

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

<u>In re</u>)	Chapter 11
)	
ROTECH HEALTHCARE INC., et al.,)	Case No. 13-10741
)	
Debtors.)	(Jointly Administered)
)	

**SCHEDULES OF ASSETS AND LIABILITIES FOR
HOME MEDICAL SYSTEMS, INC.**

Case No: 13-10788

(1) The Debtors in these chapter 11 cases are listed in Exhibit A attached hereto and at <http://dm.epiq11.com/rotech>. The address of the corporate headquarters of the Debtors and the mailing address of each of the Debtors is 2600 Technology Drive, Suite 300, Orlando, FL 32804.

Exhibit A

The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, as applicable, are,

A-1 Medical Equipment, Inc. (4401);
 Abba Medical Equipment, Inc. (4117);
 Acadia Home Care (6177);
 Allied Medical Supply, Inc. (3257);
 Always Medical Equipment, Inc. (7512);
 Andy Boyd's InHome Medical, Inc., West (9187);
 Andy Boyd's InHome Medical/InHome Medical Inc. (4360);
 Anniston Health & Sickroom Supplies, Inc. (9873);
 Berkeley Medical Equipment, Inc. (2227);
 Best Care HHC Acquisition Company LLC (2125);
 Beta Medical Equipment, Inc. (4408);
 Cambria Medical Supply, Inc. (0476);
 Camden Medical Supply, Inc. (3186);
 Care Medical Supplies, Inc. (5959);
 Centennial Medical Equipment, Inc. (6826);
 Charlotte Medical Supply, Inc. (8925);
 Collins Rentals, Inc. (2037);
 Community Home Oxygen, Inc. (0456);
 Contour Medical Supply, Inc. (6822);
 Corley Home Health Care, Inc. (9882);
 CPO 2, Inc. (1084);
 Daniel Medical Systems, Inc. (7988);
 Distinct Home Health Care, Inc. (3941);
 Don Paul Respiratory Services, Inc. (7602);
 DuMed, Inc. (6634);
 East Tennessee Infusion & Respiratory, Inc. (7561);
 Ellis County Home Medical Equipment, LLC (9841);
 Encore Home Health Care, Inc. (1477);
 Excel Medical of Fort Dodge, Inc. (4351);
 Excel Medical of Marshalltown, Inc. (6085);
 First Community Care of Niagara, Inc. (1366);
 Firstcare, Inc. (4362);
 Fischer Medical Equipment, Inc. (1262);
 Four Rivers Home Health Care, Inc. (6602);
 G&G Medical, Inc. (3419);
 Gate City Medical Equipment, Inc. (9037);
 Georgia Medical Resources, Inc. (4343);
 Gladwin Area Home Care, Inc. (0154);
 Hamilton Medical Equipment Service, Inc. (9500);
 Health Care Services of Mississippi, Incorporated (3038);
 Holland Medical Services, Inc. (0731);
 Home Care Oxygen Service, Inc. (5036);
 Home Medical Systems, Inc. (4523);
 IHS Acquisition XXVII, Inc. (8938);
 Integrated Health Services at Jefferson Hospital, Inc. (3408);
 Intensive Home Care Services, Inc. (3364);
 IOTA Medical Equipment, Inc. (6769);
 Lambda Medical Equipment, Inc. (4213);
 LAMS, Inc. (3169);
 Lovejoy Medical, Inc. (7284);
 Major Medical Supply, Inc. (3420);
 Medco Professional Services, Corp. (8104);
 MedCorp International, Inc. (1512);
 Medic-Aire Medical Equipment, Inc. (4409);
 Medical Electro-Therapeutics, Inc. (3806);
 Medicare Rental Supply, Inc. (4420);
 Michigan Medical Supply, Inc. (1565);
 National Medical Equipment Centers, Inc. (4381);
 NeighborCare Home Medical Equipment, LLC (4608);
 NeighborCare Home Medical Equipment of Maryland, LLC (7083);
 Neumann's Home Medical Equipment, Inc. (4719);
 Nightingale Home Health Care, Inc. (3784);
 North Central Washington Respiratory Care Services, Inc. (4195);
 Northeast Medical Equipment, Inc. (5262);
 Northwest Home Medical, Inc. (8664);
 OMICRON Medical Equipment, Inc. (4215);
 Oxygen of Oklahoma, Inc. (4965);
 Oxygen Plus Medical Equipment, Inc. (4115);
 Oxygen Plus, Inc. (3534);
 Oxygen Therapy Associates, Inc. (1923);
 Peterson's Home Care, Inc. (9765);
 PHI Medical Equipment, Inc. (6766);
 Pioneer Medical Services, Inc. (9719);
 Preferential Home Health Care, Inc. (5850);
 Principal Medical Equipment, Inc. (7513);
 Professional Breathing Associates, Inc. (1020);
 Professional Respiratory Home Healthcare, Inc. (4111);
 PSI Health Care, Inc. (0287);
 Pulmo-Dose, Inc. (8866);
 Qualicare Home Medical, Inc. (4849);
 Quality Home Health Care, Inc. (4571);
 R.C.P.S., Inc. (9101);
 RCG Information Services Corporation (3052);
 Regency Medical Equipment, Inc. (7515);
 Resp-A-Care, Inc. (6717);
 Respiracare Medical Equipment, Inc. (8640);
 Respiratory Medical Equipment of Ga., Inc. (5258);
 Respitech Home Health Care, Inc. (0603);
 Responsive Home Health Care, Inc. (2438);
 Rhema, Inc. (2932);
 Ritt Medical Group, Inc. (0564);
 RN Home Care Medical Equipment Company, Inc. (2598);
 Roswell Home Medical, Inc. (8647);
 Rotech Healthcare Inc. (8870);
 Rotech Employee Benefits Corporation (8434);
 Rotech Home Medical Care, Inc. (9059);
 Rotech Oxygen and Medical Equipment, Inc. (0889);
 Roth Medical, Inc. (7477);
 Rothert's Hospital Equipment, Inc. (0420);
 Sampson Convalescent Medical Supply, Inc. (0509);
 Select Home Health Care, Inc. (3150);
 Sigma Medical Equipment, Inc. (7143);
 Southeastern Home Health, Inc. (8645);
 Sun Medical Supply, Inc. (4796);
 Sunshine Home Health Care, Inc. (1497);
 The Kilroy Company (3738);
 Theta Home Health Care, Inc. (9824);
 Tupelo Home Health, Inc. (7024);
 Valley Medical Equipment, Inc. (7456);
 Value Care, Inc. (0410);
 VitalCare Health Services, Inc. (3938);
 VitalCare of Texas, Inc. (5707);
 White's Medical Rentals, Inc. (0401);
 Wichita Medical Care, Inc. (6368);
 Zeta Home Health Care, Inc. (0414).

