

**United States Bankruptcy Court
Southern District of Mississippi**

In re Natchez Regional Medical Center,
Debtor

Case No. 14-01048

Chapter 9

SUMMARY OF SCHEDULES - AMENDED

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	17,114,646.50		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		15,557,710.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		975,718.56	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	87		4,271,695.81	
G - Executory Contracts and Unexpired Leases	Yes	13			
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		110			
		Total Assets	17,114,646.50		
			Total Liabilities	20,805,124.37	

**United States Bankruptcy Court
Southern District of Mississippi**

In re Natchez Regional Medical Center
Debtor

Case No. 14-01048

Chapter 9

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)		

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

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

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

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

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

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. **Alcorn State Univ School of Nursing 15 Campus Dr Natchez, MS 39120		-				0.00
Account No. **Alcorn State Univ 1000 ASU Drive Lorman, MS 39096		-				0.00
Account No. **American College of Surgeons 633 N Saint Clair St Chicago, IL 60611		-				0.00
Account No. **Anesthesia Service of Natchez, PA P.O. Box 8 Vidalia, LA 71373		-				0.00
Subtotal (Total of this page)						0.00

86 continuation sheets attached

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

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. **Ann Steinbach, RHIA 4100 Quaker Dr Texas City, TX 77590	-						0.00	
Account No. **Benita Cushingberr -Turner, MD 3150 E Shields Ave. Fresno, CA 93726	-						0.00	
Account No. **Camelot Leisure Liv 6818 Hwy 84 W Ferriday, LA 71334	-						0.00	
Account No. **Centers for Medicare Officer of Reg Admin 61 Forsyth St,SW,S4T20 Atlanta, GA 30303	-						0.00	
Account No. **Central LA Tech Col Dean Mignonne Ater 2100 EE Wallace Blvd Ferriday, LA 71334	-						0.00	
Sheet no. <u>1</u> of <u>86</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	0.00

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

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No.							
**Claude W Harbarger St Dominic-Jksn Mem 969 Lakeland Dr Jackson, MS 39215		-					0.00
Account No.							
**CMS c/o David Usry 501 E Court St,S-430 Jackson, MS 39201		-					0.00
Account No.							
**Col of Hlth Science Dept of Occ Therapy 700 University Ave Monroe, LA 71209		-					0.00
Account No.							
**Copliah-Lincoln Community College 1001 Copliah Lincoln Cr Wesson, MS 39191		-					0.00
Account No.							
**Copliah-Lincoln Community College 11 Co-Lin Circle Natchez, MS 39120		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 2 of 86 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E 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.							
**Dell Marketing LP Attn: VP-Legal Service 2300 West Plano Pkwy Plano, TX 75075		-					0.00
Account No.							
**Dell Marketing LP Attn: Contracts Mgr 120 Royall St Canton, MA 02021		-					0.00
Account No.							
**Drfirst.com, Inc Attn: Contracts 9420 Key West Av,S230 Rockville, MD 20850		-					0.00
Account No.							
**Edmund Mohrman 6913 Canyon Run El Paso, TX 79912		-					0.00
Account No.							
**Ellis Salloum, MD 171 Tallulah Ridge Hattiesburg, MS 39402		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 3 of 86 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E 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. **Fortis College 9255 Interline Ave Baton Rouge, LA 70809	-					0.00
Account No. **GE Healthcare Sys 3000 N Grandview Blvd Waukesha, WI 53188	-					0.00
Account No. **Griffin Industries 1299 Priscock Rd Byram, MS 39272	-					0.00
Account No. **HealthTrust Purch Gp Attn: VP Sales & Marke 155 Franklin Rd,S400 Brentwood, TN 37027	-					0.00
Account No. **HealthTrust Purch Gp Attn: Managing Counsel 155 Franklin Rd,S400 Brentwood, TN 37027		Additional Notice: **HealthTrust Purch Gp				Notice Only
					Subtotal (Total of this page)	0.00

Sheet no. 4 of 86 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	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
		H W J C					
Account No. **Internal Med Assoc of Natchez, PLLC 46 Sgt. Prentiss Dr Natchez, MS 39120		-					0.00
Account No. **Jackson & Coker 3000 Old Alabama Rd Suite 119-608 Alpharetta, GA 30022		-					0.00
Account No. **John O'Brien, MD 131-D Jeff Davis Blvd Natchez, MS 39120		-					0.00
Account No. **Lana Stamper, CEO Riverland Medical Ctr P.O. Box 111 Ferriday, LA 71334		-					0.00
Account No. **Leasing Associates of Barrington, Inc 33 W Higgins Rd,S-1030 Barrington, IL 60010		-					0.00

Sheet no. 5 of 86 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page)	0.00
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B6F (Official Form 6F) (12/07) - Cont.

