2,899.20	PLAZA UNIFORM	PAYROLL DEDUCTIONS
11/19/14	1024	131.67	PPHEAA	PAYROLL DEDUCTIONS
11/19/14	5094	2,061.70	REMEL	VOIDED - WRITTEN OUT OF WRONG ACCT
11/19/14	1006	2,061.70	REMEL	LAB SUPPLIES
11/19/14	5091	15,000.00	SOUTHEASTERN KIDNEY	DOCTOR
11/19/14	1009	15,000.00	SOUTHEASTERN KIDNEY	DOCTOR
11/19/14	5095	7,081.55	STRYKER ORTHO	VOIDED - WRITTEN OUT OF WRONG ACCT
11/19/14	1007	7,081.55	STRYKER ORTHO	SURGERY SUPPLIES
11/19/14	1018	3,421.27	THE HUTCH	PAYROLL DEDUCTIONS
11/19/14	5096	3,731.00	UTICA	VOIDED - WRITTEN OUT OF WRONG ACCT
11/19/14	1008	3,731.00	UTICA	AUTOMOBILE INSURANCE
11/20/14	1026	33,200.00	DALTON SURGICAL GROUP, PC	DOCTOR

Date	Payee	Amount	Description
8/19/2014		49175.67	GA withholding
8/19/2014		150000	payroll taxes
8/19/2014	Amerisource	35000	medications
8/19/2014	Regions HMD	25000	transfer to HMD
8/19/2014	GE	5802.03	lease payment
8/19/2014	Valic	26699.18	insurance
8/20/2014	TN American Water	49.77	utility
8/20/2014	City of Fort O	1984.55	utility
8/20/2014	City of Fort O	14552.71	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	41.96	utility
8/20/2014	City of Fort O	41.96	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	49.53	utility
8/20/2014	City of Fort O	49.53	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	31.87	utility
8/20/2014	City of Fort O	41.29	utility
8/20/2014	City of Fort O	3044.51	utility
8/20/2014	City of Fort O	41.29	utility
8/20/2014	City of Fort O	6099.12	utility
8/20/2014	City of Fort O	1236.15	utility
8/20/2014	City of Fort O	58.96	utility
8/20/2014	City of Fort O	41.29	utility
8/20/2014	NGEMC	369	utility
8/20/2014	NGEMC	431	utility
8/20/2014	NGEMC	391	utility
8/20/2014	NGEMC	33	utility
8/20/2014	NGEMC	817	utility
8/20/2014	NGEMC	581	utility
8/20/2014	NGEMC	208	utility
8/20/2014	NGEMC	1831	utility
8/20/2014	NGEMC	7560	utility
8/20/2014	NGEMC	467	utility
8/20/2014	AT&T	217.57	utility
8/22/2014	Jaffe & Asher	76584.52	settlement payment
8/22/2014	Amerisource	37000	medications
8/25/2014	Celtic	39850	lease payment
8/25/2014	Comcast	171.80	utility

8/25/2014 Comcast	90.03	utility
8/25/2014 Comcast	120.25	utility
8/25/2014 Delta Dental	8,672.30	insurance
8/26/2014 Dade Water	20.35	utility
8/26/2014 Dade Water	36.60	utility
8/27/2014 Regions Flex	2,000.00	transfer to Flex account
8/27/2014 Amerisource	40,000.00	medications
8/27/2014 NGEMC	16,369.00	utility
8/28/2014 Regions HMD	15,000.00	transfer to HMD
8/28/2014 Charter	115.71	utility
8/28/2014 Charter	177.70	utility
8/29/2014 MCA	90,893.23	insurance
8/29/2014	75,000.00	payroll taxes
8/29/2014 AT&T	49.42	utility
9/2/2014 Valic	26,265.81	insurance
9/2/2014 Amerisource	40,000.00	medications
9/2/2014 Comcast	61.21	utility
9/2/2014 Earthlink	4,962.55	utility
9/2/2014 Celtic	3,823.00	lease payment
9/2/2014 Delta Dental	3,658.40	insurance
9/2/2014	6.00	bank fees
9/2/2014	160.06	bank fees
9/2/2014	622.96	bank fees
9/2/2014	1,907.59	bank fees
9/2/2014	2,775.13	bank fees
9/3/2014 Regions HMD	20,000.00	transfer to HMD
9/4/2014 MCA	14,235.46	insurance
9/4/2014 Regions HMD	10,000.00	transfer to HMD
9/5/2014 Amerisource	35,000.00	medications
9/5/2014 Regions HMD	20,000.00	transfer to HMD
09/05/14 GA Power	1,407.20	utility
09/05/14 Catoosa Utility	330.84	utility
9/5/2014 Mmodal	18,150.87	transcription
9/8/2014 Trenton Telephone	55.07	utility
9/8/2014 Trenton Telephone	158.35	utility
9/8/2014 Delta Dental	4,618.40	insurance
9/9/2014 EPB	91.04	utility
9/9/2014 EPB	11.76	utility
9/9/2014 AT&T	444.56	utility
9/9/2014	3,500.00	misc debit?
9/9/2014	3,511.92	bank fees
9/10/2014 Regions HMD	15,000.00	transfer to HMD
9/10/2014 Comcast	100.22	utility
9/10/2014 Comcast	20.38	utility
9/10/2014 Comcast	79.66	utility
9/10/2014 Comcast	779.29	utility
9/10/2014 Comcast	96.06	utility

9/10/2014 GA Power	700.53	utility
9/10/2014 AT&T	143.92	utility
9/10/2014 AT&T	219.52	utility
9/10/2014 AT&T	3,005.13	utility
9/10/2014 AT&T	620.00	utility
9/11/2014	1,617.28	sales tax payment
9/12/2014 Cardinal	16,666.67	settlement payment?
9/12/2014 Amerisource	40,000.00	medications
9/12/2014 Regions HMD	15,000.00	transfer to HMD
9/12/2014 NGEMC	394.00	utility
9/12/2014 NGEMC	8,851.00	utility
9/15/2014 Regions Flex	5,000.00	transfer to Flex account
9/15/2014 Regions HMD	20,000.00	transfer to HMD
9/15/2014 Dade Water	20.35	utility
9/15/2014 Dade Water	41.21	utility
9/15/2014 Delta Dental	4,678.40	insurance
9/15/2014 GE	11,695.62	lease payment
9/16/2014 Valic	52,846.58	insurance
9/16/2014 Jaffe & Asher	19,655.48	settlement payment
9/16/2014 Amerisource	30,000.00	medications
9/16/2014 Windstream	68.15	utility
9/16/2014 Fleetcor	1,375.46	fuel
9/17/2014 Comcast	150.00	utility
9/17/2014 Comcast	138.59	utility
9/17/2014 NGEMC	97,091.00	utility
9/18/2014 TN American Water	49.77	utility
9/18/2014 AT&T	108.00	utility
9/18/2014	247.00	merchant fees
9/19/2014 Amerisource	45,000.00	medications
9/19/2014 AT&T	235.30	utility
9/19/2014 GE	5,802.03	lease payment
9/22/2014 Valic	79,348.70	insurance
9/22/2014 City of Fort Oglethorpe	44.50	utility
9/22/2014 City of Fort Oglethorpe	41.29	utility
9/22/2014 City of Fort Oglethorpe	1,761.32	utility
9/22/2014 City of Fort Oglethorpe	17,747.60	utility
9/22/2014 City of Fort Oglethorpe	31.87	utility
9/22/2014 City of Fort Oglethorpe	31.87	utility
9/22/2014 City of Fort Oglethorpe	31.87	utility
9/22/2014 City of Fort Oglethorpe	31.87	utility
9/22/2014 City of Fort Oglethorpe	31.87	utility
9/22/2014 City of Fort Oglethorpe	40.28	utility
9/22/2014 City of Fort Oglethorpe	40.28	utility
9/22/2014 City of Fort Oglethorpe	31.87	utility
9/22/2014 City of Fort Oglethorpe	31.87	utility
9/22/2014 City of Fort Oglethorpe	48.69	utility
9/22/2014 City of Fort Oglethorpe	48.69	utility
9/22/2014 City of Fort Oglethorpe	31.87	utility

9/22/2014	City of Fort Oglethorpe	31.87	utility
9/22/2014	City of Fort Oglethorpe	31.87	utility
9/22/2014	City of Fort Oglethorpe	31.87	utility
9/22/2014	City of Fort Oglethorpe	46.17	utility
9/22/2014	City of Fort Oglethorpe	46.11	utility
9/22/2014	City of Fort Oglethorpe	3,534.35	utility
9/22/2014	City of Fort Oglethorpe	41.29	utility
9/22/2014	City of Fort Oglethorpe	6,804.16	utility
9/22/2014	City of Fort Oglethorpe	1,619.99	utility
9/22/2014	NGEMC	417.00	utility
9/22/2014	NGEMC	425.00	utility
9/22/2014	NGEMC	369.00	utility
9/22/2014	NGEMC	57.00	utility
9/22/2014	NGEMC	779.00	utility
9/22/2014	NGEMC	551.00	utility
9/22/2014	NGEMC	153.00	utility
9/22/2014	NGEMC	1,690.00	utility
9/22/2014	NGEMC	7,078.00	utility
9/22/2014	NGEMC	276.00	utility
9/22/2014	Delta Dental	2,823.83	insurance
9/24/2014	Amerisource	15,000.00	medications
9/26/2014	Amerisource	14,000.00	medications
9/29/2014	Amerisource	45,000.00	medications
9/29/2014	Regions HMD	20,000.00	transfer to HMD
9/29/2014	Charter	177.70	utility
9/29/2014	Charter	115.71	utility
9/29/2014	AT&T	49.42	utility
9/29/2014	NGEMC	16,411.00	utility
9/29/2014	Delta Dental	3,977.00	insurance
9/30/2014	MCA	24,245.79	insurance
9/30/2014	Comcast	61.21	utility
9/30/2014	Comcast	171.80	utility
9/30/2014	Comcast	93.03	utility
9/30/2014	Comcast	123.25	utility
9/30/2014	Mmodal	36,301.74	transcription
10/1/2014	Celtic	3,823.00	lease payment
10/1/2014	Celtic	7,086.00	lease payment
10/1/2014		142.89	merchant fees
10/1/2014		736.93	merchant fees
10/1/2014		2,325.83	merchant fees
10/1/2014		2,358.24	merchant fees
10/1/2014		77.94	merchant fees HPB
10/2/2014	MCA	105,804.10	insurance
10/2/2014		1,565,717.00	payroll taxes
10/2/2014	Earthlink	4,957.42	utility
10/2/2014		6.00	other bank fee
10/2/2014		418.18	merchant fees HPB

10/3/2014 Amerisource	55,000.00	medications
10/6/2014 MCA	22,006.18	insurance
10/6/2014	42,818.20	GA withholding
10/6/2014 GA Power	1,433.19	utility
10/6/2014 Catoosa Utility	396.00	utility
10/6/2014 Delta Dental	5,226.20	insurance
10/7/2014	43,597.23	GA withholding
10/7/2014	44,540.31	GA withholding
10/7/2014 Baxter	13,000.00	supplies
10/7/2014 Amerisource	40,000.00	medications
10/7/2014 Trenton Telephone	55.11	utility
10/7/2014 Trenton Telephone	158.44	utility
10/7/2014	1,905.88	sales tax payment
10/8/2014	534,690.30	payroll taxes
10/9/2014 EPB	11.84	utility
10/9/2014 GA Power	668.20	utility
10/9/2014	2,518.97	bank fees
10/9/2014	2,294.00	bank fees
10/9/2014	695.25	bank fees
10/9/2014	50.00	bank fees
10/10/2014 Amerisource	25,000.00	medications
10/10/2014 Comcast	99.80	utility
10/10/2014 Comcast	20.37	utility
10/10/2014 Comcast	89.64	utility
10/10/2014 Comcast	778.82	utility
10/10/2014 Comcast	106.06	utility
10/10/2014 AT&T	3,090.93	utility
10/10/2014 AT&T	620.00	utility
10/10/2014 AT&T	219.52	utility
10/10/2014 AT&T	152.65	utility
10/14/2014 Amerisource	35,000.00	medications
10/14/2014 EPB	88.72	utility
10/14/2014 AT&T	436.96	utility
10/14/2014 Delta Dental	2,720.10	insurance
10/15/2014 NGEMC	389.00	utility
10/15/2014 NGEMC	9,023.00	utility
10/15/2014 NGEMC	88,507.00	utility
10/15/2014 GE	11,695.62	lease payment
10/16/2014 Regions HMD	10,000.00	transfer to HMD
10/16/2014 Windstream	68.15	utility
10/16/2014 Fleetcor	1,291.99	fuel
10/17/2014 Amerisource	50,000.00	medications
10/17/2014 Comcast	149.99	utility
10/17/2014 Comcast	138.57	utility
10/17/2014 Dade Water	20.35	utility
10/17/2014 Dade Water	36.60	utility
10/17/2014 AT&T	108.00	utility

10/27/2014 Comcast	123.37	utility
10/27/2014 Delta Dental	4,413.11	insurance
10/28/2014 Amerisource	25,000.00	medications
10/28/2014 Regions HMD	15,000.00	transfer to HMD
10/28/2014 Charter	115.71	utility
10/28/2014 Charter	177.70	utility
10/29/2014 Regions Flex	1,524.00	transfer to Flex account
10/29/2014 Hunter Maclean	13,488.29	attorneys
10/29/2014 AT&T	49.59	utility
10/30/2014 MCA	69,553.58	insurance
10/30/2014	415,000.00	transfer to Hospital Authority
10/30/2014	8,500.00	transfer to Hospital Authority
10/30/2014	55,000.00	transfer to Hospital Authority
10/30/2014 Comcast	61.21	utility
10/31/2014 Valic	51,582.35	insurance
10/31/2014 GGG Partners	10,000.00	consulting
10/31/2014 Regions HMD	20,000.00	transfer to HMD
10/31/2014 Regions HMD	1,000.00	transfer to HMD
11/3/2014 Earthlink	4,960.48	utility
11/3/2014 Celtic	3,823.00	lease payment
11/3/2014 Delta Dental	4,982.00	insurance
11/3/2014	339.17	merchant fees HPB
11/3/2014	77.94	merchant fees HPB
11/3/2014	6.00	merchant fees
11/3/2014	118.44	merchant fees
11/3/2014	698.19	merchant fees
11/3/2014	2,370.88	merchant fees
11/3/2014	4,741.70	merchant fees
11/4/2014 Amerisource	29,000.00	medications
11/4/2014 Amerisource	56,000.00	medications
11/4/2014 Regions HMD	25,000.00	transfer to HMD
11/5/2014 Valic	27,742.48	insurance
11/5/2014 Regions Flex	3,000.00	transfer to Flex account
11/5/2014 GA Power	1,251.34	utility
11/5/2014 Catoosa Utility	316.18	utility
11/7/2014 Amerisource	30,000.00	medications
11/7/2014 Hunter Maclean	52,808.24	attorneys
11/7/2014 GGG Partners	25,000.00	consulting
11/7/2014 Regions HMD	20,000.00	transfer to HMD
11/10/2014 Regions HMD	15,000.00	transfer to HMD
11/10/2014 Comcast	99.80	utility
11/10/2014 Comcast	20.37	utility
11/10/2014 Comcast	89.64	utility
11/10/2014 Comcast	778.82	utility
11/10/2014 Comcast	106.06	utility
11/10/2014 GA Power	607.85	utility
11/10/2014 Trenton Telephone	55.11	utility

11/10/2014 Trenton Telephone	158.44	utility
11/10/2014 AT&T	219.52	utility
11/10/2014 AT&T	3,089.38	utility
11/10/2014 AT&T	620.00	utility
11/10/2014 AT&T	152.80	utility
11/10/2014 AT&T	442.96	utility
11/10/2014 Delta Dental	5,991.88	insurance
11/10/2014	52.96	transfer to lockbox account 0056
11/10/2014	2,582.20	bank fees
11/10/2014	1,517.00	bank fees
11/10/2014	6,586.00	bank fees
11/10/2014	874.79	bank fees
11/12/2014 Roche	45,732.96	supplies
11/12/2014 Amerisource	25,000.00	medications
11/12/2014 Regions HMD	15,000.00	transfer to HMD
11/12/2014 EPB	89.56	utility
11/12/2014 EPB	11.88	utility
11/14/2014	1,868.90	GA withholding
11/14/2014 Amerisource	20,000.00	medications
11/14/2014 Regions HMD	30,000.00	transfer to HMD
11/14/2014 NGEMC	391.00	utility
11/14/2014 NGEMC	7,754.00	utility
11/17/2014 Windstream	68.26	utility
11/17/2014 Comcast	149.99	utility
11/17/2014 Comcast	138.60	utility
11/17/2014 Dade Water	20.35	utility
11/17/2014 Dade Water	36.60	utility
11/17/2014 NGEMC	80,521.00	utility
11/17/2014 Fleetcor	1,251.48	fuel
11/17/2014 GE	11,695.62	lease payment
11/17/2014 Delta Dental	5,046.90	insurance
11/18/2014 Regions HMD	25,000.00	transfer to HMD
11/18/2014 TN American Water	49.77	utility
11/19/2014 Scroggins	100,000.00	attorneys
11/19/2014 Hunter Maclean	34,554.33	attorneys
11/19/2014 ARSCO	25,640.47	?
11/19/2014 GGG Partners	75,000.00	consulting
11/19/2014 AT&T	108.00	utility
11/19/2014 Omnicare	4,814.04	medications

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor

SCHEDULE A - REAL PROPERTY

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

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

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

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Battlefield Parkway property * 4750 Battlefield Parkway Ringgold, Georgia 30736 [cancer center and ambulatory care center]	Fee simple	-	12,000,000.00	26,000,000.00
Chickamauga property * 101 Kington Lane Chickamauga, Georgia 30707 [Family practice clinic]	Fee simple	-	300,000.00	0.00
LaFayette property * 615 E. Vallanow Street LaFayette, Georgia 30728 [Family practice clinic]	Fee simple	-	300,000.00	0.00
Penfield Christian Homes, Inc. * 702 East Villanow Street LaFayette, Georgia 30728 [Rehab for patients with substance abuse, etc.]	Fee simple	-	150,000.00	0.00

* Amounts are estimated

Sub-Total > **12,750,000.00** (Total of this page)

Total > **12,750,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor

SCHEDULE B - PERSONAL PROPERTY

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

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

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

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Petty cash at hospital and clinic	-	40,800.32
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.		Regions Bank, Chattanooga Market St. Main, 601 Market Center, Chattanooga, TN 37402	-	34,169.00
		Regions Bank - certificate of deposit held as collateral against letter of credit	-	1,050,000.00
		Regions Bank - certificate of deposit held as collateral against letter of credit	-	300,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Weeks & Peters - Bonds (2/25/2014 - 2/25/2015) - \$5,287.50 McNeary Insurance - General Liability (10/1/2014 - 12/31/2014) - \$133,929.40 McNeary Insurance - Property (10/1/2014 - 12/31/2014) - \$10,828.29	-	150,045.19
10. Annuities. Itemize and name each issuer.	X			
Sub-Total >				1,575,014.51
(Total of this page)				

3 continuation sheets attached to the Schedule of Personal Property

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Net patient accounts receivable	-	13,867,047.00
		Note receivable for sale of Premier stock on 12/15/2011 - 60 payments of \$2,822.05 per month and balloon payment of \$134,218 on 9/30/2016	-	194,741.05
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **14,061,788.05**
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON 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
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Various causes of action against Chattanooga-Hamilton County Hospital Authority d/b/a Erlanger Health system, including but not limited to breach of the management agreement and those claims asserted as counterclaims in Civil Action No. 4:14-CV-00016-HLM pending in the United States District Court for the Northern District of Georgia, Rome Division.	-	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.		General intangibles, including but not limited to, intellectual property, trademarks, trade names, goodwill, licenses and certifications, patient lists, web addresses and domain names relating to business	-	Unknown
23. Licenses, franchises, and other general intangibles. Give particulars.		See No. 22	-	Unknown
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.		See No. 22	-	Unknown
25. Automobiles, trucks, trailers, and other vehicles and accessories.		Eight vehicles (all fully depreciated)	-	0.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Office furniture and equipment (book value)	-	195,935.65
29. Machinery, fixtures, equipment, and supplies used in business.		Machinery, fixtures, equipment and supplies at HMC (book value)	-	2,920,223.54

Sub-Total > **3,116,159.19**
(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON 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
30. Inventory.		Material Mgt General Stores - \$123,218.73 Pharmacy - \$396,211.56 Nursing - \$29,660.80 Central Supply - \$16,797.57 Parkside Nursing Home - \$33,745.05 Surgery - \$427,347.88 Cath Lab - \$89,566.21 Laboratory - \$60,815.04 GI Lab - \$22,319.90 Dietary - \$92,909.64 Cardiopulmonary - \$33,474.12	-	1,326,066.50
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **1,326,066.50**
(Total of this page)
Total > **20,079,028.25**