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

In re: HOME MEDICAL SYSTEMS, INC.

Case No. 13-10788

Chapter 11

SUBJECT TO GLOBAL NOTES AND SPECIFIC NOTES TO THESE SCHEDULES:

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, C, 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 from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED YES / NO	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - REAL PROPERTY	YES	1	\$0			
B - PERSONAL PROPERTY	YES	60	\$64,239,814			
C - PROPERTY CLAIMED AS EXEMPT	NO	0				
D - CREDITORS HOLDING SECURED CLAIMS	YES	3			\$560,871,725	
E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Total of claims on Schedule E)	YES	19			\$4,959	
F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS	YES	99			\$682,600	
G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES	YES	33				
H - CODEBTORS	YES	12				
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		227				
		Total Assets >	\$64,239,814			
			Total Liabilities >	\$561,559,284		

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

General

The Schedules of Assets and Liabilities (collectively, the "Schedules") and the Statements of Financial Affairs (collectively, the "Statements" and, together with the Schedules, the "Schedules and Statements") filed by Rotech Healthcare Inc. ("Rotech" or the "Company") and its title 11 subsidiaries, as chapter 11 debtors and debtors in possession (collectively with Rotech, the "Debtors") pending in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court") were prepared, pursuant to section 521 of title 11 of the United States Code (the "Bankruptcy Code") and Rule 1007 of the Federal Rules of Bankruptcy Procedure, by management of the Debtors, with the assistance of the Debtors' advisors, and are unaudited. While the Debtors' management has made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances, based on information available at the time of preparation, subsequent information or discovery may result in material changes to these Schedules and Statements, and inadvertent errors, inaccuracies, or omissions may have occurred. Because the Schedules and Statements contain unaudited information, which is subject to further review, verification, and potential adjustment, there can be no assurance that these Schedules and Statements are complete. Nothing contained in the Schedules and Statements shall constitute a waiver of any right of the Debtors or an admission with respect to their chapter 11 cases (including, but not limited to, issues involving claims, substantive consolidation, defenses, equitable subordination, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers), and the Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or otherwise assert offsets or defenses to any claim reflected in the Schedules and Statements as to amount, liability, or classification, or to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated."

The Schedules and Statements have been signed by David Meador, Chief Financial Officer of the Debtors. Accordingly, in reviewing and signing the Schedules and Statements, Mr. Meador necessarily relied upon the efforts, statements, and representations of the Debtors' other personnel and professionals. Mr. Meador has not (and could not have) personally verified the accuracy of each such statement and representation, including, but not limited to, statements and representations concerning amounts owed to creditors, classification of such amounts, and their addresses.

These Global Notes and Statement of Limitations, Methodology, and Disclaimer Regarding the Debtors' Schedules and Statements (the "Global Notes") are incorporated by reference in, and comprise an integral part of, all of the Schedules and Statements, and should be referred to and considered in connection with any review of the Schedules and Statements.(1)

(1) These Global Notes supplement and are in addition to any specific notes contained in each Debtor's Schedules or Statements. The fact that the Debtors have prepared a Global Note with respect to any of individual Debtor's Schedules and Statements and not to those of another should not be interpreted as a decision by the Debtors to exclude the applicability of such Global Note to any of the Debtors' other Schedules and Statements, as appropriate. Disclosure of information in one Schedule, one Statement, or an exhibit or attachment to a Schedule or Statement, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit, or attachment.

Description of the Cases and Information Date

On April 8, 2013 (the "Commencement Date"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code in the Bankruptcy Court. The chapter 11 cases are being jointly administered under Case No. 13-10741. The Debtors continue to operate their business and manage their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The asset information provided herein, except as otherwise noted, represents the asset data of the Debtors as of March 31, 2013 and the liability data of the Debtors as of the close of business on the Commencement Date.

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Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Basis of Presentation

For financial reporting purposes, prior to the Commencement Date, the Debtors prepared financial statements that were annually audited and consolidated by the parent Debtor. Combining the assets and liabilities set forth in the Debtors' Schedules and Statements would result in amounts that would be substantially different from financial information that would be prepared on a consolidated basis under Generally Accepted Accounting Principles ("GAAP"). Therefore, these Schedules and Statements do not purport to represent financial statements prepared in accordance with GAAP nor are they intended to fully reconcile to the financial statements prepared by the Debtors. Unlike the consolidated financial statements, these Schedules and Statements reflect the assets and liabilities of each separate Debtor, except where otherwise indicated. Information contained in the Schedules and Statements has been derived from the Debtors' books and records and historical financial statements.