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community			A M O U N T O F C L A I M
		H W J C	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	
Account No. **Magnolia Hlth Plan 111 E Capitol St Suite 500 Jackson, MS 39201	-				0.00
Account No. **Mary Gardner, MD 2681 Jacquelyn Ln Lexington, KY 40511	-				0.00
Account No. **McKesson Hlth Sol 275 Grove St Suite I-110 Newton, MA 02466	-				0.00
Account No. **MEDHOST Direct 6550 Carothers Pkwy Suite 100 Franklin, TN 37067	-				0.00
Account No. **Meridian Comm Col Attn: President Nine Ten Hwy 19 N Meridian, MS 39307	-				0.00
Subtotal (Total of this page)					0.00

Sheet no. 6 of 86 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. **MS Lions Eye Bank Attn: Executive Dir 431 Katherine Dr Flowood, MS 39232		-					0.00
Account No. **Parallon Tech Sol Attn: VP & CFO Finance 2555 Park Plaza Nashville, TN 37203		-					0.00
Account No. **Parallon Tech Sol Attn: General Counsel 2555 Park Plaza Nashville, TN 37203			Additional Notice: **Parallon Tech Sol				Notice Only
Account No. **Parallon Tech Sol Attn: Tim Unger 490 Metroplex Dr Nashville, TN 37211		-					0.00
Account No. **Pharmacy OneSource 3535 Factoria Blvd. SE Suite 440 Bellevue, WA 98005		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 7 of 86 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. **Staff Care, Inc 5001 Statesman Dr Irving, TX 75063		-					0.00
Account No. **Telagent 5500 Maryland WA Suite 200 Brentwood, TN 37027		-					0.00
Account No. **Un of LA Monroe Attn: Carolyn Murphy 700 Univerlsty Ave Monroe, LA 71209		-					0.00
Account No. **Un of Ms Med Ctr Attn: General Counsel 2500 North State St Jackson, MS 39216		-					0.00
Account No. **Un of MS Med Ctr School of Hth Related 2500 North State St Jackson, MS 39216		-					0.00

Sheet no. 8 of 86 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page)	0.00
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In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
**Weatherby Locums 6451 N.Federal Hwy Suite 800 Fort Lauderdale, FL 33308		-						0.00
Account No.								
3M NBN2374 P.O. Box 844127 Dallas, TX 75284		-						52,283.16
Account No.								
A Stat Transcription Svc Inc 5967 Hensel Rd Port Orange, FL 32127		-						13,615.40
Account No.								
Abbott Lab Diagnostic Division P.O. Box 100997 Atlanta, GA 30834		-						10,135.67
Account No.								
Ability Network Inc Dept CH 16577 Palatine, IL 60055		-						877.00

Sheet no. 9 of 86 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) **76,911.23**

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED

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.
<p>**Alcorn State Univ School of Nursing 15 Campus Dr Natchez, MS 39120</p>	
<p>**Alcorn State Univ 1000 ASU Drive Lorman, MS 39096</p>	
<p>**American College of Surgeons 633 N Saint Clair St Chicago, IL 60611</p>	
<p>**Anesthesia Service of Natchez, PA P.O. Box 8 Vidalia, LA 71373</p>	
<p>**Ann Steinbach, RHIA 4100 Quaker Dr Texas City, TX 77590</p>	
<p>**Benita Cushingberr -Turner, MD 3150 E Shields Ave. Fresno, CA 93726</p>	
<p>**Camelot Leisure Liv 6818 Hwy 84 W Ferriday, LA 71334</p>	
<p>**Centers for Medicare Officer of Reg Admin 61 Forsyth St,SW,S4T20 Atlanta, GA 30303</p>	
<p>**Central LA Tech Col Dean Mignonne Ater 2100 EE Wallace Blvd Ferriday, LA 71334</p>	
<p>**Claude W Harbarger St Dominic-Jksn Mem 969 Lakeland Dr Jackson, MS 39215</p>	

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED
(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.
**CMS c/o David Usry 501 E Court St,S-430 Jackson, MS 39201	
**Col of Hlth Science Dept of Occ Therapy 700 University Ave Monroe, LA 71209	
**Copliah-Lincoln Community College 1001 Copliah Lincoln Cr Wesson, MS 39191	
**Copliah-Lincoln Community College 11 Co-Lin Circle Natchez, MS 39120	
**Dell Marketing LP Attn: VP-Legal Service 2300 West Plano Pkwy Plano, TX 75075	
**Dell Marketing LP Attn: Contracts Mgr 120 Royall St Canton, MA 02021	
**Drfirst.com, Inc Attn: Contracts 9420 Key West Av,S230 Rockville, MD 20850	
**Edmund Mohrman 6913 Canyon Run El Paso, TX 79912	
**Ellis Salloum, MD 171 Tallulah Ridge Hattiesburg, MS 39402	
**Fortis College 9255 Interline Ave Baton Rouge, LA 70809	
**GE Healthcare Sys 3000 N Grandview Blvd Waukesha, WI 53188	