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

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

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

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

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

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H	W					
Account No. General Electric Capital Corp. PO Box 414, W-490 Milwaukee, WI 53201	-	Certain identified equipment		X	X		Unknown	Unknown
		Value \$ 0.00						
Account No. Meridian Leasing Corporation Nine Parkway North Suite 500 Deerfield, IL 60015	-	Certain identified equipment		X	X		50,000.00	Unknown
		Value \$ 0.00						
Account No. Olympus America Inc. 3500 Corporate Parkway Center Valley, PA 18034	-	Certain identified equipment		X	X		305,392.63	Unknown
		Value \$ 0.00						
Account No. Regions Bank c/o Douglas Smith, CFA 6805 Morrison Blvd., Suite 100 Charlotte, NC 28211	X -	Ambulatory Surgery Center; interest asserted in all personal property, including accounts receivable				X	26,000,000.00	Unknown
		Value \$ 0.00						
Subtotal							26,355,392.63	0.00
(Total of this page)								

1 continuation sheets attached

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

In re Hutcheson Medical Center, Inc., Debtor

Case No. 14-42863

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H	W					
Account No.								
Siemens Financial Services Inc 170 Wood Avenue South Iselin, NJ 08830	-				X	X		
Value \$							96,002.38	Unknown
Account No.								
U.S. Bank Equipment Finance Div. of U.S. Bank, N.A. 1310 Madrid Street Marshall, MN 56258	-				X	X		
Value \$							Unknown	Unknown
Account No.								
US Foods, Inc. 9399 West Higgins Road Rosemont, IL 60018	-				X	X	X	
Value \$							234,811.96	Unknown
Account No.								
Winthrop Resources Corporation 11100 Wayzata Blvd. Suite 800 Minnetonka, MN 55305	-				X	X		
Value \$							Unknown	Unknown
Account No.								
Value \$								
Subtotal (Total of this page)							330,814.34	0.00
Total (Report on Summary of Schedules)							26,686,206.97	0.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

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

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

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

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

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

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

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

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

Domestic support obligations

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

Extensions of credit in an involuntary case

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

Wages, salaries, and commissions

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

Contributions to employee benefit plans

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

Certain farmers and fishermen

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

Deposits by individuals

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

Taxes and certain other debts owed to governmental units

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

Commitments to maintain the capital of an insured depository institution

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

Claims for death or personal injury while debtor was intoxicated

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

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

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

In re Hutcheson Medical Center, Inc.
Debtor

Case No. 14-42863

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 O R	H W J C Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Amber Regal 72 Morse Drive Flintstone, GA 30725		-	Unpaid PTO				115.07	Unknown
Account No. Amy Cripps 506 Buddy Drive Dalton, GA 30721		-	Unpaid PTO				218.41	Unknown
Account No. Angela Taylor 176 Park Street Rossville, GA 30741		-	Unpaid PTO				1,280.03	Unknown
Account No. Ashley Fisher 1835 Mack Smith Road Rossville, GA 30741		-	Unpaid PTO				406.46	Unknown
Account No. Ashley Rankin 211 N. Midway Drive Tunnel Hill, GA 30755		-	Unpaid PTO				91.26	Unknown
Subtotal								0.00
(Total of this page)							2,111.23	0.00

Sheet 1 of 7 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

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

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

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 O R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Chandra Brocksmith 506 Clerain Street La Fayette, GA 30728							1,193.12	Unknown
Account No. Crystal Franklin 145 Chandler Road Lot #24 Chickamauga, GA 30707							124.19	Unknown
Account No. Crystal Marsh 2851 Glassmill Road Chickamauga, GA 30707							2,352.92	Unknown
Account No. Denise Sidelinker 728 Frawley Road, #712 East Ridge, TN 37412							928.46	Unknown
Account No. Donna Baggett 432 Winding Ridge Road Rock Spring, GA 30739							1,606.51	Unknown
Subtotal								0.00
(Total of this page)							6,205.20	0.00

Sheet 2 of 7 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

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

In re Hutcheson Medical Center, Inc.
Debtor

Case No. 14-42863

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 O R	H W J C Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
							AMOUNT ENTITLED TO PRIORITY
Account No. Donna Payne PO Box 5711 Fort Oglethorpe, GA 30742						284.75	Unknown
Account No. Jacqueline Black 181 Biggers Drive La Fayette, GA 30728						2,547.23	Unknown
Account No. Jeff Vaughn 961 Kendricks Switch Road Chickamauga, GA 30707						1,933.72	Unknown
Account No. Keisha Walker 136 Williams Avenue Flintstone, GA 30725						145.11	Unknown
Account No. Kim Millsaps 39 Monroe Greene Road Trion, GA 30753						339.92	Unknown
Subtotal							0.00
(Total of this page)						5,250.73	0.00

Sheet **3** of **7** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

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

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

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 O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Lori Beth Fuller 130 Valley Breeze Drive Ringgold, GA 30736			Unpaid PTO				1,618.23	Unknown
Account No. Lynn Porter 6953 Tailwinds Drive Harrison, TN 37341			Unpaid PTO				6,175.97	Unknown
Account No. Mallory Lankford 174 Windy Drive Ringgold, GA 30736			Unpaid PTO				600.96	Unknown
Account No. Michelle Chandler 176 Everett Road Ringgold, GA 30736			Unpaid PTO				2,530.32	Unknown
Account No. Paula Coots 2966 Bronco Road La Fayette, GA 30728			Unpaid PTO				128.18	Unknown
Subtotal								0.00
(Total of this page)							11,053.66	0.00

Sheet 4 of 7 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

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

In re Hutcheson Medical Center, Inc.
Debtor

Case No. 14-42863

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 O R	H W J C Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	A M O U N T N O T E N T I T L E D T O P R I O R I T Y, I F A N Y
								A M O U N T E N T I T L E D T O P R I O R I T Y
Account No. Priscilla Pierce 187 Grove Street Rossville, GA 30741		-	Unpaid PTO				905.30	Unknown
Account No. Rebecca Smith 408 Lakeview Drive, SE Dalton, GA 30721		-	Unpaid PTO				1,701.93	Unknown
Account No. Scott Radeker 349 Harvest Lane Rock Spring, GA 30739		-	Unpaid PTO				19,248.33	Unknown
Account No. Stephanie Butcher 203 Rocking Chair Lane Chickamauga, GA 30707		-	Unpaid PTO				3,611.87	Unknown
Account No. Stephanie Sutton 155 Honeyberry Lane Rossville, GA 30741		-	Unpaid PTO				1,690.99	Unknown
Subtotal								0.00
(Total of this page)							27,158.42	0.00

Sheet **5** of **7** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

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

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

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 O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Unpaid PTO					
Tiffany Hammontree 359 Marion Drive Ringgold, GA 30736		-					5,834.73	Unknown
Account No.			Unpaid PTO					
Tim Blair 5616 Landrum Drive Ooltewah, TN 37363		-					4,008.97	Unknown
Account No.			Unpaid PTO					
Tim Hughes 1028 Red Hill Valley Road Cleveland, TN 37323		-					1,302.75	Unknown
Account No.			Unpaid PTO					
Tommy Champion 922 Crest Drive Chickamauga, GA 30707		-					1,018.26	Unknown
Account No.								
Subtotal								0.00
(Total of this page)							12,164.71	0.00

Sheet **6** of **7** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

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

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor

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

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
GEORGIA DEPARTMENT OF LABOR 148 ANDREW YOUNT INT'T BLVD NE ROOM 752 ATLANTA, GA 30303-1751		-					34,152.34	Unknown
Account No.								
Georgia Dept of Revenue Bankruptcy Section 1800 Century Blvd NE Ste 17200 Atlanta, GA 30345-3206		-					501,544.47	Unknown
Account No.			Bed taxes					
Georgia Dept. Community Health 2 Peachtree Street, NW Atlanta, GA 30303		-			X		387,000.00	0.00 387,000.00
Account No.			For Notice Purposes Only					
Internal Revenue Service 401 W. Peachtree Street NW Atlanta, GA 30308		-					0.00	0.00
Account No.								
Internal Revenue Service Centralized Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346		-					2,222,806.79	Unknown

Sheet 7 of 7 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

Total
(Report on Summary of Schedules)

0.00	0.00
3,145,503.60	387,000.00
0.00	0.00
3,209,447.55	387,000.00

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

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor(s)

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, 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 secured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
	C O D E B T O R	H W J C					
ACCOUNT NO.							
3M HEALTH INFORMATION SYSTEMS 575 WEST MURRAY BOULEVARD MURRAY, UT 84157-0900		N A					16,013.46
ACCOUNT NO.							
AARP PO BOX 740819 ATLANTA, GA 30374-0819							2,938.03
ACCOUNT NO.							
ABBOTT LABORATORIES PO BOX 100997 ATLANTA, GA 30384-0997							9,301.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. ABBOTT MEDICAL OPTICS INC 1700 E ST ANDREWS PLACE SANTA ANA, CA 92705							3,306.84
ACCOUNT NO. ABSOLUTE SERVICES PO BOX 8274 CHATTANOOGA, TN 37414							2,600.00
ACCOUNT NO. Academic Gastroenterology 979 E 3rd Street, #825 Chattanooga, TN 37403		N A					0.00
ACCOUNT NO. Accellent, Inc. 13024 North Main Street PO Box 39 Trenton, GA 30752		N A					0.00
ACCOUNT NO. ACCENT P.O. BOX 952366 ST LOUIS, MO 63195-2366							74,474.69
ACCOUNT NO. ACCESS CLOSURE INC PO BOX 347446 PITTSBURGH, PA 15251-4446							7,773.15

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. ACCIDENT FUND PO BOX 40790 LANSING, MI 48901							130.00
ACCOUNT NO. ACCORD FINANCIAL P.O. BOX 6704 GREENVILLE, SC 29606							1,107.33
ACCOUNT NO. ACCORDIAS HEALTHCARE SERVICES 1101 KERMIT DRIVE, SUITE 700 NASHVILLE, TN 37217		N A					123,735.03
ACCOUNT NO. ACCU RULER 761 WILL SCARLET WAY MACON, GA 31220							52.50
ACCOUNT NO. ACIST MEDICAL SYSTEMS, INC 7905 FULLER ROAD EDEN PRAIRIE, MN 55344							7,203.00
ACCOUNT NO. ACUITY STAFFING 1618 GUNBARRELL ROAD SUITE 103 CHATTANOOGA, TN 37421							2,583.50

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. ADKINS, TERESA 55 N CENTER ST ROSSVILLE, GA 30741							17.79
ACCOUNT NO. ADLER INSTRUMENT COMPANY INC 560 TRINITY CREEK COVE CORDOVA, TN 38018		N A					1,192.93
ACCOUNT NO. ADS SECURITY, INC. P.O. BOX 2252 BIRMINGHAM, AL 35246-0034							389.94
ACCOUNT NO. ADVANCE MEDICAL DESIGNS 1241 ATLANTA INDUSTRIAL MARIETTA, GA 30066							1,034.40
ACCOUNT NO. AESCULAP DEPT #01572 SAN FRANCISCO, CA 94139							5,083.06
ACCOUNT NO. AETNA PO BOX 1258 HARTFORD, CT 06101							15,083.83

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
AETNA/CONTINENTAL LIFE 800 CRESCENT CENTRE DRIVE SUITE 200 FRANKLIN, TN 37067							56.54
ACCOUNT NO.							
AIG COMPANIES 5 CONCOURSE PARKWAY PO BOX 720594 ATLANTA, GA 30358							6,000.00
ACCOUNT NO.							
AIRGAS 125 TOWNPARK DRIVE NW SUITE 400 KENNESAW, GA 30144		N A					0.00
ACCOUNT NO.							
AIRGAS USA LLC P.O. BOX 532609 ATLANTA, GA 30353-2609							46,423.36
ACCOUNT NO.							
AKORN INC. 1925 WEST FIELD COURT SUITE 300 LAKE FOREST, IL 60045							782.64
ACCOUNT NO.							
ALCO SALES AND SERVICE, INC. 6851 HIGH GROVE BLVD. BURR RIDGE, IL 60527							1,276.44

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	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.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		Husband, Wife, Joint , or Community					
ACCOUNT NO. ALCON LABORATORIES, INC. P.O. BOX 951125 DALLAS, TX 75395-1125							1,084.80
ACCOUNT NO. ALERE NORTH AMERICA, INC. (INVERNESS) PO BOX 846153 BOSTON, MA 02284-6153		N A					1,865.84
ACCOUNT NO. ALGEA THERAPIES A DIV OF GLOBUS MEDICAL 2560 GENERAL AMISTEAD AVE AUDUBON, PA 19403							55,125.00
ACCOUNT NO. ALIMED, INC. P.O. BOX 9135 DEDHAM, MA 02027							1,440.80
ACCOUNT NO. ALL AMERICAN BUSINESS SYSTEMS 739 MCCALLIE AVENUE CHATTANOOGA, TN 37403		N A					350.00
ACCOUNT NO. ALLEGIANE ELECTRIC, INC. 1515 BURNS AVENUE CHATTANOOGA, TN 37412							21,659.96

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO. ALLIANT HEALTH P.O. BOX 3708 CORPUS CHRISTI, TX 78463								2,514.42	
ACCOUNT NO. ALLIANT HEALTH PLANS, INC. 1217 MEMORIAL DRIVE SUITE TWO DALTON, GA 30720								2,262.16	
ACCOUNT NO. ALLIED WASTE SERVICES #997 P.O. BOX 9001099 LOUISVILLE, KY 40290-1099								18,370.88	
ACCOUNT NO. ALPHA SOURCE 6619 W CALUMET ROAD MILWAUKEE, WI 53223-4186								1,511.00	
ACCOUNT NO. ALSCO INC CHATTANOOGA 4111 PLEASANTDALE ROAD DORAVILLE, GA 30340-3520								1,153.03	
ACCOUNT NO. ALTA DIAGNOSTICS, INC. 2555 BUSINESS PARKWAY MINDEN, NV 89423								162.89	

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. ALWAYS ON LINE/ HENRY INVESTMENTS PO BOX 4518 CHATTANOOGA, TN 37405		N A					425.00
ACCOUNT NO. AMERICAN AIR FILTER 215 CENTRAL AVENUE PO BOX 35690 LOUISVILLE, KY 40208							4,432.92
ACCOUNT NO. AMERICAN ASSOC OF NURSE ANESTHETISTS INC P.O. BOX 4289 CAROL STREAM, IL 60197-4289							4,665.00
ACCOUNT NO. AMERICAN EXPRESS FINANCIAL ADVISORS GRP BILLING PYMT DETAIL P.O. BOX 9762 PROVIDENCE, RI 02940-9762							32,127.61
ACCOUNT NO. AMERICAN HOME PATIENT, INC. PO BOX 2150 CLOUD SPRING RD FT. OGLETHORPE, GA 30742							445.55

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
AMERICAN IV PRODUCTS, INC. 7485 SHIPLEY AVE. HANOVER, MD 21076							1,618.16
ACCOUNT NO.							
AMERICAN PROFICIENCY INSTITUTE PO BOX 72465 CLEVELAND, OH 44192-0002							828.75
ACCOUNT NO.							
AMERIGROUP P.O. BOX 62427 VIRGINIA BEACH, VA 23466-2437							5,669.92
ACCOUNT NO.							
AMERIGROUP P.O. BOX 933657 ATLANTA, GA 31193-3657							523.67
ACCOUNT NO.							
AMERIGROUP REAL SOLUTIONS P.O. BOX 933657 ATLANTA, GA 31193-3657							2,360.39
ACCOUNT NO.							
AMERISOURCEBERGEN PO Box 905816 Charlotte, NC 28290-5816		N A					634.57

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
AMS SYSTEMS, INC. 335D CONVENTION WAY REDWOOD CITY, CA 94063							1,362.37
ACCOUNT NO.							
ANDERSON, CAROLYN 443 MAGNOLIA PLACE RINGGOLD, GA 30736							6.63
ACCOUNT NO.							
ANDERSON, DR MARK MEMORIAL MEDICAL BLDG E 725 GLENWOOD DR STE E486 CHATTANOOGA, TN 37404							4,500.00
ACCOUNT NO.							
ANGEL E.M.S. C/O DEWAYNE WILSON P.O.BOX 5495 FORT OGLETHORPE, GA 30742							28,832.50
ACCOUNT NO.							
ANGEL EMS 337 S. CEDAR LANE FORT OGLETHORPE, GA 30742		N A					0.00
ACCOUNT NO.							
ANGELICA TEXTILE SERVICES PO BOX 71 ROCKMART, GA 30153							230.40

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
ANGIO DYNAMICS INC P.O. BOX 1549 ALBANY, NY 12201-1549							36,804.45
ACCOUNT NO.							
ANTHEM BCBS P.O. BOX 37690 LOUISVILLE, KY 40233							18.47
ACCOUNT NO.							
APPAREL EMBROIDERY, INC. 6138 PRESERVATION DRIVE CHATTANOOGA, TN 37416							515.80
ACCOUNT NO.							
APPLIED MEDICAL RESOURCES PO BOX 3511 CAROL STREAM, IL 60132-3511							10,470.00
ACCOUNT NO.							
AQUIS COMMUNICATIONS P.O. BOX 64010 BALTIMORE, MD 21264-4010							283.18
ACCOUNT NO.							
ARGON MEDICAL 1445 FLAT CREEK ROAD ATHENS, TX 75751							165.60

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
ARGON MEDICAL DEVICES, INC. PO BOX 677482 DALLAS, TX 75267-7482									294.64
ACCOUNT NO.									
ARJOHUNTLEIGH INC. 2349 WEST LAKE STREET ADDISON, IL 60101									708.68
ACCOUNT NO.									
ARROW INTERNATIONAL, INC. PO BOX 60519 CHARLOTTE, NC 28260									653.15
ACCOUNT NO.									
ARROW SERVICES LLC 4318 GENESIS ROAD CROSSVILLE, TN 38571									1,300.00
ACCOUNT NO.									
ARTHREX, INC. P.O. BOX 403511 ATLANTA, GA 30384-3511									834.26
ACCOUNT NO.									
ARTHROCARE MEDICAL CORPORATION PO BOX 844161 DALLAS, TX 75284-4161									712.81

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
ASHCRAFT, DELMON E MD. 2009 OLD LAFAYETTE ROAD FORT OGLETHORPE, GA 30742							5,400.00
ACCOUNT NO.							
ASSOCIATED BAG COMPANY PO BOX 8809 CAROL STREAM, IL 60197-8809							118.68
ACCOUNT NO.							
ASSOCIATES IN ONCOLOGY & HEMATOLOGY 7425 ZIEGLER ROAD SUITE 109 CHATTANOOGA, TN 37421							1,400.00
ACCOUNT NO.							
ASSOCIATES IN WOMENS HEALTH 4700 BATTLEFIELD PKWY SUITE 2200 RINGGOLD, GA 30736		N A					0.00
ACCOUNT NO.							
ASTRO JUMP 2733 KANASITA DRIVE SUITE 107 HIXSON, TN 37343							140.00
ACCOUNT NO.							
AT&T P.O.BOX 5019 CAROL STREAM, IL 60197-5019							14,198.40

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. AT&T P.O. BOX 5019 CAROL STREAM, IL 60197-5019							177,512.78
ACCOUNT NO. AT&T PO BOX 105262 ATLANTA, GA 30348-5262							239.06
ACCOUNT NO. AT&T PRO - CABS P.O. BOX 105373 ATLANTA, GA 30348							175,360.19
ACCOUNT NO. ATLAS BUSINESS SOLUTIONS, INC. P.O. BOX 9013 FARGO, ND 58106-9013							1,350.00
ACCOUNT NO. AUREUS NURSING, LLC. C&A PLAZA 13609 CALIFORNIA ST SUITE 200 OMAHA, NE 68154-5260							15,497.08
ACCOUNT NO. AUTOMATIC DOORS, INC. 13 KATHERINE LANE ROSSVILLE, GA 30741-8745							670.00

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
AUTOMED TECHNOLOGIES, INC 52226 NETWORK PLACE CHICAGO, IL 60673-1522									7,983.00
ACCOUNT NO.									
B BRAUN INTERVENTIONAL P.O. BOX 536412 PITTSBURGH, PA 15253-5906									15,437.81
ACCOUNT NO.									
B BRAUN MEDICAL PO BOX 536420 PITTSBURGH, PA 15253-5906									32,832.97
ACCOUNT NO.									
B&E MUTUAL C/O SIRIUS AMERICA INS. ONE LIBERTY PLAZA NEW YORK, NY 10006-1404									216.72
ACCOUNT NO.									
BAKER, RACHEL 135 BROOKVALE TERRACE ROSSVILLE, GA 30741									34.00
ACCOUNT NO.									
BANKERS LIFE P.O. BOX 1935 CARMEL, IN 46082-1935									76.65