Moreover, given, among other things, the uncertainty surrounding the collection and ownership of certain assets and the valuation and nature of certain liabilities, to the extent that a Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent as of the Commencement Date or at any time prior to the Commencement Date. Likewise, to the extent a Debtor shows more liabilities than assets, this is not an admission that the Debtor was insolvent at the Commencement Date or any time prior to the Commencement Date.

Amendment

While reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend and/or supplement the Schedules and Statements from time to time as is necessary or appropriate.

Confidential or Sensitive Information

There may be instances in which certain information in the Schedules and Statements intentionally has been redacted due to the nature of an agreement between a Debtor and a third party, concerns about the confidential or commercially sensitive nature of certain information, or concerns for the privacy of an individual. The alterations will be limited to only what is necessary to protect the Debtor or third party and will provide interested parties with sufficient information to discern the nature of the listing.

Causes of Action

Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties as assets in their Schedules and Statements, including, but not limited to, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. The Debtors reserve all of their rights with respect to any claims, causes of action, or avoidance actions they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims, causes of actions, or avoidance actions or in any way prejudice or impair the assertion of such claims.

Recharacterization

The Debtors have made reasonable efforts to correctly characterize, classify, categorize, and designate the claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements. However, due to the complexity and size of the Debtors' businesses, the Debtors may have improperly characterized, classified, categorized, or designated certain items. The Debtors thus reserve all of their rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as necessary or appropriate as additional information becomes available, including, but not limited to, whether contracts herein were executory as of the Commencement Date or remain executory postpetition.

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Claim Designations

Any failure to designate a claim in the Schedules and Statements as "contingent," "unliquidated," or "disputed" does not constitute an admission by the Debtors that such claim or amount is not "contingent," "unliquidated," or "disputed." The Debtors reserve all of their rights to dispute, or to assert offsets or defenses to, any claim reflected on their Schedules or Statements on any grounds, including, but not limited to, amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as "contingent," "unliquidated," or "disputed." Moreover, the Debtors reserve all of their rights to amend their Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation. Listing a claim does not constitute an admission of liability by the Debtors.

Unliquidated Claim Amounts

Claim amounts that could not be readily quantified by the Debtors are scheduled as "unliquidated."

Undetermined Amounts

The description of an amount as "undetermined" is not intended to reflect upon the materiality of such amount.

Court Orders

Pursuant to certain orders of the Bankruptcy Court entered in the Debtors' chapter 11 cases entered on or about April 9, 2013 (the "First Day Orders"), the Debtors were authorized (but not directed) to pay, among other things, certain prepetition claims of employees, critical vendors, and taxing authorities. Accordingly, these liabilities may have been or may be satisfied in accordance with such orders. To the extent such claims are paid pursuant to an order of the Bankruptcy Court (including the First Day Orders), the Debtors reserve all rights to amend or supplement their Schedules and Statements as is necessary or appropriate.

Valuation

It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations of all of their assets. Accordingly, unless otherwise indicated, net book values as of the Commencement Date are reflected on the Schedules and Statements. Exceptions to this include operating cash and certain other assets. Operating cash is presented at bank balances as of the Commencement Date. Certain other assets, such as investments in subsidiaries and other intangible assets, are listed at undetermined amounts, as the net book values may differ materially from fair market values. Amounts ultimately realized may vary from net book value (or whatever value was ascribed) and such variance may be material. Accordingly, the Debtors reserve all of their rights to amend or adjust the value of each asset set forth herein. In addition, the amounts shown for total liabilities exclude items identified as "unknown" or "undetermined," and, thus, ultimate liabilities may differ materially from those stated in the Schedules and Statements. Barclays Capital, the Debtors' financial advisor, has conducted a valuation of the Debtors on a consolidated basis and projects a value range of between \$400 million and \$460 million depending upon the method and multiple used. The Barclays valuation was included as exhibit H to the Disclosure Statement [Docket no. 337] and certain additional materials were attached as an exhibit to the Debtors' Motion Requesting Order Disbanding Statutory Committee of Equity Security Holders [Docket No. 142].

Liabilities

The Debtors have sought to allocate liabilities between the prepetition and postpetition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and postpetition periods may change. The Debtors reserve the right to amend the Schedules and Statements as they deem appropriate in this regard.

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Excluded Assets and Liabilities

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including goodwill, deferred compensation, accrued salaries, employee benefit accruals, accrued accounts payable, deferred gains, and certain immaterial assets and liabilities. The Debtors also have excluded rejection damage claims of counterparties to executory contracts and unexpired leases that have been or may be rejected, to the extent such damage claims exist. Pursuant to certain First Day Orders, the Debtors have been granted authority to pay certain prepetition obligations to, among others, employees, critical vendors, and taxing authorities.

Leases

The Debtors have not included in the Schedules and Statements the future obligations of any capital or operating leases. To the extent that there was an amount outstanding as of the Commencement Date, the creditor has been included on Schedule F of the Schedules.

Contingent Assets

The Debtors believe that they may possess certain claims and causes of action against various parties. Additionally, the Debtors may possess contingent claims in the form of various avoidance actions they could commence under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws. The Debtors, despite reasonable efforts, may not have set forth all of their causes of action against third parties as assets in their Schedules and Statements. The Debtors reserve all of their rights with respect to any claims, causes of action, or avoidance actions they may have and nothing contained in these Global Notes or the Schedules and Statements shall be deemed a waiver of any such claims, avoidance actions, or causes of action or in any way prejudice or impair the assertion of such claims.