In re Natchez Regional Medical Center

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Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED
(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.
**Griffin Industries 1299 Prisock Rd Byram, MS 39272	
**HealthTrust Purch Gp Attn: VP Sales & Marke 155 Franklin Rd,S400 Brentwood, TN 37027	
**HealthTrust Purch Gp Attn: Managing Counce 155 Franklin Rd, S400 Brentwood, TN 37027	
**Internal Med Assoc of Natchez, PLLC 46 Sgt. Prentiss Dr Natchez, MS 39120	
**Jackson & Coker 3000 Old Alabama Rd Suite 119-608 Alpharetta, GA 30022	
**John O'Brien, MD 131-D Jeff Davis Blvd Natchez, MS 39120	
**Lana Stamper,CEO Riverland Medical Ctr P.O. Box 111 Ferriday, LA 71334	
**Leasing Associates of Barrington, Inc 33 W Higgins Rd,S-1030 Barrington, IL 60010	
**Magnolia Hlth Plan 111 E Capitol St Suite 500 Jackson, MS 39201	
**Mary Gardner, MD 2681 Jacquelyn Ln Lexington, KY 40511	
**McKesson Hlth Sol 275 Grove St Suite I-110 Newton, MA 02466	

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED
(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.
**MEDHOST Direct 6550 Carothers Pkwy Suite 100 Franklin, TN 37067	
**Meridian Comm Col Attn: President Nine Ten Hwy 19 N Meridian, MS 39307	
**MS Lions Eye Bank Attn: Executive Dir 431 Katherine Dr Flowood, MS 39232	
**Parallon Tech Sol Attn: VP & CFO Finance 2555 Park Plaza Nashville, TN 37203	
**Parallon Tech Sol Attn: Tim Unger 490 Metroplex Dr Nashville, TN 37211	
**Parallon Tech Sol Attn: General Counsel 2555 Park Plaza Nashville, TN 37203	
**Pharmacy OneSource 3535 Factoria Blvd. SE Suite 440 Bellevue, WA 98005	
**Staff Care, Inc 5001 Statesman Dr Irving, TX 75063	
**Telagent 5500 Maryland WA Suite 200 Brentwood, TN 37027	
**Un of LA Monroe Attn: Carolyn Murphy 700 Univeristy Ave Monroe, LA 71209	
**Un of MS Med Ctr Attn: General Counsel 2500 North State St Jackson, MS 39216	

In re Natchez Regional Medical Center

Case No. 14-01048

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED
(Continuation Sheet)

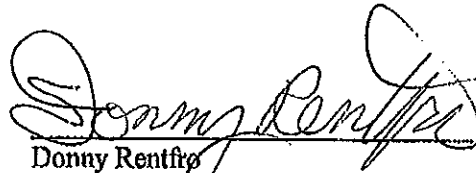
Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<p>**Un of MS Med Ctr School of Hth Related 2500 North State St Jackson, MS 39216</p>	
<p>**Un of MS Med Ctr School of Hth Related 2500 North State St Jackson, MS 39216</p>	
<p>**Weatherby Locums 6451 N.Federal Hwy Suite 800 Fort Lauderdale, FL 33308</p>	
<p>Alliance Imaging, Inc. 100 Bayview Circle Suite 400 Newport Beach, CA 92660</p>	<p>Service Contract 7/1/2008- 3 years, automatic renewal for 3 year terms</p>
<p>AMR-Am Med Resp 158 John Pitchford Pwy Natchez, MS 39120</p>	<p>Preferred Supplier Contract 2/2/52012-Autorenewal</p>
<p>Jeffrey Anderson, DO 300 Highland Blvd Suite C Natchez, MS 39120</p>	<p>Physician Service Agreement 6/3/13</p>
<p>Jeffrey Anderson, DO 300 Highland Blvd Suite C Natchez, MS 39120</p>	<p>Physician Service Agreement 1/1/10-Autorenewal</p>
<p>Avatar International 1000 Primera Blvd Ste 3144 Lake Mary, FL 32746</p>	<p>Service Agreement 10/18/06-10/18/09</p>
<p>Avatar International 1000 Primera Blvd Ste 3144 Lake Mary, FL 32746</p>	<p>Agreement Addendum 10/1/2012-9/30/2014</p>
<p>BCI-Business Comm 442 Highland Colony Ridgeland, MS 39157</p>	<p>Service Agreement 9/25/2013</p>
<p>Camellia Hospice of Southwest Mississippi 620 Delaware Ave McComb, MS 39648</p>	<p>Service Contract 8/1/2010-1 year, automatic renewal for 1 year terms</p>

NATCHEZ REGIONAL MEDICAL CENTER

CASE NO. 14-01048-NPO

I declare under penalty of perjury that I have read the answers contained in the foregoing Amended Summary of Schedules, Amended F-Creditor Holding Unsecured Nonpriority Claims, Amended G-Executory Contracts and Unexpired Leases and Amended Creditor Mailing Matrix, and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

8/28/14
Date


Donny Rentfro
Hospital CEO