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. BANKSTON, DAVID 67 BENDING OAK DR CHICKAMAUGA, GA 30707							15.00
ACCOUNT NO. BARD - DAVOL INC. 100 SOCKANOSSET CROSSROAD CRANSTON, RI 02920							2,464.77
ACCOUNT NO. BARD ACCESS SYSTEMS PO BOX 75767 CHARLOTTE, NC 28275							9,071.37
ACCOUNT NO. BARD PERIPHERAL VASCULAR INC. PO BOX 75767 CHARLOTTE, NC 28275							9,755.06
ACCOUNT NO. BARKSDALE, CHERYL 69 SHOOK DR CHICKAMAUGA, GA 30707							89.18
ACCOUNT NO. BARNES LAW GROUP, LLC 31 ATLANTA STREET MARIETTA, GA 30060							68,228.14

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
BATTLEFIELD IMAGING PO BOX 51178 KNOXVILLE, TN 37950							56,031.69
ACCOUNT NO.							
BAUSCH & LOMB SURGICAL 3365 TRUE COURT IND. BLVD SAINT LOUIS, MO 63122							31,834.67
ACCOUNT NO.							
BAXTER HEALTHCARE CORP. JP MORGAN CHASE CHARLOTTE, NC 28290							607.78
ACCOUNT NO.							
BAXTER I.V. SYSTEMS P.O. BOX 905788 CHARLOTTE, NC 28290-5788							13,009.29
ACCOUNT NO.							
BAYER HEALTHCARE PO BOX 360172 PITTSBURG, PA 15251-6172							234.79
ACCOUNT NO.							
BCBS GA P.O. BOX 7368 COLUMBUS, GA 31908-7368							664.95

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. BCBS OF CALIFORNIA P.O. BOX 541139 LOS ANGELES, CA 90054-0189							50.06
ACCOUNT NO. BCBS OF TN 1 CAMERON HILL CIRCLE CHATTANOOGA, TN 37402							1,931.64
ACCOUNT NO. BEACONMEDAES LLC DEPT 3234 P.O. BOX 123234 DALLAS, TX 75312-3234							1,458.88
ACCOUNT NO. BEAGLES, MARIA 84 VALLEY BREEZE DR RINGGOLD, GA 30736							74.86
ACCOUNT NO. BEAVER VISITEC INTERNATIONAL INC P.O. BOX 842837 BOSTON, MA 02284-2837							1,102.70
ACCOUNT NO. BECHTEL, SHERRELL PO BOX 1711 TRENTON, GA 30752							40.00

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
BECKMAN COULTER, INC. 11800 SW 147TH AVE. MIAMI, FL 33116-9015		N A					0.00
ACCOUNT NO.							
BECKMAN COULTER, INC. P.O. BOX 169015 DEPT. CH 10164 PALATINE, IL 60055-0164		N A					30,793.54
ACCOUNT NO.							
BECTON DICKINSON & COMPANY P. O. BOX 371537M PITTSBURG, PA 15251							10,282.00
ACCOUNT NO.							
BEEKLEY CORPORATION PRESTIGE LANE BRISTOL, CT 06010							911.85
ACCOUNT NO.							
BERYL 3600 HARDWOOD RD. BEDFORD, TX 76021							32,248.33
ACCOUNT NO.							
BHUTWALA, TIKU, M.D. 609 MAGNOLIA VALE DRIVE CHATTANOOGA, TN 37419							11,500.00

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
Bill Hilner, PhD 7302 Jarnigan Road Chattanooga, TN 37421		N A					0.00
ACCOUNT NO.							
BILLING MANAGEMENT, LLC PO BOX 634850 Cincinnati, OH 45263-4850		N A					2,661.28
ACCOUNT NO.							
BILLING MANAGEMENT, LLC PO BOX 33015 PALM BEACH GARD, FL 33420		N A					64,612.10
ACCOUNT NO.							
BIMECO INC 200 KELLY DRIVE SUITE A PEACHTREE CITY, GA 30269							328.70
ACCOUNT NO.							
BIO-RAD LABORATORIES P.O. BOX 849740 LOS ANGELES, CA 90084-9740							12,035.27
ACCOUNT NO.							
BIOCOMPATIBLES INC 115 HURLEY ROAD BLDG 3A OXFORD, CT 06478							26,285.26

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. BIOLIFE LLC 8163 25TH COURT EAST SARASOTA, FL 34243							340.56
ACCOUNT NO. BIOMERIEUX INC P.O. BOX 500308 ST LOUIS, MO 63150							600.48
ACCOUNT NO. BIOMET ARTHROTEK LOCK BOX TELLER P.O. BOX 11214 SOUTH BEND, IN 46634-0214							12,102.00
ACCOUNT NO. BIRD & CRONIN INC. 1200 TRAPP ROAD EAGAN, MN 55121							252.89
ACCOUNT NO. BLAKE MEDICAL INC 3686 WHEELER ROAD AUGUSTA, GA 30903							634.72
ACCOUNT NO. BLANCHARD, MICHAEL 293 CREEKS BEND DR RINGGOLD, GA 30736							30.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. BLOOD ASSURANCE, INC. 700 E. THIRD ST. CHATTANOOGA, TN 37403		N A					85,811.55
ACCOUNT NO. BLUE CROSS BLUE SHIELD OF GEORGIA PO BOX 9907 COLUMBUS, GA 31908							2,806.24
ACCOUNT NO. BLUE CROSS BLUE SHIELD OF TENNESSE 801 PINE STREET SPECIAL ACCOUNTS DEPT.-4P CHATTANOOGA, TN 37402							37.90
ACCOUNT NO. BLUE CROSS OF DELAWARE P.O. BOX 1991 WILMINGTON, DE 19899-1991							51.97
ACCOUNT NO. BORDEN DAIRY OF KENTUCKY, LLC P.O. BOX 905064 CHARLOTTE, NC 28290-5064							16,035.93
ACCOUNT NO. BOSSHARDT, DAVID, M.D. 1713 N. LONGHOLLOW RD. CHICKAMAUGA, GA 30707							1,600.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
BOSTON SCIENTIFIC CORPORATION ONE BOSTON SCIENTIFIC PL BOSTON, MA 19178-6205							36,477.49
ACCOUNT NO.							
BOWERS, ELIZABETH M D.O. 2009 OLD LAFAYETTE ROAD FORT OGLETHORPE, GA 30742							3,600.00
ACCOUNT NO.							
BOWERS, RICHARD J D.O. 2009 OLD LAFAYETTE ROAD FORT OGLETHORPE, GA 30742							4,800.00
ACCOUNT NO.							
BRACCO DIAGNOSTICS PO BOX 532411 CHARLOTTE, NC 28290-2411							5,394.13
ACCOUNT NO.							
BRADFORD, GREGORY F. PO BOX 603 TRENTON, GA 30752							2,475.00
ACCOUNT NO.							
BRAEMAR INC 11481 RUPP DRIVE BURNSVILLE, MN 55337							2,914.83

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
BRASSELER USA MEDICAL LLC ONE BRASSELER BOULEVARD SAVANNAH, GA 31419							60.55
ACCOUNT NO.							
BRAVO HEALTH INSURANCE ATTN FINANCE/AR 3 DAY RULE 3601 O'DONNELL STREET BALTIMORE, MD 21224							86.72
ACCOUNT NO.							
BRIGGS HEALTHCARE 7300 WESTOWN PRKWAY WEST DES MOINES, IA 50266							3,624.79
ACCOUNT NO.							
BRINSON, ASKEW, BERRY, SEIGLER P.O. BOX 5007 ROME, GA 30162-5007		N A					128,999.59
ACCOUNT NO.							
BROOKS, CAMPBELL 362 HICKORY RIDGE TRL RINGGOLD, GA 30736							35.00
ACCOUNT NO.							
BROWN, NEAL REV 610 MASON DRIVE RINGGOLD, GA 30736							200.00

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
BUILDERS INSURANCE P.O. BOX 723099 ATLANTA, GA 31139									177.35
ACCOUNT NO.									
BURNS, TARA 178 HILL STREET TRION, GA 30753									25.00
ACCOUNT NO.									
BVK DIRECT INC. 5311 DAVENPORT MANOR CUMMINGS, GA 30041									8,430.00
ACCOUNT NO.									
C C DICKSON, INC. PO BOX 36777 CHARLOTTE, NC 28236									1,703.08
ACCOUNT NO.									
CAHABA GBA, LLC WRITTEN INQUIRIES BIRMINGHAM, AL									5.45
ACCOUNT NO.									
CARDEN, ROBIN 74 TIPTON DRIVE RINGGOLD, GA 30736									3.00

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
CARDINAL HEALTH MEDICAL PRODUCTS SERVICE P.O.BOX 105048 ATLANTA, GA 30348							182.52
ACCOUNT NO.							
CARDINAL HEALTH PHARMACEUTICAL DIST P.O.BOX 402574 ATLANTA, GA 30384-2574							224,941.04
ACCOUNT NO.							
CARDIOLOGY CENTER OF DALTON, PC 1411 CHATTANOOGA AVENUE DALTON, GA 30720							9,600.00
ACCOUNT NO.							
CARE IMPROVEMENT 351 W CAMDEN ST SUITE 100 BALTIMORE, MD 21201							4,154.53
ACCOUNT NO.							
CAREFUSION 211 INC X VIASYS 22745 SAVI RANCH PKWY YORBA LINDA, CA 92887-4668							264.01
ACCOUNT NO.							
CAREFUSION 2200 INC 1500 WAUKEGAN ROAD WAUKEGAN, IL 60085							24,077.00

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
ACCOUNT NO. CAREFUSION SOLUTIONS INC 25082 NETWORK PLACE CHICAGO, IL 60673-1250						103,616.85
ACCOUNT NO. Carl A. Lindblad 1402-A Stratman Circle Chattanooga, TN 37421		N A				0.00
ACCOUNT NO. Cathy Hulse Apt 512A 100 Gross Crescent Circle Fort Oglethorpe, GA 30742		N A				0.00
ACCOUNT NO. Catoosa County Chad Young, County Attorney PO Box 727 Ringgold, GA 30736		N A				0.00
ACCOUNT NO. CATOOSA COUNTY CHAMBER OF COMMERCE* PO BOX 52 RINGGOLD, GA 30736						2,925.00
ACCOUNT NO. CEARLEY JEANETTA GOFORTH 115 DIETZ ROAD RINGGOLD, GA 30736						391.49

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
CELTIC LEASING CORPORATION 4 PARK PLAZA SUITE 300 IRVINE, CA 92614							229,909.02
ACCOUNT NO.							
Centers for Medicare/Medicaid c/o Cahaba Govt Benefit Admin PO Box 1448 Birmingham, AL 35201-1448		N A	Medicare reimbursement obligations for 2008 - 2014	X	X		6,900,000.00
ACCOUNT NO.							
CENTRAL ADMIXTURE PHARMACY SERVICES, INC PO BOX 512435 PHILADELPHIA, PA 19175-2435							3,833.19
ACCOUNT NO.							
CHAMPVA P.O. BOX 469063 DENVER, CO 80246-9063							668.69
ACCOUNT NO.							
CHANNING L BETE COMPANY, INC. PO BOX 200 SOUTH DEERFIELD, MA 01373							3,332.34
ACCOUNT NO.							
CHARLES FISHER COURT REPORTING, INC. 503 EAST MENDENHALL BOZEMAN, MT 59715							902.00

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. CHARTIS P.O. BOX 1821 ALPHARETTA, GA 30023-3030							66.14
ACCOUNT NO. CHASE PLUMBING&MECHANICAL INC PO BOX 21469 CHATTANOOGA, TN 37363							2,408.00
ACCOUNT NO. CHATT - HAMILTON CTY HOSP AUTH d/b/a ERLANGER HEALTH SYSTEMS PO BOX 6006 CHATTANOOGA, TN 37401	X	N A	subject to setoff	X	X	X	21,700,699.04
ACCOUNT NO. CHATTANOOGA ARMATURE WORKS 1209 E 23RD ST CHATTANOOGA, TN 37408							2,664.00
ACCOUNT NO. CHATTANOOGA COCA-COLA BOTTLING COMPANY PO BOX 11407 DRAWER #0962 BIRMINGHAM, AL 35246-0962							21,363.30

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
CHATTANOOGA MEDICAL SUPPLY, INC. 827 INTERMONT ROAD CHATTANOOGA, TN 37415							129.17
ACCOUNT NO.							
CHATTANOOGA OFFICE OF CME 960 EAST THIRD STREET SUITE 104 CHATTANOOGA, TN 37403							500.00
ACCOUNT NO.							
CHATTANOOGA ORTHOPEDIC GROUP P.O. BOX 848964 BOSTON, MA 02284-8964							97.55
ACCOUNT NO.							
CHATTANOOGA ST TECH COMM COLL 4501 AMNICOLA HWY CHATTANOOGA, TN 37406		N A					0.00
ACCOUNT NO.							
CHATTANOOGA TIMES FREE PRESS 400 E 11TH ST. PO BOX 1447 CHATTANOOGA, TN 37401-1447							9,400.00

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO. CHEK-MED SYSTEMS 200 GRANDVIEW AVENUE CAMP HILL, PA 17011								739.00	
ACCOUNT NO. CHERRY, BEKAERT & HOLLAND, L.L.P. P.O. BOX 25549 RICHMOND, VA 23260-5549								102,500.00	
ACCOUNT NO. CHIEF SUPPLY, INC. P.O. BOX 534765 ATLANTA, GA 30353-4765								332.49	
ACCOUNT NO. CHOICE MEDICAL 400 ERIN DRIVE KNOXVILLE, TN 37919								4,747.04	
ACCOUNT NO. CIGNA P.O. BOX 9331 LONBARD, IL 60148								379.88	
ACCOUNT NO. CIGNA C/O JOHNSON & ROUNTREE PREMIUM P.O. BOX 2625 DELMAR, CA 92014								2,191.32	

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. CIGNA 1000 GREAT WEST DRIVE KENNETT, MO 63857-3749							2,464.00
ACCOUNT NO. CIGNA HEALTHCARE COR UNIT - PO BOX 188012 CHATTANOOGA, TN 37422							17,113.78
ACCOUNT NO. CIGNA HEALTHCARE P.O. BOX 188012 ATTN: COR TEAM CHATTANOOGA, TN 37422							271.06
ACCOUNT NO. CIGNA/THE RAWLINGS COMPANY LLC AUDIT DIVISION P.O. BOX 2010 LAGRANGE, KY 40031-2010							2,502.62
ACCOUNT NO. CINTAS DOCUMENT MANAGEMENT INC. 134 LAKE CITY DRIVE FLINTSTONE, GA 30725							2,201.06
ACCOUNT NO. CINTAS FIRE PROTECTION LOC #227 PO BOX 636525 CINCINNATI, OH 45263-6525							2,042.99

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. CITY OF FORT OGLETHORPE 500 City Hall Drive PO Box 5509 FORT OGLETHORPE, GA 30742		N A					31,138.34
ACCOUNT NO. CITY OF LAFAYETTE PO BOX 89 LAFAYETTE, GA 30728							487.11
ACCOUNT NO. CLARK COLVARD 100 GROSS CRESCENT SUITE 500 FORT OGLETHORPE, GA 30742		N A					0.00
ACCOUNT NO. CLARK, JAY 274 MAINE AVE WILDWOOD, GA 30757							25.00
ACCOUNT NO. CLIA LAB PROGRAM P.O. BOX 530882 ATLANTA, GA 30353-0882							6,533.00
ACCOUNT NO. CMS PO BOX 830140 BIRMINGHAM, AL 35283							13.66

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. COEUR INCORPORATED PO BOX 71404 CHICAGO, IL 60694-1404							220.00
ACCOUNT NO. COLES BARTON 150 SOUTH PERRY STREET SUITE 100 LAWRENCEVILLE, GA 30046							1,578.48
ACCOUNT NO. COLLEGE OF AMERICAN PATHOLOGISTS PO BOX 71698 CHICAGO, IL 60694							1,350.20
ACCOUNT NO. COMBUSTION & CONTROL SOLUTIONS, INC. 4016 INDUSTRY DRIVE CHATTANOOGA, TN 37416							620.69
ACCOUNT NO. COMCAST PO BOX 105184 ATLANTA, GA 30348-5184		N A					593.92
ACCOUNT NO. COMMUNITY HOSPITAL CONSULTING, INC. 5801 TENNYSON PARKWAY SUITE 550 PLANO, TX 75024							6,800.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
COMPHEALTH INC PO BOX 972651 DALLAS, TX 75397-2651							49,908.98
ACCOUNT NO.							
COMPLETE PAY INC 216 PENTZ ST DALTON, GA 30720-4226							174.94
ACCOUNT NO.							
COMPLIANCE CONCEPTS INC 8305 UNIVERSITY EXEC PARK SUITE 320 CHARLOTTE, NC 28262							2,250.00
ACCOUNT NO.							
CONE INSTRUMENTS INC. 3261 MOMENTUM PLACE CHICAGO, IL 60689-5332							57.73
ACCOUNT NO.							
CONSOLIDATED CONTRACTING, INC. PO BOX 2571 BRENTWOOD, TN 37024-2571							1,200.00
ACCOUNT NO.							
CONTINENTAL AMERICAN LIFE/AETNA P.O. BOX 1188 BRENTWOOD, TN 37024							40.82

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. CONTINENTAL LIFE PO BOX 5008 BRENTWOOD, TN 37024-5008							46.53
ACCOUNT NO. CONTINENTAL LIFE 800 CRESCENT CENTRE DR STE 200 FRANKLIN, TN 37067							1,184.00
ACCOUNT NO. CONTINUANT, INC 5050 20TH ST E COURT E FIFE, WA 98424-3437							18,797.52
ACCOUNT NO. COOK MEDICAL INCORPORATED PO BOX 4195 BLOOMINGTON, IN 47402-4195							8,364.27
ACCOUNT NO. COOK'S PEST CONTROL INC. 2000 AMNICOLA HIGHWAY CHATTANOOGA, TN 37406							6,181.50
ACCOUNT NO. CORDELL, KIMBERLY 4289 N HWY 341 FLINTSTONE, GA 30725							22.93

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
CORNERSTONE ORTHOPAEDICS CORPORATION PO BOX 2219 CHADWICK SMITH MD PC FORT OGLETHORPE, GA 30742							28,000.00
ACCOUNT NO.							
COST EFFECTIVE COMPUTERS INC. 2955C CLEVELAND ROAD DALTON, GA 30721							870.14
ACCOUNT NO.							
COVENANT ADMIN 165 COURTLAND ST NE SUITE A 403 ATLANTA, GA 30303-1721							48.71
ACCOUNT NO.							
COVENTRY HEALTH CARE OF GA.INC. 1100 CIRCLE 75 PKWY SE SUITE 1400 ATLANTA, GA 30339							6,712.24
ACCOUNT NO.							
COVIDIEN P.O. BOX 120823 DALLAS, TX 75312-0823							2,700.00

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. COWAN BENEFIT SERVICES, INC. 113 SEABOARD LANE SUITE C170 FRANKLIN, TN 37067							39,583.35
ACCOUNT NO. CREATIVE AVIARIES, LLC PO BOX 22325 PITTSBURGH, PA 15222							474.70
ACCOUNT NO. CRISIS PREVENTION INSTITUTE INC 10820 W. PARK PLACE SUITE 600 MILWAUKEE, WI 53224							1,345.68
ACCOUNT NO. CRITICAL COMPONENTS INC 120 INTERSTATE NORTH PKWY SUITE 305 ATLANTA, GA 30339							7,210.00
ACCOUNT NO. CROTHALL SERVICES GROUP 13028 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693							53,265.98
ACCOUNT NO. CULLIGAN WATER SYSTEMS 2022 POLYMER DRIVE CHATTANOOGA, TN 37421							8,195.45