The Debtors may also possess contingent and unliquidated claims against affiliate Debtor entities for various financial accommodations and similar benefits they have extended from time to time, including contingent and unliquidated claims for contribution, reimbursement, and/or indemnification arising from, among other things, (i) letters of credit, (ii) notes payable and receivable, (iii) surety bonds, (iv) guarantees, (v) indemnities, and (vi) warranties. Additionally, prior to the relevant Commencement Date, each Debtor, as plaintiff, may have commenced various lawsuits in the ordinary course of its business against third parties seeking monetary damages. Refer to each Statement, item 4(a)(i), for lawsuits commenced prior to the relevant Commencement Date in which the Debtor was a plaintiff.

Receivables and Payables

The Debtors have not listed individual customer accounts receivable balance information as the Company considers its customer list to be proprietary and confidential.

Intercompany Accounts

The Debtors record intercompany assets and liabilities through intercompany trade (includes trade and other business-related transactions) accounts. The Debtors have eliminated intra-company activity within each legal entity.

Guarantees and Other Secondary Liability Claims

The Debtors have used reasonable efforts to locate and identify guarantees and other secondary liability claims (collectively, "Guarantees") in each of their executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. Where such Guarantees have been identified, they have been included in the relevant Schedule H for the Debtor or Debtors affected by such Guarantees. However, certain Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements may have been inadvertently omitted. Thus, the Debtors reserve all of their rights to amend the Schedules to the extent that additional Guarantees are identified.

**UNITED STATES BANKRUPTCY COURT
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GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Intellectual Property Rights

Exclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated, or otherwise have expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, have not been terminated, or otherwise have not expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all intellectual property rights.

Estimates

To prepare and file the Schedules as close to the Commencement Date as possible, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. The Debtors reserve all rights to amend the reported amounts of assets and liability to reflect changes in those estimates or assumptions.

Fiscal Year

Each Debtor's fiscal year ends on December 31.

Currency

Unless otherwise indicated, all amounts are reflected in U.S. dollars.

Property and Equipment

Unless otherwise indicated, owned property (including real property) and equipment are stated at net book value. The Debtors may lease furniture, fixtures, and equipment from certain third party lessors. Any such leases are set forth in the Schedules and Statements. Nothing in the Schedules and Statements is or shall be construed as an admission as to the determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all of their rights with respect to same.

Claims of Third-Party Related Entities

While the Debtors have made every effort to properly classify each claim listed in the Schedules as being either disputed or undisputed, liquidated or unliquidated, and contingent or noncontingent, the Debtors have not been able to fully reconcile all payments made to certain third parties and their related entities on account of the Debtors' obligations to same. Therefore, to the extent that the Debtors have classified their estimate of claims of a creditor as disputed, all claims of such creditor's affiliates listed in the Schedules and Statements shall similarly be considered as disputed, whether or not they are designated as such.

Interest in Subsidiaries and Affiliates

Rotech is a publicly held company, and each of the Debtors other than Rotech is a wholly-owned indirect subsidiary of Rotech. Each Debtor's Schedule B14 or Statement 18a contains a listing of the current capital structure of the Debtors and includes ownership interests.

Umbrella Or Master Agreements

Contracts listed in the Schedules and Statements may be umbrella or master agreements that cover relationships with some or all of the Debtors. Where relevant, such agreements have been listed in the Schedules and Statements only of the Debtor that signed the original umbrella or master agreement.

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GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Setoffs and Recoupment

The Debtors reconcile credit balances for payors and patients in the ordinary course of business. As of the Commencement Date, a significant amount of credit balances (which could ultimately result in a refund or offset to the payor or patient) had not been reconciled (some of which are old) and the Debtors cannot determine if, after reconciliation, such amounts would result in a claim against the Debtors. The Debtors are contract counter-party with over 600 payors and cannot reconcile all of the credit balances with certainty in the current time frame. Accordingly, the Debtors have identified all commercial payors (regardless of current stage of reconciliation) with unknown, unliquidated amounts on Schedule F.

The Debtors have over 7,000 patients who may be owed refunds and an additional 42,000 patients that may have small negative credit balances, which remain unreconciled. Given the time allotted and the volume of credit balances, it has not been possible for the Debtors to reconcile every credit balance and determine if a refund is owed. Accordingly, due to the HIPAA Privacy Rule and state confidentiality requirements, the Debtors have not listed on Schedule F the identity or amounts potentially owed to specific individual patients. Rather, each of the Debtors have scheduled a single line item showing the amount of contingent and/or liquidated refund claims which each Debtor has determined to be potentially owed to all patients protected by applicable regulations. All 49,000 patients will be provided with a proof of claim form which will provide the amount of the refund (if known) potentially owed to the patient.

Insiders

The Debtors have attempted to include all payments made over the 12 months preceding the Commencement Date to any individual or entity deemed an "insider." For these purposes, "insider" is defined as (1) an individual or entity owning 5% or more of the voting or equity securities of a Debtor, (2) Board of Directors, (3) the Chief Executive Officer, (4) the Chief Financial Officer, or (5) an entity related to an insider. The listing of a party as an "insider," however, is not intended to be nor should be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right, or defense, and all such rights, claims, and defenses are hereby expressly reserved. In addition, certain Debtors have made payments to, charged or incurred charges from various affiliated entities during the twelve months preceding the relevant Commencement Date. These transactions have been reflected in the Schedules and Statements as the net change in beginning and ending intercompany trade payables.