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. CURBELL MEDICAL PRODUCTS, INC. 7 COBHAM DRIVE ORCHARD PARK, NY 14127							1,013.13
ACCOUNT NO. CUSTOM SPECIALTIES 3233 25TH STREET METAIRIE, LA 70002							315.50
ACCOUNT NO. D & Y 6767 OLD MADISON PIKE SUITE 690 HUNTSVILLE, AL 35806							142,315.22
ACCOUNT NO. D&S OUTDOOR ADVERTISING 926 MNT. PISGAH RD RINGGOLD, GA 30736							3,700.00
ACCOUNT NO. Dade County Robin Rogers, County Attorney 12362 S. Main St., Suite B Trenton, GA 30752		N A					0.00
ACCOUNT NO. DADE COUNTY CHAMBER OF COMMERCE PO BOX 1014 TRENTON, GA 30752							1,250.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. DADE COUNTY COMMISSION PO BOX 613 TRENTON, GA 30752							2,015.01
ACCOUNT NO. DADE COUNTY EMS P.O. BOX 613 TRENTON, GA 30752		N A					0.00
ACCOUNT NO. DADE COUNTY SENTINEL NEWSPAPERS, INC. PO BOX 277 TRENTON, GA 30752							247.50
ACCOUNT NO. DADE COUNTY SHERIFF P.O. BOX 920 TRENTON, GA 30752-0920							646.00
ACCOUNT NO. Dale Ingram 606 Swanson Ridge Road Chattanooga, TN 37421		N A					0.00
ACCOUNT NO. DALTON COLLEGE 213 N. COLLEGE DRIVE DALTON, GA 30720		N A					0.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. DALTON COMMUNICATIONS, INC. 147 RICHARDSON DRIVE DALTON, GA 30721							1,540.00
ACCOUNT NO. Dalton Surgical Group 1504 Broadrick Drive Dalton, GA 30720		N A					0.00
ACCOUNT NO. DALTON SURGICAL GROUP, PC 1504 BROADRICK DRIVE DALTON, GA 30720							68,600.00
ACCOUNT NO. Darrell Wheldon 2009 Old Lafayette Road Fort Oglethorpe, GA 30742		N A					0.00
ACCOUNT NO. DATEX-OHMEDA INC PO BOX 641936 PITTSBURGH, PA 15264-1936							2,445.42
ACCOUNT NO. DAVID A. DENMAN 66 MYTHICAL LANE RINGGOLD, GA 30736		N A					0.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. David Bosshardt 1713 N. Longhollow Road Chickamauga, GA 30707		N					0.00
ACCOUNT NO. David Rankine, M.D. 979 East Third Street Suite 1210 Chattanooga, TN 37403		N					0.00
ACCOUNT NO. DAVIS PATRICIA ANN 149 PARK DR P.O. BOX 5793 FORT OGLETHORPE, GA 30742-1193							35.00
ACCOUNT NO. DEAN, MARANDA 399 LAKESHORE CV FORT OGLETHORPE, GA 30742							171.00
ACCOUNT NO. DECISION HEALTH 11300 ROCKVILLE PIKE SUITE 1100 ROCKVILLE, MD 20852-3030							459.00
ACCOUNT NO. DECOSIMO P.O. BOX 11453 CHATTANOOGA, TN 37401							208,947.62

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
Delmon Ashcraft 2009 Old Lafayette Road Fort Oglethorpe, GA 30742		N A							0.00
ACCOUNT NO.									
DELTA DENTAL OF TENNESSEE P.O. BOX 305172 DEPT 35 NASHVILLE, TN 37230									7,383.44
ACCOUNT NO.									
DEPT OF VETERENS AFFAIRS 1310 24TH AVE SOUTH NASHVILLE, TN 37212									5,082.91
ACCOUNT NO.									
DERMA SCIENCES INC 1694 SOLUTIONS CENTER CHICAGO, IL 60677-1006									630.00
ACCOUNT NO.									
DIAGNOSTIC STAGE INC. FIVE CENTURY DRIVE PARSIPPANY, NJ 07054		N A							0.00
ACCOUNT NO.									
DIAGNOSTICA STAGO, INC. P.O. BOX 416347 BOSTON, MA 02241-6347									27,997.50

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
DIGITAL INNOVATION INC 302 DOVE COURT FOREST HILL, MD 21050									6,700.00
ACCOUNT NO.									
DIGITAL SUPPLY CENTER, INC. P.O. BOX 9325 CONOGA PARK, CA 91309									542.82
ACCOUNT NO.									
DIRECT SUPPLY, INC. BOX 88201 MILWAUKEE, WI 53288-0201									7,552.92
ACCOUNT NO.									
DIVERSIFIED BIOLOGICALS, LLC 3453 PELHAM ROAD SUITE 104 GREENVILLE, SC 29615									344.45
ACCOUNT NO.									
DIXIE PRODUCE CO, INC. PO BOX 429 CHATTANOOGA, TN 37401									3,063.47
ACCOUNT NO.									
DJ ORTHOPEDICS,LLC 1905 N. MACARTHUR DRIVE TRACY, CA 95376									198.49

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. DOUBLE D PIPING P.O. BOX 5117 CLEVELAND, TN 37323							4,072.00
ACCOUNT NO. DRUMMOND, JOHN A MD 35 COLLIER ROAD NW SUITE 175 ATLANTA, GA 30309-1671							1,200.00
ACCOUNT NO. DUPREE, RODNEY 664 LOFTON LANE CHICKAMAUGA, GA 30707							128,528.00
ACCOUNT NO. EAGLE PHARMACEUTICALS 470 CHESTNUT RIDGE ROAD WOODCLIFF LAKE, NJ 07677							2,070.00
ACCOUNT NO. ECOLAB FOOD SAFETY SPECIALTIES 24198 NETWORK PLACE CHICAGO, IL 60673-1241							29.15
ACCOUNT NO. EDDIE TEST'S MEDICAL EQUIPMENT, INC. PO BOX 767 RINGGOLD, GA 30736							156.96

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	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.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		Husband, Wife, Joint , or Community					
ACCOUNT NO. ELDRIDGE SERVICE COMPANY, LLC P.O. BOX 72535 CHATTANOOGA, TN 37407							3,600.00
ACCOUNT NO. ELEKTA INC P.O. BOX 404199 ATLANTA, GA 30384-4199							24,708.88
ACCOUNT NO. Elizabeth Bowers 2009 Old Lafayette Road Fort Oglethorpe, GA 30742		N A					0.00
ACCOUNT NO. ELLIS, JOHN C. M.D 303 OHIO AVENUE A-4 SIGNAL MOUNTAIN, TN 37377							3,300.00
ACCOUNT NO. ELLMAN INTERNATIONAL INC 3333 ROYAL AVENUE OCEANSIDE, NY 11572-3625							657.18
ACCOUNT NO. ELMED INCORPORATED 35 N. BRANDON DRIVE GLENDALE HGHTS, IL 60139		N A					722.08

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
ELSEVIER HEALTH SCIENCES DIVISION P.O. BOX 7247-8950 PHILADELPHIA, PA 19170-8950							16,674.33
ACCOUNT NO.							
EMCARE, INC. 7032 COLLECTION CENTER DRIVE CHICAGO, IL 60693							1,232,329.85
ACCOUNT NO.							
EMOUS, DAWN 227 HIDDEN TRACE DR RINGGOLD, GA 30736							44.65
ACCOUNT NO.							
EMS INC 1892 MCFARLAND AVE ROSSVILLE, GA 30741							804.00
ACCOUNT NO.							
ENDOCHOICE INC P.O. BOX 200109 PITTSBURGH, PA 15251-0109							1,247.38
ACCOUNT NO.							
ENSIGN FLORIST INC 1300 S CREST RD ROSSVILLE, GA 30741							175.50

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. EPIMED CROSSROADS BUSINESS PARK 141 SAL LANDRIO DR. JOHNSTOWN, NY 12095							128.20
ACCOUNT NO. ERBE USA INCORPORATED SURGICAL SYSTEMS 2225 NORTHWEST PARKWAY MARIETTA, GA 30067							1,183.46
ACCOUNT NO. ERLANGER MEDICAL CENTER PO BOX 670 CHATTANOOGA, TN 37401		N A		X	X	X	23,494.98
ACCOUNT NO. ERS BIOMEDICAL 11608 PERPETUAL DRIVE ODESSA, FL 33556							384.40
ACCOUNT NO. ESIS, INC P.O. BOX 6561 SCRANTON, PA 18505-6561							585.55
ACCOUNT NO. ESKOLA ROOFING 2418 MORELOCK ROAD MORRISTOWN, TN 37814							2,789.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
ESQUIRE DEPOSITION SOLUTIONS, LLC P.O. BOX 846099 DALLAS, TX 75284-6099							580.61
ACCOUNT NO.							
ESSENTIAL STAFFCARE PO BOX 6702 COLUMBIA, SC 29260							200.00
ACCOUNT NO.							
ESTES, JENNIFER 610 HICKORY CIR RINGGOLD, GA 30736							51.60
ACCOUNT NO.							
EV3 INC 3033 CAMPUS DRIVE PLYMOUTH, MN 55441							379.00
ACCOUNT NO.							
EVOQUA WATER TECHNOLOGIES LLC PO BOX 360766 PITTSBURGH, PA 15251-6766							3,688.16
ACCOUNT NO.							
EXCEL GRAPHIC SERVICES P.O. BOX 2609 BLUE RIDGE, GA 30513							4,488.48

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
EXECUTIVE HEALTH RESOURCES P.O. BOX 822688 PHILADELPHIA, PA 19182-2688									255,736.00
ACCOUNT NO.									
EXPAND-A-BAND LLC 13112 CRENSHAW BLVD. GARDENA, CA 90249									204.58
ACCOUNT NO.									
EXPRESS COURIER INT INC PO BOX 678576 DALLAS, TX 75267-8576									14,994.11
ACCOUNT NO.									
FAGNAN, SARA 24 DEAYNE LN RINGGOLD, GA 30736									3.00
ACCOUNT NO.									
FAIRCHILD, DENA 990 WOOD YATES RD RINGGOLD, GA 30736									70.00
ACCOUNT NO.									
FANCY PLANTS 308 ROLLING WAY SIGNAL MTN., TN 37377									3,661.80

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. FARNAM STREET FINANCIAL 240 PONDVIEW PLAZA 5850 OPUS PARKWAY MINNETONKA, MN 55343							8,208.19
ACCOUNT NO. FARRIS, LINDA PO BOX 5563 FORT OGLETHORPE, GA 30742							16.38
ACCOUNT NO. FASTENAL IND & CONSTRUCTION 4716 ROSSVILLE BLVD CHATTANOOGA, TN 37407							56.69
ACCOUNT NO. FIDELITY SECURITY LIFE INSURANCE/EYE MED P.O. BOX 918292 ORLANDO, FL 32891-8292							10,075.92
ACCOUNT NO. FINCHER, LINDA 220 MULBERRY LAND TUNNEL HILL, GA 30755							25.75
ACCOUNT NO. FIRST FINANCIAL (INVESTMENT FUND HOLDING ATTN: HEIDI KIESEL 230 PEACHTREE ST. SUITE 1500 ATLANTA, GA 30303							2,544.75

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
FISHER HEALTHCARE PO BOX 404705 ATLANTA, GA							766.38
ACCOUNT NO.							
FITZSIMMONS, TIMOTHY 604 KAILPORS COVE CIR RINGGOLD, GA 30736							74.15
ACCOUNT NO.							
FIVE STAR FOOD SERVICE 248 ROLLINS INDUSTRIAL CT RINGGOLD, GA 30736							6,039.00
ACCOUNT NO.							
FLOWERS BAKING CO. OF VILLA RICA PO BOX 100817 ATLANTA, GA 30384							691.78
ACCOUNT NO.							
FORTEC MEDICAL INC. PO BOX 951147 CLEVELAND, OH 44193							9,212.00
ACCOUNT NO.							
FORTIFIED HEALTH SOLUTIONS, INC. 201 MOLLY WALTON DRIVE SUITE B HENDERSONVILLE, TN 37075							10,500.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
FOURAKER REPORTING SERVICE, INC. 520 GRAHAM STREET CHATTANOOGA, TN 37405							1,399.08
ACCOUNT NO.							
Francis Garcia Apt 512 100 Gross Crescent Circle Fort Oglethorpe, GA 30742		N A					0.00
ACCOUNT NO.							
FRESENIUS KABI USA, LLC PAYMENT PROCESSING CENTER P.O. BOX 1498 HEMET, CA 92546-1498							5.80
ACCOUNT NO.							
FUJIFILM MEDICAL SYSTEMS USA INC 419 WEST AVENUE SUITE 165 STAMFORD, CT 06902-6348							16,244.50
ACCOUNT NO.							
G NEIL COMPANIES PO BOX 451179 SUNRISE, FL 33345							130.80

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
GA NUTRITION CONSULTANTS, INC. 231 CARMEL RIDGE RD CANTON, GA 30114							5,648.09
ACCOUNT NO.							
GARNER, PHILLIP 285 E SHARON CIR RINGGOLD, GA 30736							14.00
ACCOUNT NO.							
GB HEALTH MANAGEMENT P.O. BOX 173 LOOKOUT MOUNTAIN, TN 37350		N A					0.00
ACCOUNT NO.							
GE CAPITAL HEALTHCARE FIN. SVC P.O. BOX 641419 PITTSBURGH, PA 15264-1419		N A					0.00
ACCOUNT NO.							
GE HEALTHCARE FINANCIAL SVCS 20225 WATERTOWER BLVD BROOKFIELD, WI 53045		N A					38,212.90
ACCOUNT NO.							
GE HEALTHCARE IITS USA CORP 8200 WEST TOWER AVENUE MILWAUKEE, WI 53223							3,415.49

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
GE MEDICAL SYSTEMS PO BOX 7550 MADISON, WI 53707									118,830.68
ACCOUNT NO.									
GE OEC MEDICAL SYSTEMS PO BOX 26084 SALT LAKE CITY, UT 84116									11,891.56
ACCOUNT NO.									
GEETER, REVEREND JOHN 4304 HIGHWOOD DRIVE CHATTANOOGA, TN 37415									200.00
ACCOUNT NO.									
GENESIS HOME CARE 5710 LEE HIGHWAY CHATTANOOGA, TN 37421									1,350.61
ACCOUNT NO.									
GENTELL 3600 BOUNDBROOK AVENUE TREVSE, PA 19053									121.53
ACCOUNT NO.									
GENZYME BIOSURGERY CORPORATION 55 CAMBRIDGE PARKWAY CAMBRIDGE, MA 02142									3,297.90

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
GEORGIA ALLIANCE OF COMMUNITY HOSPITALS PO BOX 1572 TIFTON, GA 31793							7,000.00
ACCOUNT NO.							
GEORGIA DEPT OF COMMUNITY HEALTH 2 PEACHTREE ST N.W. ROOM 34.262 ATLANTA, GA 30303-3159							7,012.34
ACCOUNT NO.							
GEORGIA HEALTH CARE ASSOCIATION INC 150 COUNTRY CLUB DRIVE STOCKBRIDGE, GA 30281							7,575.00
ACCOUNT NO.							
GEORGIA HOSPITAL ASSOCIATION 1675 TERRELL MILL ROAD MARIETTA, GA 30067		N A					87,199.50
ACCOUNT NO.							
GEORGIA NATURAL GAS P.O. BOX 105445 ATLANTA, GA 30348-5445							10,097.16

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
GEORGIA PUBLIC HEALTH LABORATORY 1749 CLAIREMONT RD NE DECATUR, GA 30033-4050							85,980.20
ACCOUNT NO.							
GHAREF 1675 TERRELL MILL RD C/O MARTHA HARRELL MARIETTA, GA 30067							18,700.00
ACCOUNT NO.							
GIBSON, DALE R. INC. 6342 SUMMER LAKES LANE PENSACOLA, FL 32504							4,800.00
ACCOUNT NO.							
GILL INDUSTRIES, INC ASR HEALTH BENEFITS P.O. BOX 6392 GRAND RAPIDS, MI 49516-6392							1,196.94
ACCOUNT NO.							
GIROD, MARCUS 222 TEAL DR RINGGOLD, GA 30736							23.40
ACCOUNT NO.							
GLAXOSMITHKLINE PHARMACEUTICALS P.O. BOX 740415 ATLANTA, GA 30374-0415							1,575.15

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. GLOBAL TRANSACTION SUPPLIES P.O. BOX 3448 CHAMPLAIN, NY 12919							372.50
ACCOUNT NO. GOLF CARTS OF CHATTANOOGA P.O. BOX 90069 CHATTANOOGA, TN 37412							2,989.93
ACCOUNT NO. GRAPHIC CONTROLS, LLC PO BOX 1271 BUFFALO, NY 14240-1271							149.89
ACCOUNT NO. GRAVES, MELISSA 968 NELLIE HEAD RD TUNNEL HILL, GA 30755							12.07
ACCOUNT NO. GRAYBAR ELECTRIC COMPANY 6013 JOHN DOUGLAS DRIVE CHATTANOOGA, TN 37411							1,922.66
ACCOUNT NO. GRIFFIN, KEVIN 385 POST OAK RD RINGGOLD, GA 30736							10.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. HAEMONETICS 24849 NETWORK PLACE CHICAGO, IL 60673-1248							24,080.00
ACCOUNT NO. HAMILTON MEDICAL CENTER 1275 ELDWOOD DRIVE DALTON, GA 30720		N A					0.00
ACCOUNT NO. HARBIN CLINIC LLC 1825 MARTHA BERRY BLVD ROME, GA 30165							107,250.00
ACCOUNT NO. HARTFORD, THE P.O. BOX 8500-3690 PHILADELPHIA, PA 19178-3690							9,723.37
ACCOUNT NO. Hayes, Katherine Farrar 6726 Kenton Ridge Circle Chattanooga, TN 37421		N A					500.00
ACCOUNT NO. HEALTH CARE LOGISTICS, INC PO BOX 25 CIRCLEVILLE, OH 43113							1,529.80

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
HEALTH COST SOLUTIONS ATTN OVERPYMT RECOVERY UNIT P.O. BOX 1439 HENDERSONVILLE, TN 37077							159.22
ACCOUNT NO.							
HEALTHCARE FACILITY REGULATION DIV, DCH P.O. BOX 741328 ATLANTA, GA 30374-1328							1,500.00
ACCOUNT NO.							
HEALTHCARE PARTNERS FILE 50834 LOS ANGELES, CA 90074-0834							98,930.28
ACCOUNT NO.							
HEALTHCARE PAYMENT SPECIALISTS 8401 JACKSBORO HIGHWAY SUITE 550 FORT WORTH, TX 76135							12,316.71
ACCOUNT NO.							
HEALTHCARESOURCE HR INC LOCKBOX #3577 P.O. BOX 8500 PHILADELPHIA, PA 19178-3577							13,110.80

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
HEALTHIT PROJECT MANAGERS LLC 2655 NORTHWINDS PARKWAY ALPHARETTA, GA 30009							14,426.00
ACCOUNT NO.							
HEALTHMARK INDUSTRIES CO. 3080 MOMENTUM PLACE CHICAGO, IL 60689-5330							664.45
ACCOUNT NO.							
HEALTHSPRING P.O. BOX 20002 NASHVILLE, TN 37202-9613							4,984.86
ACCOUNT NO.							
HEALTHSPRING 530 GREAT CIRCLE ROAD NASHVILLE, TN 37228							56.27
ACCOUNT NO.							
HEATHERLY, AMANDA 689 DRYVALLEY RD ROSSVILLE, GA 30741							1.55
ACCOUNT NO.							
HELMER SCIENTIFIC 14395 BERGEN BOULEVARD NOBLESVILLE, IN 46060							698.71

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
HENNING MEDIATION & ARBITRATION SERVICE, 3350 RIVERWOOD PKWY SE SUITE 75 ATLANTA, GA 30339							1,412.50
ACCOUNT NO.							
HERITAGE HC OF FT OGLETHORPE ATTN ANGELA WELLS 1626 JEURGENS COURT NORCROSS, GA 30093							227.45
ACCOUNT NO.							
HIGHMARK BLUE CROSS BLUE SHIELD OF PA P.O. BOX 1210 PITTSBURGH, PA 15230-1210							312.50
ACCOUNT NO.							
HIGHMARK OF DELAWARE P.O. BOX 1991 WILMINGTON, DE 19899							142.62
ACCOUNT NO.							
HILL-ROM CO PO BOX 643592 PITTSBURGH, PA 15264-3592							46,824.64
ACCOUNT NO.							
HIRERIGHT SOLUTIONS INC. 23883 NETWORK PLACE CHICAGO, IL 60673-1238							11,877.30

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
HMS WELLPOINT CREDIT BALANCE PROJECT P.O. BOX 28422 NEW YORK, NY 10087-8422									512.00
ACCOUNT NO.									
HOBART SERVICE PO BOX 22403 2115 CHAPMAN RD.SUITE 101 CHATTANOOGA, TN 37422									3,719.82
ACCOUNT NO.									
HOLLAND, MARTIN 3434 MASON RD RISING FAWN, GA 30738									60.00
ACCOUNT NO.									
HOLLIDAY & ASSOCIATES P.O. BOX 5143 INCLINE VILLAGE, NV 89450									1,000.00
ACCOUNT NO.									
HOLOGIC 24506 NETWORK PLACE CHICAGO, IL 60673-1245									9,412.18
ACCOUNT NO.									
HOMETOWN HEALTH, LLC 3280 CHERRY OAK LANE CUMMING, GA 30041									21,000.00

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. HORIZON BCBS OF NEW JERSEY P.O. BOX 1219 NEWARK, NJ 07101-1219							50.03
ACCOUNT NO. HOSPICE OF CHATTANOOGA 517 PINWOOD CIRCLE FORT OGLETHORPE, GA 30742							98.86
ACCOUNT NO. HOSPITAL AUTH. OF WALKER, DADE AND CATOOSA CO. c/o CHAIRMAN OF BOARD OF COMM. 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742		N A		X	X		0.00
ACCOUNT NO. HOUZE & ASSOCIATES 308 CHRUCH STREET P.O. BOX 3070 LAGRANGE, GA 30241							160.08
ACCOUNT NO. HOWARD, JOHN PO BOX 851 LAFAYETTE, GA 30728							17.00
ACCOUNT NO. HUDSON INSURANCE GROUP PO BOX 894605 LOS ANGELES, CA 90189-4605							72,647.93

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
HUDSON JAMES L PO BOX 1635 48 SWAN DRIVE ROCK SPRINGS, GA 30739-4081							118.00
ACCOUNT NO.							
HUDSON, GREGORY 80 KENNY LN RINGGOLD, GA 30736							17.52
ACCOUNT NO.							
HUGHES EQUIPMENT, INC. PO BOX 8115 CHATTANOOGA, TN 37414							681.90
ACCOUNT NO.							
HUMAN BIOSCIENCES, INC. PO BOX 11407 BIRMINGHAM, AL 35246							165.00
ACCOUNT NO.							
HUMANA CLAIMS OFFICE P.O. BOX 14601 LEXINGTON, KY 40512-4601							2,492.14
ACCOUNT NO.							
HUMANA HEALTH CARE PLAN PO BOX 740083 LOUISVILLE, KY 40202							64,093.69

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. HUTCHESON MEDICAL CENTER 1275 ELDWOOD DRIVE DALTON, GA 30720		N A					150.00
ACCOUNT NO. HUTCHESON PHYSICIANS BILLING PO BOX 223850 PITTSBURGH, PA 15251							5.64
ACCOUNT NO. HUTCHESON PRIMARY CARE PO BOX 223861 PITTSBURGH, PA 15251							90.00
ACCOUNT NO. Hytham Kadrie, M.D. 721 Glenwood Drive Suite W-467 Chattanooga, TN 37404		N A					0.00
ACCOUNT NO. ICEMAKERS, INC. P.O. BOX 22086 CHATTANOOGA, TN 37422							4,287.57
ACCOUNT NO. IMMUCOR INC PO BOX 101101 ATLANTA, GA 30392							2,883.20

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. INFOPARTNERS, INC. 4535 HARDING ROAD SUITE 200 NASHVILLE, TN 37205-2120							24,379.83
ACCOUNT NO. INGRAM, DALE 606 SWANSON RIDGE ROAD CHATTANOOGA, TN 37421							3,600.00
ACCOUNT NO. INTEGRA BMS, INC ACCOUNTS RECEIVABLE DEPT P.O. BOX 1240 MATTHEWS, NC 28106-1240							226.24
ACCOUNT NO. INTEGRA LIFESCIENCES SALES LLC 311 ENTERPRISE DR. PLAINSBORO, NJ 08536							2,669.14
ACCOUNT NO. INTEGRATED HEALTHCARE STRATEGIES LLC DEPARTMENT 41173 P.O. BOX 650823 DALLAS, TX 75265							7,142.25

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
INTEGRATED MEDICAL SYSTEMS, INC. PO BOX 2725 COLUMBUS, GA 31902-2725							1,276.32
ACCOUNT NO.							
INTEGRITY PUBLIC FINANCE CONSULTING LLC 101 NORTH MONROE STREET SUITE 900 TALLAHASSEE, FL 32301							1,925.00
ACCOUNT NO.							
INTERIM PHYSICIANS P.O. BOX 678004 DALLAS, TX 75267-8004							50,854.81
ACCOUNT NO.							
INTERNATIONAL EQUIPMENT, INC. PO BOX 4026 CHATTANOOGA, TN 37405							8,987.48
ACCOUNT NO.							
IOD, INCORPORATED P.O. BOX 19072 GREEN BAY, WI 54307-9072							2,973.13
ACCOUNT NO.							
IRON MOUNTAIN P.O. BOX 915026 DALLAS, TX 75391-5026							5,017.26

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
IRON MOUNTAIN PO BOX 915004 DALLAS, TX 75391-5004									71,141.98
ACCOUNT NO.									
IT OUTLET INC 701 E 52ND STREET N SIOUX FALLS, SD 57104									654.46
ACCOUNT NO.									
ITC 8 OLSEN AVENUE EDISON, NJ 08820									1,337.78
ACCOUNT NO.									
J.M. SPECIALTIES INC. P.O. BOX 1012 CHATTANOOGA, TN 37401									272.51
ACCOUNT NO.									
JACKSON NURSE PROFESSIONALS P.O. BOX 404118 ATLANTA, GA 30384-4118									16,170.00
ACCOUNT NO.									
JACKSON, JAIME 57 WOODBURY CT RINGGOLD, GA 30736									113.09

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. James Santoro 904 East 2nd Avenue Rome, GA 30161		N	A				0.00
ACCOUNT NO. JANPAK ROSSVILLE 100 BLUEFIELD AVE BLUEFIELD, WV 24701							9,473.13
ACCOUNT NO. JIM COLEMAN LTD 428 SOUTH VERMONT STREET PALATINE, IL 60067							593.34
ACCOUNT NO. John C. Ellis 303 Ohio Avenue Suite A-4 Signal Mountain, TN 37377		N	A				0.00
ACCOUNT NO. JOHN MCCRAVEY 4750 BATTLEFIELD PARKWAY RINGGOLD, GA 30736		N	A				0.00
ACCOUNT NO. JOHNSON & JOHNSON HEALTH CARE SYS,INC. P.O. BOX 406663 ATLANTA, GA 30384-6663							3,951.08

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. JOHNSON CONTROLS, INC. 2065 NONCONNAH BLVD. MEMPHIS, TN 38132							5,907.58
ACCOUNT NO. JOHNSON, MORGAN & WHITE 6800 BROKEN SOUND PARKWAY STLMT 520-0000134-000 BOCA RATON, FL 33487							21,402.47
ACCOUNT NO. JOHNSTONE SUPPLY COMPANY 2100 SOUTH HOLLY STREET CHATTANOOGA, TN 37404							4,343.20
ACCOUNT NO. JOINT COMMISSION P.O. BOX 92775 CHICAGO, IL 60675-2775							20,368.98
ACCOUNT NO. JUST MEDICAL INC 1071 JAMESTOWN BLVD D6 WATKINSVILLE, GA 30677							1,722.00
ACCOUNT NO. K & S ASSOCIATES INC. 1926 ELMTREE DR. NASHVILLE, TN 37210							175.75

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. K-MART STORE #3083 101 HIGHWAY 2 FORT OGLETHORPE, GA 30742							332.32
ACCOUNT NO. KAISERCOMM INC 4362 ROUND LAKE RD WEST ST PAUL, MN 55112-3923							311.78
ACCOUNT NO. KARL STORZ ENDOSCOPY-AMERICA,INC. 2151 E. GRAND AVE. FILE NO. 53514 LOS ANGELES, CA 90074-3514		N A					7,873.68
ACCOUNT NO. KATENA 4 Stewart Court Denville, NJ 07834		N A					3,033.38
ACCOUNT NO. KATHERINE FARRAR HAYES 6726 KENTON RIDGE CIRCLE CHATTANOOGA, TN 37421		N A					0.00
ACCOUNT NO. KCI KINETIC CONCEPTS INC PO BOX 301557 DALLAS, TX 75303-1557							25,295.62

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
KEDRION BIOPHARA, INC. PO BOX 759304 BALTIMORE, MD 21275-9304									1,782.41
ACCOUNT NO.									
KELLEY X-RAY COMPANY, INC. 513 DODDS AVE CHATTANOOGA, TN 37404									648.30
ACCOUNT NO.									
KELLEY, NIKI 304 LONGWOOD ST CHICKAMAUGA, GA 30707									21.87
ACCOUNT NO.									
KEMBERTON HEALTHCARE SERVICES, LLC 109 WEST PARK DRIVE SUITE 340 BRENTWOOD, TN 37027									21,369.57
ACCOUNT NO.									
KENNEDY, JOSEPH 20380 HWY 41 CHATTANOOGA, TN 37419									29.00
ACCOUNT NO.									
KIMBERLY CLARK PO BOX 915003 DALLAS, TX 75391-5003									1,312.00

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. KIMBERLY-CLARK PO BOX 915003 DALLAS, TX 75391-5003							446.22
ACCOUNT NO. KIRWAN SURGICAL PRODUCTS, INC. 180 ENTERPRISE DRIVE PO BOX 427 MARSHFIELD, MA 02050							190.17
ACCOUNT NO. KIWANIS CLUB OF FORT OGLETHORPE N/A FORT OGLETHORPE, GA 30742							608.00
ACCOUNT NO. KLERITEC 15823 MONTE STREET #101 SYLMAR, CA 91342							227.86
ACCOUNT NO. KNOXVILLE DERMATOPATHOLOGY LAB DEPT 888107 KNOXVILLE, TN 37995							588.00
ACCOUNT NO. KYLE, JASON 137 SPINNAKER DR FORT OGLETHORPE, GA 30742							1.67

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
LABORATORY CORPORATION OF AMERICA P.O. BOX 12140 BURLINGTON, NC 27216-2140							27,264.48
ACCOUNT NO.							
LANDAUER, INC. P.O. BOX 809051 CHICAGO, IL 60680-9051							943.64
ACCOUNT NO.							
LANTHEUS MEDICAL IMAGING, INC. 331 TREBLE COVE ROAD N BILLERICA, MA 01862							993.29
ACCOUNT NO.							
LASER ENGINEERING INC TENNESSEE DEPT # 10309 P.O. BOX 87681 CHICAGO, IL 60680							375.00
ACCOUNT NO.							
LEMAITRE VASCULAR PO BOX 533177 CHARLOTTE, NC 28290-3177							4,051.15
ACCOUNT NO.							
LENSTEC INC 1765 COMMERCE AVE NORTH ST PETERSBURG, FL 33716							140.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
Liane McClure 33 Crest Circle Ringgold, GA 30736		N A					480.00
ACCOUNT NO.							
LIBERTY MUTUAL P.O. BOX 7071 LONDON, KY 40742							110.00
ACCOUNT NO.							
LIFECCELL CORPORATION 1 MILLENNIUM WAY BRANCHBURG, NJ 08876							8,651.00
ACCOUNT NO.							
LIFELINK OF GEORGIA 2875 NORTHWOODS PARKWAY NORCROSS, GA 30071		N A					0.00
ACCOUNT NO.							
LINDBLAD, CARL A. MD 1402A STRATMAN CIRCLE CHATTANOOGA, TN 37421							21,650.00
ACCOUNT NO.							
LINDE, INC. FORMERLY BOC GASES 575 MOUNTAIN AVENUE P.O. BOX 1047 NEW PROVIDENCE, NJ 07974-2097							12,401.91

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
LOCKE'S GRAPHIC & VINYL SIGNS 1406 1/2 LAFAYETTE RD ROSSVILLE, GA 30741									36.22
ACCOUNT NO.									
LOCUM LEADERS, INC. 26745 NETWORK PLACE CHICAGO, IL 60673-1267									16,030.83
ACCOUNT NO.									
LOCUMTENENS.COM, LLC P.O. BOX 405547 ATLANTA, GA 30384-5547									73,675.29
ACCOUNT NO.									
LOUIS C. HERRING & COMPANY PO BOX 2191 ORLANDO, FL 32802									52.00
ACCOUNT NO.									
LOWE'S OF GEORGIA, INC. P.O. BOX 530954 ATLANTA, GA 30353-0954									2,063.69
ACCOUNT NO.									
LUNG & SLEEP SPECIALIST, LLC 1210 BROADRICK DRIVE SUITE 1 DALTON, GA 30720-2676									4,800.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
LYNN MEDICAL INST CO 50120 PONTIAC TRAIL WIXOM, MI 48393-2019							244.06
ACCOUNT NO.							
M MODAL SERVICES, LTD P.O.BOX 102467 ATLANTA, GA 30368							121,262.76
ACCOUNT NO.							
MAILFINANCE 25881 NETWORK PLACE CHICAGO, IL 60673-1258		N A					0.00
ACCOUNT NO.							
MAINE STANDARDS 221 US ROUTE 1 CUMBERLAND FORE, ME 04110		N A					104.62
ACCOUNT NO.							
MAINTENANCE FIRST 1907 BARDSTOWN ROAD LOUISVILLE, KY 40205							1,695.00
ACCOUNT NO.							
MALONE, AMY 47 CALVARY CT ROSSVILLE, GA 30741							17.75

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.						
MAQUET MEDICAL SYSTEMS USA 3615 SOLUTIONS CENTER CHICAGO, IL 60677-3006						3,072.29
ACCOUNT NO.						
MAQUET MEDICAL SYSTEMS USA P.O. BOX 842888 BOSTON, MA 02284-2888						556.56
ACCOUNT NO.						
Mark Anderson 725 Glenwood Drive Suite E486 Chattanooga, TN 37404		N A				0.00
ACCOUNT NO.						
Marvin Mills 2367 Chattanooga Valley Flintstone, GA 30725		N A				0.00
ACCOUNT NO.						
MATRIXCARE SDS-12-2905 P.O. BOX 86 MINNEAPOLIS, MN 55486-2905						7,665.78
ACCOUNT NO.						
Matt Brady Apt 506 100 Gross Crescent Circle Fort Oglethorpe, GA 30742		N A				0.00

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
MAXI AUTO SERVICE 5229 HIXSON PIKE CHATTANOOGA, TN 37343									499.65
ACCOUNT NO.									
MAYCREATE, LLC PO BOX 1128 CHATTANOOGA, TN 37401									1,800.00
ACCOUNT NO.									
MAYNARD, BETTY 374 MISTY RIDGE LANE RINGGOLD, GA 30736									86.00
ACCOUNT NO.									
MCA ADMINISTRATORS / NW G MANOR OAK TWO SUITE 605 1910 COCHRAN RD PITTSBURG, PA 15220									61,848.10
ACCOUNT NO.									
MCCLOUD, RICHARD 245 S LAKE TERRACE ROSSVILLE, GA 30741									2.00
ACCOUNT NO.									
MCKESSON AUTOMATION INC. PO BOX 642164 PITTSBURGH, PA 15264-2164									4,516.00

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. MCKESSON HEALTH SOLUTIONS 22423 NETWORK PLACE CHICAGO, IL 60673-1224		N A			X	X	2,711,818.22
ACCOUNT NO. MCKESSON REVENUE CYCLE OUTSOURCING PO BOX 98347 CHICAGO, IL 60693-8347							24,137.69
ACCOUNT NO. MCPAHAN, DR. ALAN P 1085 PLAZA AVENUE EASTMAN, GA 31023							2,500.00
ACCOUNT NO. MCMUNN, TONYA 48 ALPINE DR RINGGOLD, GA 30736							20.00
ACCOUNT NO. MCNEARY INSURANCE CONSULTING PO BOX 60985 CHARLOTTE, NC 28260							222,106.10
ACCOUNT NO. MD TOTAL CARE PLLC P.O. BOX 8308 CHATTANOOGA, TN 37414							18,399.04

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
Med Ex Staffing 189 Owens Cut Off Road, NE Calhoun, GA 30701		N A					4,010.00
ACCOUNT NO.							
MED-ACOUSTICS,INC. 1685 EAST PARK PLACE STONE MOUNTAIN, GA 30087							42.95
ACCOUNT NO.							
MED-PASS, INC. L-3495 COLUMBUS, OH 43260-0001							134.55
ACCOUNT NO.							
MEDASSETS SUPPLY CHAIN SYSTEMS 280 SOUTH MOUNT AUBURN ROAD CAPE GIRARDEAU, MO 63703		N A					0.00
ACCOUNT NO.							
MEDASSETS,INC. PO BOX 405652 ATLANTA, GA 30384-5652							38,500.00
ACCOUNT NO.							
MEDCARE SOUTH 900 CIRCLE 75 PARKWAY SUITE 1120 ATLANTA, GA 30339							24,020.02

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. MEDCOM P.O. BOX 10269 JACKSONVILLE, FL 32247-0269							2,560.00
ACCOUNT NO. MEDCOMP 1499 DELP DRIVE HARLEYSVILLE, PA 19438							6,382.26
ACCOUNT NO. MEDHOST OF TENNESSEE, INC 2739 MOMENTUM PLACE CHICAGO, IL 60689-5327		N A	subject to setoff			X	2,441,512.19
ACCOUNT NO. MEDI-DOSE INC/EPS INC CUSTOMER #55-0011141 LOCK BOX 427 JAMISON, PA 18929-0427							28.23
ACCOUNT NO. MEDICAID OF GEORGIA PO BOX 105203 TUCKER, GA 30085		N A					194.46
ACCOUNT NO. MEDICAL ARTS PRESS PO BOX 102412 COLUMBIA, SC 29224							12.98

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. MEDICAL IMAGING SOLUTIONS 229 ARNOLD MILL ROAD WOODSTOCK, GA 30188							45,959.25
ACCOUNT NO. MEDICAL IMAGING SOLUTIONS INTERNATIONAL 44982 GOV BRADFORD STREET PLYMOUTH, MI 48170							7,449.05
ACCOUNT NO. MEDICAL MANAGEMENT PROFESSIONALS, INC. P.O. BOX 6 INDIANAPOLIS, IN 46206-0006							61,552.22
ACCOUNT NO. MEDICAL SOLUTIONS, LLC P.O. BOX 4186 CAROL STREAM, IL 60197-4186							53,752.50
ACCOUNT NO. MEDICARE P.O. BOX 12086 BIRMINGHAM, AL 35202-2086		N A					19.65
ACCOUNT NO. MEDICARE OF GA PO BOX 12724 BIRMINGHAM, AL 35202		N A					136.74

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. MEDICARE OF GA PO BOX 3076 SAVANNAH, GA 31402		N A					78.59
ACCOUNT NO. MEDICUS 6350 LAKE OCONEE PARKWAY SUITE 102, #75 GREENSBORO, GA 30642		N A					141,539.60
ACCOUNT NO. MEDOVATIONS W194 N11340 MC CORMICK DR GERMANTOWN, WI 53022							6,263.22
ACCOUNT NO. MEDPARTNERS CASE P.O. BOX 4729 WINTER PARK, FL 32793-4729							26,998.70
ACCOUNT NO. MEDPARTNERS HIM P.O. BOX 4729 WINTER PARK, FL 32793-4729		N A					0.00
ACCOUNT NO. MEDPERFORMANCE LLC 3834 TWILIGHT DR VALRICO, FL 33594							4,840.02

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. MEDTRONIC PO BOX 409201 ATLANTA, GA 30384-9201							44,246.50
ACCOUNT NO. MEDTRONIC SPINE AND BIOLOGICS P.O. BOX 409201 ATLANTA, GA 30384-9201							20,327.00
ACCOUNT NO. MEGADYNE MEDICAL PRODUCTS INC. 11506 S.STATE ST. DRAPER, UT 84020							60.00
ACCOUNT NO. MEMORIAL HEALTH SYSTEMS P.O. BOX 644497 PITTSBURGH, PA 15264-4497							405.94
ACCOUNT NO. MEMORIAL HEART INSTITUTE P.O. BOX 1366 CHATTANOOGA, TN 37401-1366							7.41
ACCOUNT NO. MENTOR 201 MENTOR DR. SANTA BARBARA, CA 93111							807.22

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. MERCURY MEDICAL 11300A 49TH STREET CLEARWATER, FL 34622							297.86
ACCOUNT NO. MERIDIAN LEASING CORPORATION NINE PARKWAY NORTH SUITE 500 DEERFIELD, IL 60015		N A					50,000.00
ACCOUNT NO. MERIT MEDICAL SYSTEMS, INC. PO BOX 951129 SOUTH JORDAN, UT 84095							3,934.82
ACCOUNT NO. MERITAN HEALTH 1405 XENIUM LANE NORTH SUITE 140 MINNEAPOLIS, MN 55441							248.61
ACCOUNT NO. MERRIGAN, BRANDT, OSTENSO & CAMBRE, P.A. 25 NINTH AVENUE NORTH HOPKINS, MN 55343							465.50
ACCOUNT NO. Michael Zema 1131 Stringers Ridge Road Unit 14-J Chattanooga, TN 37405		N A					0.00