Disputed, Contingent and/or Unliquidated Claims

Schedules D, E and F permit each of the Debtors to designate a claim as disputed, contingent and/or unliquidated. A failure to designate a claim on any of these Schedules as disputed, contingent and/or unliquidated does not constitute an admission that such claim is not subject to objection. The Debtors reserve the right to dispute, or assert offsets or defenses to, any claim reflected on these Schedules as to amount, liability or status.

Indemnification

Article IX of Rotech's Certificate of Incorporation (the "Certificate") provides indemnification, on the particular terms set forth in the Bylaws, for persons made a party or threatened to be made a party to any action, suit or proceeding by reason of the fact that he or she is the legal representative or, is or was a director or officer of Rotech, or is or was serving at the request of Rotech as a director, officer, employee or agent of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans maintained or sponsored by Rotech. The Debtors have not reached a determination that certain potentially indemnified persons are ineligible for indemnification under the terms of the Certificate and such persons are therefore listed on Rotech's Schedule F. To the extent that Rotech has entered into separate contracts with certain executives and former executives, agreeing to indemnify them in certain circumstances according to the particular terms and conditions set forth in those contracts, such contracts are listed on Rotech's Schedule G. The Debtors have not reached a determination as to whether the persons who are parties to these contracts are eligible for indemnification. Consequently, the Debtors have separately listed on Schedule G all contracts with such persons, but Debtors reserve all rights with respect thereto, including the right to assert that the individual is not entitled to indemnification and that the provisions do not constitute executory contracts.

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HOME MEDICAL SYSTEMS, INC.

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**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING
DEBTOR'S SCHEDULES AND STATEMENTS**

Property Held for Others

The Debtors hold property, including medical equipment, for other people. In the ordinary course of their business, pursuant to contracts with the Department of Veterans Affairs ("VA") and certain commercial payors, certain Debtors store and hold in Debtors' facilities medical equipment and supplies owned by the VA and certain other payors, which is used when Debtors provide contracted services to patients of the VA and certain other payors pursuant to the terms and conditions of contracts with those parties. The inventory of medical equipment and supplies so held on consignment for others has been excluded from the Debtors' responses to Question 14 of the Statement of Financial Affairs.

Payments

The financial affairs and business of the Debtors are complex. Prior to the Commencement Date, the Debtors maintained a cash management and disbursement system in the ordinary course of their businesses (the "Cash Management System"). Disbursements under the Cash Management System are controlled primarily by the Debtors' financial personnel located at the Debtors' headquarters. As a result, certain payments in the Schedules and Statements may have been made prepetition by one legal entity on behalf of another legal entity through the operation of the centrally controlled cash management system. Although efforts have been made to attribute open payable amounts to the correct legal entity, the Debtors reserve the right to modify or amend their Schedules and Statements to attribute such payment to a different legal entity, if appropriate.

Totals

All totals that are included in the Schedules and Statements represent totals of all the known amounts included in the Schedules and Statements. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total. The description of an amount as "unknown" or "undetermined" is not intended to reflect upon the materiality of such amount.

In re: HOME MEDICAL SYSTEMS, INC.

Case No. 13-10788

**UNITED STATES BANKRUPTCY COURT
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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, or both 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 a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Check this box if debtor has no real property to report on this Schedule A.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM

In re: HOME MEDICAL SYSTEMS, INC.Case No. 13-10788

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

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, or both 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 on 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	NONE	DESCRIPTION AND LOCATION OF PROPERTY	NET BOOK VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		See Attached Schedule B-1	\$5,794
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.	X		
3. Security deposits with public utilities, telephone companies, landlords, and others.		See Attached Schedule B-3	\$42,727
4. Household goods and furnishings, including audio, video, and computer equipment.	X		
5. Books; pictures and other art objects; antiques; stamps, 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 policy and itemize surrender or refund value of each.	X		
10. Annuities. Itemize and name each issuer.	X		

In re: HOME MEDICAL SYSTEMS, INC.Case No. 13-10788

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

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, or both 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 on 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	NONE	DESCRIPTION AND LOCATION OF PROPERTY	NET BOOK 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.	X		
13. Stock and interests in incorporated and unincorporated business. Itemize.		See Attached Schedule B-13	Undetermined
14. Interests in partnerships or joint ventures. Itemize.		See Attached Schedule B-14	Undetermined
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X		
16. Accounts receivable.		See Attached Schedule B-16	\$58,875,479
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X		
18. Other liquidated debts owing debtor including tax refunds. Give particulars.		See Attached Schedule B-18	\$0
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 non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X		

In re: HOME MEDICAL SYSTEMS, INC.

Case No. 13-10788

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

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, or both 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 on 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	NONE	DESCRIPTION AND LOCATION OF PROPERTY	NET BOOK 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.	X		
22. Patents, copyrights, and other intellectual property. Give particulars.		See Attached Schedule B-22	Undetermined
23. Licenses, franchises, and other general intangibles. Give particulars.		See Attached Schedule B-23	Undetermined
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 Attached Schedule B-24	Undetermined

In re: HOME MEDICAL SYSTEMS, INC.Case No. 13-10788

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

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, or both 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 on 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	NONE	DESCRIPTION AND LOCATION OF PROPERTY	NET BOOK VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25. Automobiles, trucks, trailers, and other vehicles and accessories.		See Attached Schedule B-25	\$73,265
26. Boats, motors, and accessories	X		
27. Aircraft and accessories.	X		
28. Office equipment, furnishings, and supplies.		See Attached Schedule B-28	\$193,266
29. Machinery, fixtures, equipments, and supplies used in business.		See Attached Schedule B-29	\$4,702,748
30. Inventory		See Attached Schedule B-30	\$269,026
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.		See Attached Schedule B-35	\$77,509

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

SPECIFIC NOTES REGARDING SCHEDULE B

Schedule B-2 - Checking, savings, or other financial accounts, CDs, etc.

Bank Balances as of April 8, 2013.

Schedule B-3 - Security deposits with public utilities, telephone companies, landlo

Bankruptcy professional retainers as of April 8, 2013.

Schedule B-13 - Stock and interests in incorporated and unincorporated business

See Schedule Exhibit B-13 for additional businesses the Debtor was a parent of or owned a significant interest in.

Schedule B-28 - Office Equipment

Certain of the Debtor's office equipment, furnishings, and supplies are not capitalized based on its accounting policies and procedures. These assets are not listed herein.

Schedule B-29 - Business Equipment

Certain of the Debtor's machinery, fixtures, equipment, and supplies used in business are not capitalized based on its accounting policies and procedures. These assets are not listed herein.

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-1**Cash on hand**

<u>Type of Cash & Location</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Amount</u>
PETTY CASH	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$688
PETTY CASH	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$400
PETTY CASH	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$375
PETTY CASH	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC	\$300
PETTY CASH	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$300
PETTY CASH	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$300
PETTY CASH	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$300
PETTY CASH	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$278
PETTY CASH	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$252
PETTY CASH	162110	SOUTHEAST DVP OFFICE	MOORESVILLE	NC	\$250
PETTY CASH	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$200
PETTY CASH	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$200
PETTY CASH	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$200
PETTY CASH	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$200
PETTY CASH	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$200
PETTY CASH	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$200
PETTY CASH	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$200
PETTY CASH	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$159
PETTY CASH	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$152
PETTY CASH	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$150
PETTY CASH	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMEN	THOMSON	GA	\$131
PETTY CASH	16110	MONROE HOME MEDICAL	MONROE	NC	\$100
PETTY CASH	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$100
PETTY CASH	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$100
PETTY CASH	16810	ROTECH	COLUMBIA	SC	\$60

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-1

Cash on hand

<u>Type of Cash & Location</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Amount</u>
				<u>\$5,794</u>

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-3****Security deposits with public utilities, telephone companies, landlords, and others**

<u>Description</u>	<u>Vendor Name</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Amount</u>
RENT DEPOSIT	ARK VENTURES, INC.	162110	SOUTHEAST DVP OFFICE	MOORESVILLE	NC	\$7,360
RENT DEPOSIT	ATHENA ASSOCIATES	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$3,200
RENT DEPOSIT	BARNARD LANIER	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$1,500
GAS DEPOSIT	CITY OF CARTERSVILLE (GAS DEPOSIT)	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$830
WATER DEPOSIT	CITY OF CARTERSVILLE (WATER DEPOSIT)	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$400
WATER DEPOSIT	CITY OF JASPER	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$75
RENT DEPOSIT	FORUM DEVELOPMENT	16810	ROTECH	COLUMBIA	SC	\$3,328
RENT DEPOSIT	FORUM DEVELOPMENT	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$3,328
RENT DEPOSIT	GATEWAY 2000, LLC	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$6,596
ELECTRIC DEPOSIT	GEORGIA POWER	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$512
ELECTRIC DEPOSIT	GEORGIA POWER	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$680
ELECTRIC DEPOSIT	GREYSTONE POWER	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$500
WATER DEPOSIT	LANCASTER COUNTY WATER	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$75
ELECTRIC DEPOSIT	LAURENS ELECTRIC	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$190
GAS DEPOSIT	PSNC ENERGY	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$65
GAS DEPOSIT	SCANA ENERGY	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$300
RENT DEPOSIT	SHAHEEN & COMPANY RENT DEPOSIT	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$704
RENT DEPOSIT	SOUTH ROSS PROPERTIES, LLC	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$3,000
RENT DEPOSIT	SOUTHPORT BUSINESS LIMITED	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$3,617
RENT DEPOSIT	THURMOND & THURMOND PROPERTIES	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$2,500
RENT DEPOSIT	WALMAN, INC.RENT DEPOSIT	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$1,500
RENT DEPOSIT	ZETA PARTNERSHIP	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$2,469
						\$42,727