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
MICRO FORMAT, INC. PO BOX 830140 BIRMINGHAM, AL 35283							734.00
ACCOUNT NO.							
MICROTEK MEDICAL, INC. FILE 4033P PO BOX 911633 DALLAS, TX 75391-1633							1,241.67
ACCOUNT NO.							
MILLER & MARTIN 832 GA AVENUE CHATTANOOGA, TN 37402							36,558.75
ACCOUNT NO.							
MILLIPORE CORPORATION 25760 NETWORK PLACE CHICAGO, IL 60673							148.17
ACCOUNT NO.							
MILLS, JULIA 86 LAKE AVE RINGGOLD, GA 30736							134.68
ACCOUNT NO.							
MILLS, MARVIN, M.D. 2367 CHATTANOOGA VALLEY R FLINTSTONE, GA 30725							14,000.00

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
MITCHELL, BRANDON 53 GUNNY ST RINGGOLD, GA 30736							3.00
ACCOUNT NO.							
MIZUHOSI INC 30031 AHERN AVENUE UNION CITY, CA 94587							340.35
ACCOUNT NO.							
MODEAN, MELINDA 224 KNOLLWOOD CR 15B RINGGOLD, GA 30736							4.20
ACCOUNT NO.							
MOOG MEDICAL DEVICES GROUP 15916 COLLECTION CENTER DRIVE CHICAGO, IL 60693							176.56
ACCOUNT NO.							
MOONEY, DONALD 87 BROWNWOOD LN RINGGOLD, GA 30736							19.76
ACCOUNT NO.							
MOORE MEDICAL CORPORATION 370 JOHN DOWNEY DRIVE NEW BRITIAN, CT 06050							755.70

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
MORGAN, BRUCE K. MD,FACS P.O. BOX 579 SEELEY LAKE, MT 59868							1,350.00
ACCOUNT NO.							
MORRIS, HENRY 2304 JOHNSON RD CHICKAMAUGA, GA 30707							14.00
ACCOUNT NO.							
MORRIS, MANNING & MARTIN, LLP 3343 PEACHTREE ROAD 1600 ATLANTA FIN CENTER ATLANTA, GA 30326							392,825.70
ACCOUNT NO.							
MORTARA INSTRUMENT, INC. 3303 MONTE VILLA PKWY BOTHHELL, WA 98021							1,220.46
ACCOUNT NO.							
MSA, INC. 410 SPRING STREET PO BOX 4119 CHATTANOOGA, TN 37405							334.54
ACCOUNT NO.							
MSDSOONLINE, INC. 27185 NETWORK PLACE CHICAGO, IL 60673-1271							1,198.00

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
MST MICRO SURGICAL TECHNOLOGY 8415 154TH AVENUE NE REDMOND, WA 98052							819.96
ACCOUNT NO.							
MURDOCK, HEATHER 26 TRANQUIL LANE RINGGOLD, GA 30736							84.00
ACCOUNT NO.							
MUSCULOSKELETAL TRANSPLANT FOUNDATION EDISON CORPORATE CENTER 125 MAY STREET STE 300 EDISON, NJ 08837							970.32
ACCOUNT NO.							
MUTUAL OF OMAHA 3316 FARNAM STREET OMAHA, NE 68175-0001							1,299.75
ACCOUNT NO.							
MUTUAL OF OMAHA COMPANIES PO BOX 3608 OMAHA, NE 68103							4,417.77
ACCOUNT NO.							
NATIONAL RECALL ALERT CENTER PO BOX 609 MARLTON, NJ 08053							1,290.00

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
NATUS MEDICAL INC. 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070									6,362.98
ACCOUNT NO.									
NAVE PRESTON LAMAR 787 AKINS ROAD CHICKAMAUGA, GA 30707-4656									274.40
ACCOUNT NO.									
NEIL SPILTANY 5022 OLD GODSEY LANE HIXSON, TN 37343		N A							0.00
ACCOUNT NO.									
NEOGENOMICS LABORATORIES, INC. P.O. BOX 864403 ORLANDO, FL 32886-4403									12,694.00
ACCOUNT NO.									
NEOTECH PRODUCTS, INC. 9614-F COZYCROFT AVE. CHATSWORTH, CA 91311									530.71
ACCOUNT NO.									
NEW ERA P.O. BOX 4884 HOUSTON, TX 77210									244.47

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. NEW YORK CARPENTERS WELFARE 1501 BROADWAY SUITE 1724 NEW YORK, NY 10036							32.73
ACCOUNT NO. NEWARK ELECTRONICS P.O. BOX 94151 PALATINE, IL 60094-4151							233.08
ACCOUNT NO. NEWS PUBLISHING COMPANY, INC. PO BOX 1633 ROME, GA 30162-1633							1,150.06
ACCOUNT NO. NHP-PARKWAY PHYSICIANS CENTER C/O MEADOWS & OHLY P.O. BOX 742781 ATLANTA, GA 30374-2781		N A					150,087.80
ACCOUNT NO. NO-BURN, INC. 1392 HIGH STREET SUITE 211 WADSWORTH, OH 44281							2.11

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
NORTH AMERICAN MAGNETICS CORPORATION 2974 LBJ FREEWAY LB7 SUITE 401 DALLAS, TX 75234							373.41
ACCOUNT NO.							
North Georgia EMC 1850 Cleveland Highway PO Box 1407 Dalton, GA 30722		N A					99,701.00
ACCOUNT NO.							
NORTH GEORGIA EQUIPMENT SALES 155 PRUETT LANE ROCK SPRING, GA 30739							10.00
ACCOUNT NO.							
NORTHWEST GA REGIONAL CANCER COALITION 96 EAST CALLAHAN ST SUITE 479-01 ROME, GA 30161							5,000.00
ACCOUNT NO.							
NORTHWEST GEORGIA BANK BATTLEFIELD PARKWAY FORT OGLETHORPE, GA 30742							1,080.00

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
NORTON, MARTHA 328 MILL WEE HOLLOW RD ROSSVILLE, GA 30741							30.00
ACCOUNT NO.							
NOVARTIS VACCINES & DIAGNOSTICS, INC. P.O. BOX 822746 PHILADELPHIA, PA 19182-2746							147.50
ACCOUNT NO.							
NPAS, INC. 245B GREAT CIRCLE ROAD NASHVILLE, TN 37228							18,787.74
ACCOUNT NO.							
NUAIRE INC NW-1483 P.O. BOX 1450 MINNEAPOLIS, MN 55485							412.73
ACCOUNT NO.							
NUANCE 1 WAYSIDE DRIVE BURLINGTON, MA 01803							60,781.99
ACCOUNT NO.							
NUSTEP INC 5111 VENTURE DRIVE SUITE 1 ANN ARBOR, MI 48108							590.95

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. O'HARE, MAUREEN PO BOX 111 ROCHEPORT, MO 65279							59.27
ACCOUNT NO. OBP MEDICAL INC 360 MERRIMACK ST BUILDING 9 LAWRENCE, MA 01843							194.80
ACCOUNT NO. ODONALD, REBECCA 4251 THREE NOTCH RD RINGGOLD, GA 30736							70.00
ACCOUNT NO. OFFICE DEPOT PO BOX 182378 COLUMBUS, OH 43218							244.56
ACCOUNT NO. OFFICE MAX PO BOX 101705 ATLANTA, GA 30392-1705							16,794.68
ACCOUNT NO. OFFICE OF INSURANCE & SAFETY FIRE COMMIS SAFETY ENGINEERING P.O. BOX 935467 ATLANTA, GA 31193-5467							1,540.00

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Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. OFFICE TEAM 12400 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693							21,973.71
ACCOUNT NO. OMNI CARE/MEDICAL ARTS HEALTH DEPT 781668 PO BOX 78000 DETROIT, MI 48278-1668		N A					123,883.97
ACCOUNT NO. OMNICARE, INC. 100 EAST RIVERCENTER BLVD SUITE 1600 RIVER CENTER II COVINGTON, KY 41011		N A					0.00
ACCOUNT NO. ON HOLD COMPANY PO BOX 53 CANBY, OR 97013							237.00
ACCOUNT NO. OPTUM PO BOX 96561 WASHINGTON, DC 20090							8,827.49
ACCOUNT NO. ORANGE GROVE CENTER 460 DODSON AVENUE CHATTANOOGA, TN 37404							5,712.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
ORTHO-CARE, LLC 632D MATHEWS MINT HILL RD MATHEWS, NC 28105									96.22
ACCOUNT NO.									
OVERPAYMENT RECOVERY PO BOX 92420 CLEVELAND, OH 44193									1,184.00
ACCOUNT NO.									
OWENS & MINOR, INC. P.O. BOX 100281 ATLANTA, GA 30384-0281									58,721.14
ACCOUNT NO.									
PACER SERVICE CENTER P.O. BOX 70951 CHARLOTTE, NC 28272-0951									97.90
ACCOUNT NO.									
PAGE, ELIZABETH 12 ROCKBROOK CIR ROSSVILLE, GA 30741									8.21
ACCOUNT NO.									
PAPERPACK INC 605 TURNER CHAPEL ROAD SE ROME, GA 30161									661.90

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
PARAGON 238 HERITAGE DRIVE CHICKAMAUGA, GA 30707							103.70
ACCOUNT NO.							
PARALLON LOCUMS 2415 RINGGOLD ROAD LAFAYETTE, GA 30728							506,242.54
ACCOUNT NO.							
PARK CITY CLEANING P.O. BOX 2006 ROSSVILLE, GA 30741							675.00
ACCOUNT NO.							
PARKSIDE PATIENT TRUST HMC FORT OGLETHORPE, GA 30742							138.01
ACCOUNT NO.							
Parkway Physicians Center c/o Meadows & Ohly, LLC 275 Scientific Dr., Ste. 1000 Norcross, GA 30092		N A					0.00
ACCOUNT NO.							
PARTNERSHIP FOR FAMILIES, CHILDREN,ETC. 1800 MCCALLIE AVENUE CHATTANOOGA, TN 37404							2,141.90

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. PARTS SOURCE LLC PO BOX 645186 CINCINNATI, OH 45264-5186							534.10
ACCOUNT NO. PASSPORT HEALTH COMMUNICATIONS, INC. PO BOX 635527 CINCINNATI, OH 45263-5527							20,511.36
ACCOUNT NO. PATTERSON MEDICAL PO BOX 93040 CHICAGO, IL 60673-3040							2,705.05
ACCOUNT NO. PEDIATRIX MEDICAL GROUP, INC ATTN: MICHELE SALERNO P.O. BOX 281034 ATLANTA, GA 30384-1034							253,514.09
ACCOUNT NO. Penfield Christian Homes, Inc. 702 East Villanow Street La Fayette, GA 30728		N A					0.00
ACCOUNT NO. PETERS, ELIZABETH PO BOX 93 RINGGOLD, GA 30736							19.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. PHARMACY DATA MANAGEMENT INC. P.O. BOX 5300 PORTLAND, OH 44514							8,070.64
ACCOUNT NO. PHARMEDIUM SERVICES, LLC P.O. BOX 95001 PALATINE, IL 60095-0001							1,322.10
ACCOUNT NO. PHILIPS HEALTHCARE BUSINESS CENTER PO BOX 100355 ATLANTA, GA 30384-0355							7,594.66
ACCOUNT NO. PHOENIX LAWN & LANDSCAPE INC 106 YUCCA DRIVE ROSSVILLE, GA 30741							6,603.00
ACCOUNT NO. PHOENIX TECHNOLOGY CORPORATION 1194 BUCKHEAD CROSSING SUITE D WOODSTOCK, GA 30189							11,365.00
ACCOUNT NO. PHYSICIANS MUTUAL 4809 TOMAHAWK TRAIL CHATTANOOGA, TN 37411							46.53

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
PHYSIO-CONTROL,INC PO BOX 951471 DALLAS, TX 75395-1471							939.05
ACCOUNT NO.							
PLAZA UNIFORM 1507 LAFAYETTE ROAD ROSSVILLE, GA 30741							1,636.60
ACCOUNT NO.							
PLAZA UROLOGY 1300 CLEVELAND AVENUE CHATTANOOGA, TN 37404							13,333.32
ACCOUNT NO.							
POSITIVE PROMOTIONS 15 GILPIN AVENUE HAUPPAUGE, NY 11788							604.66
ACCOUNT NO.							
POWELL, PHYLLIS 377 OAK TREE RD RINGGOLD, GA 30736							2.00
ACCOUNT NO.							
POWER SYSTEMS GROUP,INC. P.O. BOX 11586 ATLANTA, GA 30355							2,700.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
PRECISION DYNAMICS CORPORATION P.O. BOX 71549 CHICAGO, IL 60694-1995							18,151.87
ACCOUNT NO.							
PRECISION MEDICAL DEVICES, LLC 3245 MAIN STREET JASPER, GA 30747							208.97
ACCOUNT NO.							
PRECISION TEST AND BALANCE COMPANY PO BOX 73024 CHATTANOOGA, TN 37407							600.00
ACCOUNT NO.							
PRIME POWER SERVICES, INC 8225 TROON CIRCLE AUSTELL, GA 30168							16,594.77
ACCOUNT NO.							
PRINCIPAL LIFE INSURANCE CO. P.O.BOX 39710 COLORADO SPGS, CO 80949-3910							2,435.61
ACCOUNT NO.							
PROFESSIONAL RESEARCH CONSULTANTS, INC. 11326 P STREET OMAHA, NE 68137-2316							14,362.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
PROGRESSIVE 171 CAROLYN DRIVE CHICKAMAUGA, GA 30707									952.48
ACCOUNT NO.									
PRS 213 E TENNANT CIRCLE CHICKAMAUGA, GA 30707									529.61
ACCOUNT NO.									
PSS WORLD MEDICAL P.O. BOX 741378 ATLANTA, GA 30374-1378									15,358.45
ACCOUNT NO.									
PSS WORLD MEDICAL, INC. PSS LOCKBOX # 741378 6000 FELDWOOD RD. COLLEGE PARK, GA 30349									9,720.21
ACCOUNT NO.									
PYBURN BERTHA MAE 1613 LEE CLARKSON RD CHICKAMAUGA, GA 30707									13.31
ACCOUNT NO.									
QIAGEN INC PO BOX 5132 CAROL STREAM, IL 60197-5132									3,375.23

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
QUADAX, INC. 3690 ORANGE PLACE SUITE 270 BEACHWOOD, OH 44122							0.00
ACCOUNT NO.							
QUADAX, INC. 7500 OLD OAK BLVD CLEVELAND, OH 44130		N A					0.00
ACCOUNT NO.							
QUEST DIAGNOSTICS 3 GIRALDA FARMS MADISON, NJ 07940		N A					0.00
ACCOUNT NO.							
QUEST DIAGNOSTICS, INC P.O. BOX 740709 ATLANTA, GA 30374-0709							66,916.08
ACCOUNT NO.							
R.E.MICHEL COMPANY 301 JOY STREET FORT OGLETHORPE, GA 30742							1,603.90
ACCOUNT NO.							
R.G. & ASSOCIATES, INC. 1861 POLK ST. SUITE 6 CHATTANOOGA, TN 37408							224.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	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.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		Husband, Wife, Joint , or Community					
ACCOUNT NO. RADPHYS ONCOLOGY, LLC 1765 REDGRAVE ROAD KNOXVILLE, TN 37922							54,500.00
ACCOUNT NO. Ray Cedeno Apt 506A 100 Gross Crescent Circle Fort Oglethorpe, GA 30742		N A					0.00
ACCOUNT NO. RAYMOND JAMES & ASSOCIATES 50 FRONT STREET 16TH FLOOR MEMPHIS, TN 38103							5,567.21
ACCOUNT NO. RAZOR INSIGHTS 1701 BARRETT LAKES BLVD NW SUITE 230 KENNESAW, GA 30144							25,000.00
ACCOUNT NO. RD PLASTICS P. O. BOX 20237 NASHVILLE, TN 37202							95.83
ACCOUNT NO. RECEIVIA 220 FIRST STREET NW CLEVELAND, TN 37364-1036							58,866.92

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
ACCOUNT NO. REGIONS C/O DOUGLAS SMITH, CFA 6805 MORRISON BLVD., SUITE 100 CHARLOTTE, NC 28211		N A				7,000,000.00
ACCOUNT NO. RELAYHEALTH ONE WARREN PLACE 6100 S YALE AVE STE 1900 TULSA, OK 74136						60,622.92
ACCOUNT NO. REMEL, INC P.O. BOX 96299 CHICAGO, IL 60693						3,048.34
ACCOUNT NO. RENT ALL STORE, INC. 2510 DODDS AVENUE CHATTANOOGA, TN 37407						1,324.90
ACCOUNT NO. Richard Bowers 2009 Old Lafayette Road Fort Oglethorpe, GA 30742		N A				0.00
ACCOUNT NO. RICHARD WOLF MEDICAL INSTRUMENTS CORP 353 CORPORATE WOODS PKW VERNON HILLS, IL 60061-3110						674.12

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
RICHARD-ALLAN SCIENTIFIC 225 PARSONS STREET KALAMAZOO, MI 49007-3569							7,613.60
ACCOUNT NO.							
RICK JOHNSON DESIGNS 834 CREEK DRIVE CHATTANOOGA, TN 37415							175.00
ACCOUNT NO.							
RICK'S LOCK AND KEY, INC. P. O. BOX 21631 CHATTANOOGA, TN 37421							880.05
ACCOUNT NO.							
RICOH AMERICAS CORPORATION 4667 N. ROYAL ATLANTA DR TUCKER, GA 30084							98,012.77
ACCOUNT NO.							
Ricoh Business Solutions 5 Dedrick Place West Caldwell, NJ 07006			N A				0.00
ACCOUNT NO.							
RINGGOLD TELEPHONE COMPANY 6203 ALABAMA HWY RINGGOLD, GA 30736			N A				0.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. RINGGOLD TELEPHONE COMPANY P.O. BOX 869 RINGGOLD, GA 30736							35,134.27
ACCOUNT NO. ROACH, BARBARA 69 VALLEYWOOD CIRCLE RINGGOLD, GA 30736							25.00
ACCOUNT NO. ROBERTS, SABRINA 110 AUGUSTA DR FORT OGLETHORPE, GA 30742							72.37
ACCOUNT NO. ROCHE DIAGNOSTICS CORP. MAIL CODE 5508 PO BOX 105046 ATLANTA, GA 30348-5046							1,963.24
ACCOUNT NO. ROCHESTER, STACI 538 EARL GARNER DR RINGGOLD, GA 30736							30.00
ACCOUNT NO. ROLLER COASTER SKATE WORLD P.O. BOX 2365 FT. OGLETHORPE, GA 30742							1,111.50

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. ROTO ROOTER P.O. BOX 8458 CHATTANOOGA, TN 37414							1,310.00
ACCOUNT NO. ROYAL CUP COFFEE ROYAL CUP INC. P O BOX 170971 BIRMINGHAM, AL 35217							3,003.99
ACCOUNT NO. RPM CONSULTING 1023 JUNIPER STREET UNIT 304 ATLANTA, GA 30309		N A					0.00
ACCOUNT NO. RR DONNELLEY PO BOX 538602 ATLANTA, GA 30353-8602							1,810.60
ACCOUNT NO. RUSHING, JOE 188 CHURCH STREET TRENTON, GA 30752							15.00
ACCOUNT NO. S&S HEALTHCARE STRATEGIES P.O. BOX 141097 CINCINNATI, OH 45250-1097							1,614.25

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
SAGENT PHARMACEUTICALS, INC. 15039 COLLECTIONS CTR DR CHICAGO, IL 60693							1,888.10
ACCOUNT NO.							
SANDERS, CHARLOTTE 1521 POPLAR SPRINGS RD RINGGOLD, GA 30736							60.00
ACCOUNT NO.							
SANTORO, JAMES MD 904 EAST 2ND AVENUE ROME, GA 30161							56,326.73
ACCOUNT NO.							
SCANLON 1 SCANLAN PLAZA ST PAUL, MN 55107							561.28
ACCOUNT NO.							
SCHAERER MEDICAL USA INC 4900 CHARLEMAR DRIVE CINCINNATI, OH 45227							255.50
ACCOUNT NO.							
SCICOM INFRASTRUCTURE SERVICES, INC 2250 NORTH DRUID HILLS RD SUITE 238 ATLANTA, GA 30329							34,514.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
SEABORN COMMERCIAL REFRIGERATE 2500 DODDS AVENUE CHATTANOOGA, TN 37407							2,423.84
ACCOUNT NO.							
SEALING SOLUTIONS,LLC 6741 RINGGOLD ROAD SUITE A EAST RIDGE, TN 37412							529.46
ACCOUNT NO.							
SEAY, MELISSA 95 LENLON LANE RINGGOLD, GA 30736							2.00
ACCOUNT NO.							
SEPE, INC. 245 FISCHWER AVENUE C-4 COSTA MESA, CA 92627							1,466.25
ACCOUNT NO.							
SETH WAGNER 1812 DUNCAN AVENUE CHATTANOOGA, TN 37404		N A					0.00
ACCOUNT NO.							
SHAHEEN P. NOORANI 1210 BROADRICK DRIVE SUITE 1 DALTON, GA 30720		N A					0.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. SHARN 4801 GEORGE ROAD TAMPA, FL 33634							142.58
ACCOUNT NO. SHIRE REGENERATIVE MEDICINE 11095 TORREYANA ROAD SAN DIEGO, CA 92121							4,770.00
ACCOUNT NO. SIEMENS FINANCIAL SERVICES INC 170 WOOD AVENEU SOUTH ISELIN, NJ 08830		N A					0.00
ACCOUNT NO. SIEMENS FINANCIAL SERVICES, INC. P.O. BOX 2083 CAROL STREAM, IL 60132-2083							96,002.38
ACCOUNT NO. SIEMENS HEALTHCARE DIAGNOSTICS X DADE PO BOX 121102 DALLAS, TX 75312-1102							22,106.85
ACCOUNT NO. SIEMENS MEDICAL SOLUTIONS, USA INC. P.O. BOX 120001 DEPT 0733 DALLAS, TX 75312-0733							171,354.50