ROTECH HEALTHCARE INC.
2013 Organization Structure
EXHIBIT B-13 / B-14

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business
1	ROTECH HEALTHCARE INC.	SHAREHOLDERS - 100%	Delaware	3/15/2002	03-0408870	Debtor	US	Parent
2	A-1 MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334401	Debtor	US	Operating Subsidiary
3	ABBA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344117	Debtor	US	Operating Subsidiary
4	ACADIA HOME CARE	ROTECH HEALTHCARE INC. - 100%	Maine	12/28/1993	01-0486177	Debtor	US	Operating Subsidiary
5	ALLIED MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	7/14/1982	86-0423257	Debtor	US	Operating Subsidiary
6	ALWAYS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387512	Debtor	US	Operating Subsidiary
7	ANDY BOYD'S INHOME MEDICAL, INC., WEST	ROTECH HEALTHCARE INC. - 100%	West Virginia	3/22/1996	55-0749187	Debtor	US	Operating Subsidiary
8	ANDY BOYD'S INHOME MEDICAL/INHOME MEDICAL INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	10/30/1989	55-0744360	Debtor	US	Operating Subsidiary
9	ANNISTON HEALTH & SICKROOM SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Alabama	12/20/1976	63-0719873	Debtor	US	Operating Subsidiary
10	BERKELEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3402227	Debtor	US	Operating Subsidiary
11	BEST CARE HHC ACQUISITION COMPANY LLC	ROTECH HEALTHCARE INC. - 100%	Delaware	2/7/2007	20-8402125	Debtor	US	Operating Subsidiary
12	BETA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334408	Debtor	US	Operating Subsidiary
13	CAMBRIA MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/10/1994	59-3260476	Debtor	US	Operating Subsidiary
14	CAMDEN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/29/1993	59-3203186	Debtor	US	Operating Subsidiary
15	CARE MEDICAL SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	4/29/1985	37-1175959	Debtor	US	Operating Subsidiary
16	CENTENNIAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406826	Debtor	US	Operating Subsidiary
17	CHARLOTTE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1993	59-3208925	Debtor	US	Operating Subsidiary
18	COLLINS RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	2/17/1981	43-1222037	Debtor	US	Operating Subsidiary
19	COMMUNITY HOME OXYGEN, INC.	ROTECH HEALTHCARE INC. - 100%	Montana	3/2/1994	81-0490456	Debtor	US	Operating Subsidiary
20	CONTOUR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406822	Debtor	US	Operating Subsidiary
21	CORLEY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	9/24/1987	58-1729882	Debtor	US	Operating Subsidiary
22	CPO 2, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	8/17/1983	23-2271084	Debtor	US	Operating Subsidiary
23	DANIEL MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	6/25/1964	73-0737988	Debtor	US	Operating Subsidiary
24	DISTINCT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143941	Debtor	US	Operating Subsidiary
25	DON PAUL RESPIRATORY SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	8/26/1991	84-1177602	Debtor	US	Operating Subsidiary
26	DUMED, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/21/1989	42-1336634	Debtor	US	Operating Subsidiary
27	EAST TENNESSEE INFUSION & RESPIRATORY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/25/1990	59-3007561	Debtor	US	Operating Subsidiary
28	ELLIS COUNTY HOME MEDICAL EQUIPMENT, LLC	ROTECH HEALTHCARE INC. - 100%	Texas	6/17/2002	32-0019841	Debtor	US	Operating Subsidiary
29	ENCORE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221477	Debtor	US	Operating Subsidiary
30	EXCEL MEDICAL OF FORT DODGE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	1/1/1989	42-1324351	Debtor	US	Operating Subsidiary
31	EXCEL MEDICAL OF MARSHALLTOWN, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/27/1989	42-1336085	Debtor	US	Operating Subsidiary
32	FIRST COMMUNITY CARE OF NIAGARA, INC.	ROTECH HEALTHCARE INC. - 100%	New York	10/17/1989	16-1361366	Debtor	US	Operating Subsidiary
33	FIRSTCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	9/27/1991	48-1104362	Debtor	US	Operating Subsidiary
34	FISCHER MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	12/27/1991	82-0361262	Debtor	US	Operating Subsidiary
35	FOUR RIVERS HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	6/21/1984	43-1336602	Debtor	US	Operating Subsidiary
36	G&G MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	5/16/1986	84-1033419	Debtor	US	Operating Subsidiary
37	GATE CITY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/25/1995	59-3339037	Debtor	US	Operating Subsidiary
38	GEORGIA MEDICAL RESOURCES, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	8/18/1982	58-1484343	Debtor	US	Operating Subsidiary
39	GLADWIN AREA HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/28/1989	38-2870154	Debtor	US	Operating Subsidiary
40	HAMILTON MEDICAL EQUIPMENT SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	8/20/1979	42-1129500	Debtor	US	Operating Subsidiary
41	HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATED	ROTECH HEALTHCARE INC. - 100%	Florida	4/27/1988	59-2893038	Debtor	US	Operating Subsidiary
42	HOLLAND MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3180731	Debtor	US	Operating Subsidiary
43	HOME CARE OXYGEN SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Minnesota	9/19/1978	41-1335036	Debtor	US	Operating Subsidiary
44	HOME MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	11/30/1992	59-3154523	Debtor	US	Operating Subsidiary
45	IHS ACQUISITION XXVII, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	6/21/1989	52-1748938	Debtor	US	Operating Subsidiary
46	INTEGRATED HEALTH SERVICES AT JEFFERSON HOSPITAL, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	12/28/1992	52-1843408	Debtor	US	Operating Subsidiary
47	INTENSIVE HOME CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/26/1990	75-2323364	Debtor	US	Operating Subsidiary
48	IOTA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366769	Debtor	US	Operating Subsidiary