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
SIFFLES, RONALD 53 MCBRIDE DR CHICKAMAUGA, GA 30707							2.00
ACCOUNT NO.							
SIMPLEX GRINNELL 3200 N. HAWTHORNE ST. CHATTANOOGA, TN 37406							339.88
ACCOUNT NO.							
SISSON, WILLIAM 70 SARAH LYNN LN FORT OGLETHORPE, GA 30742							8.00
ACCOUNT NO.							
SMITH & NEPHEW ORTHOPEDIC P.O. BOX 933782 ATLANTA, GA 31193-3782							10,135.69
ACCOUNT NO.							
SMITH, ELIJAH 374 MEADOWLARK DR RINGGOLD, GA 30736							3.00
ACCOUNT NO.							
SMITHS MEDICAL ASD PO BOX 7247-7784 PHILADELPHIA, PA 19170-7784							1,674.23

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
SORRELL, CHARLES 5100 W CV RD CHICKAMAUGA, GA 30707							56.29
ACCOUNT NO.							
SOURCE TECHNOLOGIES, INC. PO BOX 71253 PHILADELPHIA, PA 19176-6253							413.00
ACCOUNT NO.							
SOURCEONE HEALTHCARE TECHNOLOGIES/MERRY PO BOX 2768 NORCROSS, GA 30091-2768							664.65
ACCOUNT NO.							
SOUTH WESTERN COMMUNICATIONS, INC. P.O. BOX 5288 EVANSVILLE, IN 47716							890.98
ACCOUNT NO.							
SOUTHEAST REIMBURSEMENT GROUP 335 PARKWAY 757 SUITE 110 WOODSTOCK, GA 30188		N A					0.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
SOUTHEAST REIMBURSEMENT GROUP 17430 CAMPBELL ROAD SUITE 101 DALLAS, TX 75252							17,186.60
ACCOUNT NO.							
SOUTHEASTERN KIDNEY SERVICES 979 EAST THIRD STREET CHATTANOOGA, TN 37403		N A					0.00
ACCOUNT NO.							
SOUTHEASTERN KIDNEY SERVICES,LLC 649 MORRISON SPRINGS RD CHATTANOOGA, TN 37415							85,720.00
ACCOUNT NO.							
SOUTHERN PATHOLOGY ASSOCIATES, INC PO BOX 11264 CHATTANOOGA, TN 37401							49,542.05
ACCOUNT NO.							
SOUTHSTAR ENERGY SERVICES, LLC P.O.BOX 945785 ATLANTA, GA 30394-5785							117,665.89

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
SPANGLER SHEET & METAL P.O. BOX 8006 CHATTANOOGA, TN 37414							340.38
ACCOUNT NO.							
SPECIALTY NETWORKS, LLC 5959 SHALLOWFORD RD SUITE 575 CHATTANOOGA, TN 37421							96,194.55
ACCOUNT NO.							
SPECIALTY SURGICAL INSTRUMENTATION INC DBA SYMMETRY P.O. BOX 759159 BALTIMORE, MD 21275-9159							248.32
ACCOUNT NO.							
SPECTRUM LABS OPERATING ROOM DISPOSABLES 3400 ROYALTY ROW IRVING, TX 75062							410.64
ACCOUNT NO.							
SPECTRUM SURGICAL SUPPLY CORPORATION 4575 HUDSON DRIVE STOW, OH 44224							703.29

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. SPINCONCEPTS P.O. BOX 1007 RINGGOLD, GA 30736							1,500.00
ACCOUNT NO. SPOK P.O. BOX 660324 DALLAS, TX 75266-0324		N A					0.00
ACCOUNT NO. SPORTSMITH 5925 S 118TH E AVENUE TULSA, OK 74146							202.35
ACCOUNT NO. SSI GROUP, INC P.O. BOX 890987 CHARLOTTE, NC 28289-0987							4,410.10
ACCOUNT NO. ST JUDE MEDICAL (DAIG) 14901 INDUSTRIAL ROAD MINNETONKA, MN 55345							41.25
ACCOUNT NO. STAFF CARE, INC. P.O. BOX 281923. ATLANTA, GA 30384-1923							45,444.15

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
STANDARD REGISTER P.O. BOX 75884 CHARLOTTE, NC 28275							470.04
ACCOUNT NO.							
STANLEY HEALTHCARE SOLUTIONS DEPT CH 10504 PALATINE, IL 60055-0504							1,215.61
ACCOUNT NO.							
STANLEY STEEMER PO BOX 16453 CHATTANOOGA, TN 37416							1,073.68
ACCOUNT NO.							
STAPLES ADVANTAGE DEPT ATL PO BOX 405386 ATLANTA, GA 30384-5386							2,306.86
ACCOUNT NO.							
STAPP AUTO PARTS 7118 NASHVILLE STREET RINGGOLD, GA 30736							866.43
ACCOUNT NO.							
STARSURGICAL 7781 LAKEVIEW DR BURLINGTON, WI 53105							6,584.00

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. STATE FARM P.O. BOX 10003 DULUTH, GA 30096							1,144.82
ACCOUNT NO. STATE FARM AUTO ACCIDENT P O BOX 106145 ATLANTA, GA 30348							3,187.18
ACCOUNT NO. STEPHENSON, DOUGLAS R. REVEREND 35 DEE VUE LANE ROSSVILLE, GA 30741							400.00
ACCOUNT NO. STERICYCLE, INC. P.O. BOX 6582 CAROL STREAM, IL 60197-6582							9,292.97
ACCOUNT NO. STERILMED, INC. 11400 73RD AVENUE NORTH SUITE 100 MAPLE GROVE, MN 55369							4,894.87
ACCOUNT NO. STERIS CORPORATION P.O. BOX 676548 DALLAS, TX 75267-6548							8,898.86

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. STEVE DAUGHERTY 100 GROSS CRESCENT FORT OGLETHORPE, GA 30742		N A					0.00
ACCOUNT NO. STOCKROOM SUPPLY 250 CASSIDY LANE RINGGOLD, GA 30736							1,629.84
ACCOUNT NO. STONE RIVER PHARMACY SOLUTIONS P.O. BOX 504591 ST. LOUIS, MO 63150-4590							55.60
ACCOUNT NO. STRYKER ENDOSCOPY PO BOX 93276 CHICAGO, IL 60673							5,707.17
ACCOUNT NO. STRYKER INSTRUMENTS PO BOX 70119 4100 E MILHAM AVENUE CHICAGO, IL 60673-0119							22,018.16
ACCOUNT NO. STRYKER MEDICAL 3800 E CENTRE AVE PORTAGE, MI 49002							157.44

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
STRYKER ORTHOPAEDICS BOX 93213 CHICAGO, IL 60673-3213							8,103.80
ACCOUNT NO.							
SURGICAL DIRECT 909 SOUTH WOODLAND BLVD DELAND, FL 32720							8,644.84
ACCOUNT NO.							
SURGICAL SPECIALIST AT HUTCHESON 102 GROSS CRESCENT CIRCLE SUITE 201 FORT OGLETHORPE, GA 30742							29.96
ACCOUNT NO.							
SW MED-SOURCE, INC. P.O. BOX 93115 SOUTHLAKE, TX 76092							11,240.00
ACCOUNT NO.							
SWAGGERTY, HAROLD 623 N. SHERRY DRIVE ROSSVILLE, GA 30741							300.00
ACCOUNT NO.							
SWINSON MEDICAL 180 ISLAND VIEW DRIVE PENHOOK, VA 24137							790.80

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. SYNTHES USA PO BOX 8538-662 PHILADELPHIA, PA 19171						16,951.04
ACCOUNT NO. T.I.A.Q. INC DUCTZ 6922 LOVE LANE CHATTANOOGA, TN 37343						6,327.18
ACCOUNT NO. TACY MEDICAL 2386 SHANNON ROAD FERNANDINA BCH, FL 32034		N A				137.42
ACCOUNT NO. Tammy Keith Apt 504A 100 Gross Crescent Circle Fort Oglethorpe, GA 30742		N A				0.00
ACCOUNT NO. Tareck Kadrie, M.D. 721 Glenwood Drive Suite W-467 Chattanooga, TN 37404		N A				0.00
ACCOUNT NO. TAYLOR BENEFIT RESOURCE PO BOX 6580 THOMASVILLE, GA 31758		N A				6,398.33

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. TEAGUE, FRANK 5027 STEWARD RD TUNNEL HILL, GA 30755							7.36
ACCOUNT NO. TEAM HEALTH BASEPOINTE BILLING CENTER 3225 NORTH STAR CIRCLE LOUISVILLE, TN 37777		N A					969.66
ACCOUNT NO. TEAM HEALTH ANESTHESIA 7111 FAIRWAY DRIVE SUITE 450 Palm Beach Gardens, FL 33418		N A			X		392,046.01
ACCOUNT NO. TECHNICUFF CORPORATION 2525 INDUSTRIAL STREET LEESBURG, FL 34748							795.57
ACCOUNT NO. TELEFLEX MEDICAL PO BOX 12600 2917 WECK DRIVE RESEARCH TRIANGL, NC 27709		N A					1,790.55
ACCOUNT NO. TENNANT COMPANY, INC. PO BOX 71414 CHICAGO, IL 60694-1414							1,314.10

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
TENNESSEE CAS SOLUTIONS PO BOX 6580 THOMASVILLE, GA 31758							2,500.00
ACCOUNT NO.							
Tennessee Valley Foot & Ankle 709 Candlewood Trail Chattanooga, TN 37421		N A					0.00
ACCOUNT NO.							
TENNESSEE VALLEY ICE CO. LLC 4116 SOUTH CREEK ROAD CHATTANOOGA, TN 37406		N A					1,050.00
ACCOUNT NO.							
TFI RESOURCES P.O. BOX 4346 DEPT 517 HOUSTON, TX 77210-4346							7,370.00
ACCOUNT NO.							
THE ADVISORY BOARD COMPANY 600 NEW HAMPSHIRE AVE. WASHINGTON, DC 20037		N A					18,750.00
ACCOUNT NO.							
THE JOHNSON GROUP, LLC 436 MARKET STREET CHATTANOOGA, TN 37402							11,094.50

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
THE PRINT SHOP 110 HERRON STREET FORT OGLETHORPE, GA 30742							3,748.58
ACCOUNT NO.							
THE ROCK LAW FIRM, LLC 209 A SWANTON WAY 102 DECATUR, GA 30030							6,123.84
ACCOUNT NO.							
THE SUMMERVILLE NEWS PO BOX 310 SUMMERVILLE, GA 30747							269.00
ACCOUNT NO.							
THERMO FISHER SCIENTIFIC ASHEV ACCT# 377738-001 PO BOX 404705 ATLANTA, GA 30384-4705			N A				31,963.01
ACCOUNT NO.							
THURMAN BRYANT ELECTRIC PO BOX 11145 CHATTANOOGA, TN 37401			N A				1,600.37
ACCOUNT NO.							
THYSSEN KRUPP 6138 PRESERVATION DRIVE SUITE 800 CHATTANOOGA, TN 37416			N A				0.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.						
THYSSEN KRUPP ELEVATOR CORP P.O. BOX 933004 ATLANTA, GA 31193-3004		N A				46,635.08
ACCOUNT NO.						
Tiku Bhutwala 609 Magnolia Vale Drive Chattanooga, TN 37419		N A				0.00
ACCOUNT NO.						
TIM ASHBURN 100 GROSS CRESCENT SUITE 300 CHATTANOOGA, TN 37404		N A				0.00
ACCOUNT NO.						
TN PHYSICIANS QUALITY VERIFICA 1092 CHAMBERLIN AVENUE SUITE B CHATTANOOGA, TN 37404		N A				8,827.00
ACCOUNT NO.						
TOMASZEWSKI, JANET 1589 NEW HOME ROAD TRENTON, GA 30752						87.61
ACCOUNT NO.						
TOTAL BUILDING MAINTENANCE INC 1908 COWART STREET CHATTANOOGA, TN 37408		N A				6,862.88

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
TOTAL SCOPE INC 17 CREEK PARKWAY BOOTHWYN, PA 19061							16,246.00
ACCOUNT NO.							
TOWNSEND SURGICAL 2340 STOCK CREEK BLVD ROCKFORD, TN 37853							275.00
ACCOUNT NO.							
TPL COMPANY LLC 217 JAMESTOWN PARK ROAD SUITE 6 BRENTWOOD, TN 37027							8,930.26
ACCOUNT NO.							
TPQVO 6918 SHALLOWFORD ROAD SUITE 206 CHATTANOOGA, TN 37421		N A					0.00
ACCOUNT NO.							
TRANE PARTS CENTERS P.O. BOX 10026 KNOXVILLE, TN 37939							10,397.17
ACCOUNT NO.							
TRAYCO INCORPORATED PO BOX 950 FLORENCE, SC 29503							147.31

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
TRI ANIM HEALTH SERVICES INC. 13170 TELFAIR AVENUE SYLMAR, CA 91342		N A					1,970.57
ACCOUNT NO.							
TRI STATE GOVERNMENT SERVICES 4762 HIGHWAY 58 SUITE 120 CHATTANOOGA, TN 37416		N A					203.50
ACCOUNT NO.							
TRI STATE TECHNICAL SERVICES P.O. BOX 1259 WAYCROSS, GA 31502-1259		N A					48.02
ACCOUNT NO.							
TRIAD ISOTOPES P.O. BOX 402126 ATLANTA, GA 30384-2126							30,452.30
ACCOUNT NO.							
TRICARE FINANCE REFUNDS SOUTH PGBA, LLC P.O. BOX 100279 COLUMBUS, SC 29202-3279		N A					2,065.43

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In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. TRICARE MHP P.O. BOX 7890 MADISON, WI 53707-7890							599.74
ACCOUNT NO. TRIMBLE, SHIRLEY 41 TRIMBLE LANE RINGGOLD, GA 30736							142.69
ACCOUNT NO. TRIMEDCO INC 1370 WEBER IND. DRIVE 100-B CUMMING, GA 30041							134.50
ACCOUNT NO. U.S. Dept. of HHS Office of Regional Administ. 61 Forsyth St., SW, Ste. 4T20 Atlanta, GA 30303-8909		N A					0.00
ACCOUNT NO. UHC RIVER VALLEY P.O. BOX 5230 KINGSTON, NY 12402-5230							1,170.10
ACCOUNT NO. ULTRA-CHEM, INC. PO BOX 50850 PHOENIX, AZ 85076							306.00

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

In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
UNDERWOOD, SHEILA 62 KRISWOOD DR ROSSVILLE, GA 30741							20.85
ACCOUNT NO.							
UNIFIRST 5959 SHALLOWFORD ROAD #321 CHATTANOOGA, TN 37421							1,291.20
ACCOUNT NO.							
UNISOURCE P.O. BOX 409884 ATLANTA, GA 30384-9884							6,069.01
ACCOUNT NO.							
UNITED HEALTHCARE 9900 BREN RD MINNETONKA, MN 55343							1,494.23
ACCOUNT NO.							
UNITED HEALTHCARE ATTN: RECOVERY SERVICES P.O. BOX 740804 ATLANTA, GA 30374-0804							680.82
ACCOUNT NO.							
UNITED HEALTHCARE P.O. BOX 740800 ATLANTA, GA 30374							559.04

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In re **Hutcheson Medical Center, Inc.**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. UNITED HEALTHCARE INSURANCE CO P.O. BOX 31362 SALT LAKE CITY, UT 84130			N A				44.02
ACCOUNT NO. UNITED HEALTHCARE SERVICES OF THE RIVER 1300 RIVER DRIVE, SUITE 200 MOLINE, IL 61265-1368			N A				53.81
ACCOUNT NO. UNITED LABORATORIES INC 320 37TH AVENUE ST. CHARLES, IL 60174							306.69
ACCOUNT NO. UNITED OF OMAHA MUTUAL OF OMAHA PLAZA OMAHA, NE 68175-0001							114.47
ACCOUNT NO. UNITED PARCEL SERVICE PO BOX 7247-0244 PHILADELPHIA, PA 19170-0001							31.76
ACCOUNT NO. UNITED WORLD LIFE INSURANCE 3316 FARNAM STREET OMAHA, NE 68175-0001			N A				17.82

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
UNIV. OF WISCONSIN MEDICAL RADIATION RESEARCH CENTER 1300 UNIVERSITY AVENUE MADISON, WI 53706-1532		N A					1,206.20
ACCOUNT NO.							
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030							2,370.00
ACCOUNT NO.							
UNIVERSITY SURGICAL ASSOCIATES 979 E 3RD STREET SUITE 300 CHATTANOOGA, TN 37403-2187		N A					113.90
ACCOUNT NO.							
URESIL CORPORATION 5418 WEST TOUCHY AVENUE SKOKIE, IL 60077							255.50
ACCOUNT NO.							
USA MOBILITY WIRELESS/SPOK ATTN- DIVISION 22 PO BOX 740085 CINCINNATI, OH 45274							4,716.71

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

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
ACCOUNT NO.						
UTICA NATIONAL INSURANCE GROUP BILLING DEPARTMENT PO BOX 6532 UTICA, NY 13504-6532		N A				3,731.00
ACCOUNT NO.						
VANARSDALE INNOVATIVE PRODUCTS PO BOX 10853 PENSACOLA, FL 32524		N A				251.00
ACCOUNT NO.						
VANDERBILT PATHOLOGY LAB DEPT AT 40379 ATLANTA, GA 31192-0379						3,356.00
ACCOUNT NO.						
VAR RESOURCES 2330 INTERSTATE 30 MESQUITE, TX 75750		N A				0.00
ACCOUNT NO.						
VARIAN MEDICAL SYSTEMS 70140 NETWORK PLACE CHICAGO, IL 60673-1701		N A				0.00
ACCOUNT NO.						
VARIAN MEDICAL SYSTEMS 2250 NEWMARKET PARKWAY SUITE 120 MARIETTA, GA 30067						160,144.50

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
VARITRONICS, INC. 620 PARKWAY BROMMALL, PA 19008							98.25
ACCOUNT NO.							
VECTOR SURGICAL, LLC 20975 SWENSON DR SUITE 430 WAUKESHA, WI 53186							246.35
ACCOUNT NO.							
VENDORMATE, INC 3445 PEACHTREE ROAD NE ATLANTA, GA 30326							1,725.00
ACCOUNT NO.							
VERIFIED CREDENTIALS 20890 KENBRIDGE COURT LAKEVILLE, MN 55044							13,440.79
ACCOUNT NO.							
VERIZON WIRELESS P.O. BOX 660108 DALLAS, TX 75266-0108							2,619.91
ACCOUNT NO.							
VICTORY SIGNS IND., INC. 1714 LAFAYETTE RD FORT OGLETHORPE, GA 30742							8,005.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
VIRGINIA MCCURTER 72 VERO BEACH AVENUE ROSSVILLE, GA 30741		N A					275.00
ACCOUNT NO.							
W H PAINTING LLC P.O. BOX 112 TUNNEL HILL, GA 30755							10,750.00
ACCOUNT NO.							
W W GRAINGER, INC. DEPT 132 BOX 2079 SKOKIE, IL 60251							21,402.35
ACCOUNT NO.							
W.L. GORE & ASSOCIATES, INC. PO BOX 751331 CHARLOTTE, NC 28275							574.00
ACCOUNT NO.							
WALDEN SECURITY METRO SECURITY SVC P.O. BOX 643985 CINCINNATI, OH 45264-3985		N A					39,866.71
ACCOUNT NO.							
Walker County Don Oliver, County Attorney PO Box 445 La Fayette, GA 30728		N A					0.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	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.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		Husband, Wife, Joint , or Community					
ACCOUNT NO.							
WALKER COUNTY EMERGENCY SVCS P.O. BOX 445 LA FAYETTE, GA 30728		N A					0.00
ACCOUNT NO.							
WALKER COUNTY MESSENGER PO BOX 1633 ROME, GA 30162-1633							42.80
ACCOUNT NO.							
WALKER COUNTY WATER & SEWAGE PO BOX 248 FLINTSTONE, GA 30725							110.00
ACCOUNT NO.							
WALKER CTY CHAMBER OF COMMERCE 410 CHICKAMAUGA AVE. ROSSVILLE, GA 30741		N A					6,150.00
ACCOUNT NO.							
WALLACE TILE, INC. 1205 LATTA STREET CHATTANOOGA, TN 37406							26,927.00
ACCOUNT NO.							
WALLIN, JENNIFER 618 TAYLOR BROOME RD CHICKAMAUGA, GA 30707							28.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO. WALLIN, MATTHEW 618 TAYLOR BROOME RD CHICKAMAUGA, GA 30707							35.00
ACCOUNT NO. WASHINGTON NATIONAL INS CO P.O. BOX 2034 CARMEL, IN 46082-9999		N A					138.46
ACCOUNT NO. WATER WORKS PLUMBING SERVICES 476 S. CREST ROAD Chattanooga, TN 37404		N A					3,589.67
ACCOUNT NO. WATERHOUSE PUBLIC RELATIONS 735 BROAD STREET SUITE 1004 CHATTANOOGA, TN 37402		N A					56,186.25
ACCOUNT NO. WEATHERBY LOCUMS, INC. P.O. BOX 972633 DALLAS, TX 75397-2633							149,870.46
ACCOUNT NO. WELDON, T. DARRELL M.D. 2009 OLD LAFAYETTE ROAD FORT OGLETHORPE, GA 30742							4,200.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. WELLCARE P.O. BOX 31658 TAMPA, FL 33631-3584							171.92
ACCOUNT NO. WELLCARE OF GEORGIA PO BOX 28554 HMS CREDIT BALANCE AUDIT NEW YORK, NY 10087-8554							13,126.90
ACCOUNT NO. WELLCARE OF GEORGIA ATTN: CLAIM REFUNDS P.O. BOX 8500-7296 PHILADELPHIA, PA 19178-7296							10,383.32
ACCOUNT NO. WELLCARE OF GEORGIA P.O. BOX 31370 TAMPA, FL 33631							433.24
ACCOUNT NO. WERFEN USA LLC 180 HARTWELL ROAD BEDFORD, MA 01730							4,647.64
ACCOUNT NO. WEST, SANDRA 916 MARION ST ROSSVILLE, GA 30741							35.00

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint , or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
WHITE, RALPH 4025 CUMMINGS ROAD CHATTANOOGA, TN 37419							14.20
ACCOUNT NO.							
WHITE, TONI 26 SPRING BROOK DRIVE RINGGOLD, GA 30736							3.00
ACCOUNT NO.							
WHITE, TRACEY 18 AVENUE OF THE OAKS ROCK SPRING, GA 30739							30.00
ACCOUNT NO.							
WHITESEL, DENNY DR. CHAPLAIN 80 JOE TIKE DRIVE RINGGOLD, GA 30736			N A				200.00
ACCOUNT NO.							
WILLIAM HORTON 112 MALLARD HILL RINGGOLD, GA 30736			N A				0.00
ACCOUNT NO.							
WINDSTREAM GA COMMUNICATIONS P.O. BOX 105521 ATLANTA, GA 30348-5521			N A				747.09

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
ACCOUNT NO.									
WINNERS CIRCLE PO BOX 23811 CHATTANOOGA, TN 37422									585.00
ACCOUNT NO.									
WOODWARD, CYNTHIA 330 STILL MEADOW LANE FLINTSTONE, GA 30725									120.11
ACCOUNT NO.									
WOODY, TINA 9 SHAMROCK CIR FORT OGLETHORPE, GA 30742									59.20
ACCOUNT NO.									
WORLD DATA PRODUCTS ATTN: KIM BROWN PO BOX 767 LAFAYETTE, GA 30728									2,283.47
ACCOUNT NO.									
WORLDPOINT ECC, INC. 151 S. PFINGSTEN ROAD SUITE E DEERFIELD, IL 60015									2,335.20
ACCOUNT NO.									
WPS TRICARE FOR LIFE P.O. BOX 7889 MADISON, WI 53707-7889									42.55

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

In re **Hutcheson Medical Center, Inc.**

Case No **14-42863**

Debtor(s)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
ACCOUNT NO.							
WRIGHT MEDICAL TECHNOLOGIES 5677 AIRLINE ROAD ARLINGTON, TN 38002-9501		N A					1,766.00
ACCOUNT NO.							
XANITOS, INC. ATTN: ANTHONY GROSSO 3809 WEST CHESTER PIKE Ste 210 NEWTOWN SQUARE, PA 19073		N A					25,837.82
ACCOUNT NO.							
XEROX RECOVERY SERVICES P.O. BOX 4003 SCHAUMBERG, IL 60168-4003							1,290.49
ACCOUNT NO.							
XODUS MEDICAL 702 PROMINENCE DRIVE NEW KENSINGTON, PA 15068							486.06
ACCOUNT NO.							
XPEDX-CHATTANOOGA 5720 UPTAIN ROAD 6100 BUILDING SUITE 4800 CHATTANOOGA, TN 37411							2,130.68
ACCOUNT NO.							
ZEMA, MICHAEL J 1131 STRINGERS RIDGE ROAD UNIT 14 J CHATTANOOGA, TN 37405							5,700.00

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

In re **Hutcheson Medical Center, Inc.**

Debtor(s)

Case No **14-42863**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.						
Total								52,913,484.12	
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)									

In re Hutcheson Medical Center, Inc.

Case No. 14-42863

Debtor(s)

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.**

**Academic Gastroenterology
979 E 3rd Street, #825
Chattanooga, TN 37403**

Office space lease

**Accellent, Inc.
13024 North Main Street
PO Box 39
Trenton, GA 30752**

Office space lease

**Airgas
125 Townpark Drive, NW
Suite 400
Kennesaw, GA 30144**

Contract - medical gas

**Allied Waste
PO Box 9001099
Louisville, KY 40290-1099**

Contract - waste disposal

**Angel EMS
337 S Cedar Lane
Fort Oglethorpe, GA 30742**

Contract - non-emergent transport of Parkside patients

**Assoc in Oncology & Hematology
7425 Ziegler Road
Suite 109
Chattanooga, TN 37421**

Physician - medical oncology

**Associates in Womens Health
4700 Battlefield Pkwy.
Suite 220
Ringgold, GA 30736**

Physician - OB/GYN call coverage

**AutoMed 340b
52226 Network Place
Chicago, IL 60673-1522**

Contract - pharmacy software

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor(s)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

**Beckman Coulter, Inc.
PO Box 169015
11800 SW 147th Avenue
Miami, FL 33116-9015**

Service agreement - lab equipment

**Bill Hilner, PhD
7302 Jarnigan Road
Chattanooga, TN 37421**

Office space lease

**Blood Assurance
700 E. Third Street
Chattanooga, TN 37403**

Service agreement - blood products

**Cardiology Center of Dalton PC
1411 Chattanooga Avenue
Dalton, GA 30720**

Physician - cardiology call coverage

**Care Fusion
25082 Network Place
Chicago, IL 60673-1250**

Equipment lease - Pyxis

**Carl A. Lindblad
1402-A Stratman Circle
Chattanooga, TN 37421**

Physician - clinic coverage

**Cathy Hulsey
Apt 512A
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742**

Residential rental of Apt 512A

**Celtic Leasing Corporation
Four Park Plaza
Suite 300
Irvine, CA 92614**

**Equipment lease for bronchoscope with related equipment
and Cisco switch**

**Chattanooga State Tech College
4501 Amnicola Hwy.
Chattanooga, TN 37406**

Clinical affiliation agreement

**Clark Colvard
100 Gross Crescent
Suite 500
Fort Oglethorpe, GA 30742**

Physician - cardiology call coverage and pro fees

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor(s)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

Cornerstone Orthopaedics Corp
PO Box 2219
Fort Oglethorpe, GA 30742

Physician - orthopaedic call coverage

Cost Effective Computer System
2955-C Cleveland Highway
Dalton, GA 30721

License to use pharmacy software

Dade County EMS
PO Box 613
Trenton, GA 30752

Pharmacy provider agreement

Dale Ingram
606 Swanson Ridge Road
Chattanooga, TN 37421

Physician - orthopaedic coverage

Dalton College
213 N College Drive
Dalton, GA 30720

Agreement to arrange clinical experience

Dalton Surgical Group
1504 Broadrick Drive
Dalton, GA 30720

Parkway office space lease

Dalton Surgical Group, PC
1504 Broadrick Drive
Dalton, GA 30720

Physician - general surgery call coverage

Darrell Wheldon
2009 Old Lafayette Road
Fort Oglethorpe, GA 30742

Physician - OB/GYN call coverage

David A. Denman
66 Mythical Lane
Ringgold, GA 30736

Physician - hospitalist coverage - PRN

David Bosshardt
1713 N. Longhollow Road
Chickamauga, GA 30707

Physician - SAC coverage - PRN

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor(s)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

David Rankine, M.D.
979 East Third Street
Suite 1210
Chattanooga, TN 37403

Office space lease

Delmon Ashcraft
2009 Old Lafayette Road
Fort Oglethorpe, GA 30742

Physician - OB/GYN call coverage

Diagnostic Stage Inc.
Five Century Drive
Parsippany, NJ 07054

Lease of laboratory analyzers - coagulation

Elizabeth Bowers
2009 Old Lafayette Road
Fort Oglethorpe, GA 30742

Physician - OB/GYN call coverage

Francis Garcia
Apt 512
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Residential rental of Apt 512

GB Health Management
PO Box 173
Lookout Mountain, TN 37350

Management agreement

GE Capital Healthcare Financia
PO Box 641419
Pittsburgh, PA 15264-1419

Lease of anesthesia machines and CT

Hospital Authority of Walker, Dade and Catoosa Counties
c/o Chairman of Board of Comm.
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Real property lease for land and buildings that comprise the hospital and related ancillary facilities such as a skilled nursing home and an ambulatory surgery center

Hytham Kadrie, M.D.
721 Glenwood Drive
Suite W-467
Chattanooga, TN 37404

Office space lease

James Santoro
904 East 2nd Avenue
Rome, GA 30161

Physician - radiation oncology

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor(s)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

**John C. Ellis
303 Ohio Avenue
Suite A-4
Signal Mountain, TN 37377**

Physician - cardiac rehab

**John McCravey
4750 Battlefield Parkway
Ringgold, GA 30736**

Physician - medical oncology

**Joint Commission Resources
PO Box 92775
Chicago, IL 60675-2775**

Accreditation and consulting agreement

**Karl Storz Endoscopy
2151 E. Grand Avenue
El Segundo, CA 90245-5017**

Services agreement

**LifeLink of Georgia
2875 Northwoods Parkway
Norcross, GA 30071**

Organ/tissue procurement agreement

**Mail Finance
25881 Network Place
Chicago, IL 60673-1258**

Equipment lease postage machine

**Mark Anderson
725 Glenwood Drive
Suite E486
Chattanooga, TN 37404**

Physician - infectious disease medical direction

**Marvin Mills
2367 Chattanooga Valley
Flintstone, GA 30725**

Physician - cardiology call coverage

**Matt Brady
Apt 506
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742**

Residential rental of Apt 506

**McKesson Health Solutions, LLC
22423 Network Place
Chicago, IL 60673-1224**

Contract to purchase interqual material

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor(s)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

**MedAssets Supply Chain Systems
280 South Mount Auburn Road
Cape Girardeau, MO 63703**

Contract for group purchasing of medical equipment and supplies

**MedPartners HIM
PO Box 4729
Winter Park, FL 32793-4729**

Consulting and temporary staffing

**Meridian Leasing
Nine Parkway North
Suite 500
Deerfield, IL 60015**

Medical and IT equipment leases

**Michael Zema
1131 Stringers Ridge Road
Unit 14-J
Chattanooga, TN 37405**

Physician - cardiology call coverage

**Neil Spitalny
5022 Old Godsey Lane
Hixson, TN 37343**

Physician - orthopaedic coverage

**Neil Spitalny, M.D.
5022 Old Godsey Lane
Suite 2
Hixson, TN 37343**

Office space lease

**NHP-Parkway Physicians Center
c/o Meadows & Ohly
PO Box 742781
Atlanta, GA 30374-2781**

Space rented by HMC for Urgent Care and Lab

**Olympus America, Inc.
3500 Corporate Parkway
Center Valley, PA 18034**

Lease of GI scope

**Omnicare, Inc.
100 East River Center Blvd
1600 River Center II
Covington, KY 41011**

Contract provider for Parkside pharmacy products and services

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Debtor(s)

Case No. **14-42863**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

**Parkway Physicians Center
c/o Meadows & Ohly, LLC
275 Scientific Dr., Ste. 1000
Norcross, GA 30092**

Medical office lease

**Parkway Physicians Center, LP
c/o Meadows & Ohly, LLC
275 Scientific Dr., Ste. 1000
Norcross, GA 30092**

Ground lease

**Penfield Christian Homes, Inc.
702 East Villanow Street
La Fayette, GA 30728**

Lease for rehab center

**Phoenix Lawn & Landscape
106 Yucca Drive
Rossville, GA 30741**

Contract - landscaping

**Plaza Urology
1300 Cleveland Avenue
Chattanooga, TN 37404**

Physician - urology coverage

**Quadax, Inc.
7500 Old Oak Blvd
Cleveland, OH 44130**

Contract for electronic healthcare transaction processing

**Quest Diagnostics
3 Giralda Farms
Madison, NJ 07940**

Contract for laboratory testing

**Radphys Medical Physics
1765 Redgrave Road
Knoxville, TN 37922**

Contract for physics and dosimetry services

**Ray Cedeno
Apt 506A
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742**

Residential rental of Apt 506A

**Richard Bowers
2009 Old Lafayette Road
Fort Oglethorpe, GA 30742**

Physician - OB/GYN call coverage

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor(s)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

**Ricoh Business Solutions
5 Dedrick Place
West Caldwell, NJ 07006**

Printer/copier/fax leases

**Ringgold Telephone Company
6203 Alabama Highway
Ringgold, GA 30736**

Hosted PBX, telephone and data service provider

**RPM Consulting
1023 Juniper Street
Unit 304
Atlanta, GA 30309**

IT consulting agreement

**Seth Wagner
1812 Duncan Avenue
Chattanooga, TN 37404**

Physician - clinic coverage/midlevel oversight

**Shaheen P. Noorani
1210 Broadrick Drive
Suite 1
Dalton, GA 30720**

Physician - pulmonary call coverage

**Siemens Financial Services Inc
170 Wood Avenue South
Iselin, NJ 08830**

Equipment lease for nuclear meridian camera and cath lab

**Southeast Reimbursement Group
335 Parkway 575
Suite 110
Woodstock, GA 30188**

Consulting services

**Southeastern Kidney Services
979 East Third Street
Suite B-1111
Chattanooga, TN 37403**

Service agreement for renal dialysis

**Specialty Networks, LLC
5959 Shallowford Road
Suite 575
Chattanooga, TN 37421**

Imaging network services

**Spok
PO Box 660324
Dallas, TX 75266-0324**

Contract for beepers

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor(s)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

**Steve Daugherty
100 Gross Crescent
Fort Oglethorpe, GA 30742**

Physician - midlevel oversight

**Tammy Keith
Apt 504A
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742**

Residential rental of Apt 504A

**Tareck Kadrie, M.D.
721 Glenwood Drive
Suite W-467
Chattanooga, TN 37404**

Office space lease

**Tennessee Valley Foot & Ankle
709 Candlewood Trail
Chattanooga, TN 37421**

Office space (402) lease

**Thyssen Krupp
6138 Preservation Drive
Suite 800
Chattanooga, TN 37416**

Platinum premier maintenace agreement for elevators

**Tiku Bhutwala
609 Magnolia Vale Drive
Chattanooga, TN 37419**

Physician - SAC medical direction/coverage

**Tim Ashburn
100 Gross Crescent
Suite 300
Fort Oglethorpe, GA 30742**

Physician - pulmonary medical direction/CMO

**TPQVO
6918 Shallowford Road
Suite 206
Chattanooga, TN 37421**

**Medical staff appointment and reappointment application
processing**

**VAR Resources
2330 Interstate 30
Mesquite, TX 75750**

Computer equipment lease

**Varian Medical Systems
70140 Network Place
Chicago, IL 60673-1701**

Support agreement

B6G (Official Form 6G) (12/07) - cont.

In re **Hutcheson Medical Center, Inc.**

Case No. **14-42863**

Debtor(s)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

**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.**

**Verizon
PO Box 660108
Dallas, TX 75266-0108**

Cell phones

**Walker Cty Emergency Services
PO Box 445
La Fayette, GA 30728**

Agreement to arrange clinical experience

**William Horton
112 Mallard Hill
Ringgold, GA 30736**

Physician - hospitalist/SAC coverage - PRN

**Xanitos
3809 West Chester Pike
Suite 210
Newtown Square, PA 19073**

Linen services

In re **Hutcheson Medical Center, Inc.**

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Debtor(s)

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 the 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 years immediately preceding the commencement of this 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
<p>Catoosa County Chad Young, County Attorney PO Box 727 Ringgold, GA 30736</p>	<p>CHATT - HAMILTON CTY HOSP AUTH d/b/a ERLANGER HEALTH SYSTEMS PO BOX 6006 CHATTANOOGA, TN 37401</p>
<p>HOSPITAL AUTH. OF WALKER, DADE AND CATOOSA COUNTIES c/o CHAIRMAN OF BOARD OF COMM. 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742</p>	<p>Regions Bank c/o Douglas Smith, CFA 6805 Morrison Blvd., Suite 100 Charlotte, NC 28211</p>
<p>Walker County Don Oliver, County Attorney PO Box 445 La Fayette, GA 30728</p>	<p>CHATT - HAMILTON CTY HOSP AUTH d/b/a ERLANGER HEALTH SYSTEMS PO BOX 6006 CHATTANOOGA, TN 37401</p>

United States Bankruptcy Court Northern District of Georgia

In re Hutcheson Medical Center, Inc.

Debtor(s)

Case No. 14-42863

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 2 columns: Description and Amount. Rows include: For legal services, I have agreed to accept as a retainer (\$ 84,249.62 *), Prior to the filing of this statement I have received as a retainer (\$ 84,249.62 *), Balance Due (\$ 0.00).

2. \$ 0.00 of the filing fee has been paid.

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

[X] Debtor [] Other (specify):

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

[X] Debtor [] Other (specify):

5. [X] I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

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

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

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

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Allowed fees and expenses which exceed the retainer.

* The retainer of \$84,249.62 has been provided on a consolidated basis for the following jointly administered Debtors: Hutcheson Medical Center, Inc. and Hutcheson Medical Division, Inc.

CERTIFICATION

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

Dated: 12/15/2014

/s/ J. Robert Williamson

J. Robert Williamson 765214
Scroggins & Williamson, P.C.
127 Peachtree St. NE
1500 Candler Bldg.
Atlanta, GA 30303
404-893-3880 Fax: 404-893-3886
centralstation@swlawfirm.com

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

In re Hutcheson Medical Center, Inc.
Debtor

Case No. 14-42863

Chapter 11

SUMMARY OF SCHEDULES

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	12,750,000.00		
B - Personal Property	Yes	4	20,079,028.25		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		26,686,206.97	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	8		3,209,447.55	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	143		52,913,484.12	
G - Executory Contracts and Unexpired Leases	Yes	10			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		169			
		Total Assets	32,829,028.25		
			Total Liabilities	82,809,138.64	

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

In re Hutcheson Medical Center, Inc.,
Debtor

Case No. 14-42863

Chapter 11

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

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

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

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

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

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

State the following:

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

State the following:

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

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

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

In re Hutcheson Medical Center, Inc.

Debtor(s)

Case No. 14-42863

Chapter 11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chief Executive Officer of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 171 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date December 15, 2014

Signature /s/ Thomas Farrell Hayes

Thomas Farrell Hayes

Chief Executive Officer

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.

**United States Bankruptcy Court
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In re Hutcheson Medical Center, Inc.
Debtor

Case No. 14-42863

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Hutcheson Health Enterprises 100 Gross Crescent Circle Fort Oglethorpe, GA 30742			100% Shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chief Executive Officer of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 15, 2014

Signature /s/ Thomas Farrell Hayes
Thomas Farrell Hayes
Chief Executive Officer

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.