ROTECH HEALTHCARE INC.
2013 Organization Structure
EXHIBIT B-13 / B-14

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-		
						Debtor	Location	Nature of Business
49	LAMBDA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374213	Debtor	US	Operating Subsidiary
50	LAMS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	11/8/1988	75-2253169	Debtor	US	Operating Subsidiary
51	LOVEJOY MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	7/28/1994	59-3267284	Debtor	US	Operating Subsidiary
52	MAJOR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	2/15/1978	75-1583420	Debtor	US	Operating Subsidiary
53	MEDCO PROFESSIONAL SERVICES, CORP.	ROTECH HEALTHCARE INC. - 100%	Colorado	10/7/1991	84-1188104	Debtor	US	Operating Subsidiary
54	MEDCORP INTERNATIONAL, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	3/4/1988	86-0601512	Debtor	US	Operating Subsidiary
55	MEDIC-AIRE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334409	Debtor	US	Operating Subsidiary
56	MEDICAL ELECTRO-THERAPEUTICS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	10/27/1989	59-2973806	Debtor	US	Operating Subsidiary
57	MEDICARE RENTAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	7/20/1977	55-0574420	Debtor	US	Operating Subsidiary
58	MICHIGAN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/21/1982	38-2401565	Debtor	US	Operating Subsidiary
59	NATIONAL MEDICAL EQUIPMENT CENTERS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1987	59-2874381	Debtor	US	Operating Subsidiary
60	NEIGHBORCARE HOME MEDICAL EQUIPMENT, LLC	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	11/23/2005	23-2464608	Debtor	US	Operating Subsidiary
61	NEIGHBORCARE HOME MEDICAL EQUIPMENT OF MARYLAND, LLC	ROTECH HEALTHCARE INC. - 100%	Maryland	7/11/1997	52-2047083	Debtor	US	Operating Subsidiary
62	NEUMANN'S HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	2/29/1964	36-2534719	Debtor	US	Operating Subsidiary
63	NIGHTINGALE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	10/27/1989	59-2973784	Debtor	US	Operating Subsidiary
64	NORTH CENTRAL WASHINGTON RESPIRATORY CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Washington	12/22/1986	91-1364195	Debtor	US	Operating Subsidiary
65	NORTHEAST MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	12/4/1995	59-3345262	Debtor	US	Operating Subsidiary
66	NORTHWEST HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	3/21/1984	82-0388664	Debtor	US	Operating Subsidiary
67	OMICRON MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374215	Debtor	US	Operating Subsidiary
68	OXYGEN OF OKLAHOMA, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	1/7/1982	73-1144965	Debtor	US	Operating Subsidiary
69	OXYGEN PLUS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344115	Debtor	US	Operating Subsidiary
70	OXYGEN PLUS, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	4/24/1990	84-1143534	Debtor	US	Operating Subsidiary
71	OXYGEN THERAPY ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	1/11/1993	75-2461923	Debtor	US	Operating Subsidiary
72	PETERSON'S HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	California	8/16/1990	33-0439765	Debtor	US	Operating Subsidiary
73	PHI MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366766	Debtor	US	Operating Subsidiary
74	PIONEER MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	5/3/1989	55-0689719	Debtor	US	Operating Subsidiary
75	PREFERENTIAL HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/7/1992	59-3155850	Debtor	US	Operating Subsidiary
76	PRINCIPAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387513	Debtor	US	Operating Subsidiary
77	PROFESSIONAL BREATHING ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/14/1978	38-2201020	Debtor	US	Operating Subsidiary
78	PROFESSIONAL RESPIRATORY HOME HEALTHCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344111	Debtor	US	Operating Subsidiary
79	PSI HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	South Dakota	1/12/1981	46-0360287	Debtor	US	Operating Subsidiary
80	PULMO-DOSE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/3/1991	59-3098866	Debtor	US	Operating Subsidiary
81	QUALICARE HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	2/9/2004	75-3144849	Debtor	US	Operating Subsidiary
82	QUALITY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/21/1989	59-2954571	Debtor	US	Operating Subsidiary
83	R.C.P.S., INC.	ROTECH HEALTHCARE INC. - 100%	California	7/1/1990	33-0429101	Debtor	US	Operating Subsidiary
84	RCG INFORMATION SERVICES CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida	2/2/1994	59-3223052	Debtor	US	Operating Subsidiary
85	REGENCY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387515	Debtor	US	Operating Subsidiary
86	RESP-A-CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	11/1/1976	61-0906717	Debtor	US	Operating Subsidiary
87	RESPIRACARE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358640	Debtor	US	Operating Subsidiary
88	RESPIRATORY MEDICAL EQUIPMENT OF GA., INC.	ROTECH HEALTHCARE INC. - 100%	Florida	12/4/1995	59-3345258	Debtor	US	Operating Subsidiary
89	RESPITECH HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Wyoming	1/26/1995	83-0310603	Debtor	US	Operating Subsidiary
90	RESPONSIVE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3182438	Debtor	US	Operating Subsidiary
91	RHEMA, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	12/1/1995	75-2622932	Debtor	US	Operating Subsidiary
92	RITT MEDICAL GROUP, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	1/11/1978	86-0340564	Debtor	US	Operating Subsidiary
93	RN HOME CARE MEDICAL EQUIPMENT COMPANY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	2/24/1989	59-2932598	Debtor	US	Operating Subsidiary
94	ROSWELL HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358647	Debtor	US	Operating Subsidiary
95	ROTECH EMPLOYEE BENEFITS CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida	9/3/1991	59-3098434	Debtor	US	Operating Subsidiary
96	ROTECH HOME MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/16/1988	59-2919059	Debtor	US	Operating Subsidiary

ROTECH HEALTHCARE INC.
2013 Organization Structure
EXHIBIT B-13 / B-14

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business
97	ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/13/1973	59-1450889	Debtor	US	Operating Subsidiary
98	ROTH MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	6/1/1989	84-1117477	Debtor	US	Operating Subsidiary
99	ROTHERT'S HOSPITAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	10/6/1994	59-3270420	Debtor	US	Operating Subsidiary
100	SAMPSON CONVALESCENT MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/2/1989	56-1660509	Debtor	US	Operating Subsidiary
101	SELECT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	2/1/1994	59-3223150	Debtor	US	Operating Subsidiary
102	SIGMA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3367143	Debtor	US	Operating Subsidiary
103	SOUTHEASTERN HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358645	Debtor	US	Operating Subsidiary
104	SUN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/4/1987	56-1574796	Debtor	US	Operating Subsidiary
105	SUNSHINE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221497	Debtor	US	Operating Subsidiary
106	THE KILROY COMPANY	ROTECH HEALTHCARE INC. - 100%	North Carolina	1/7/1985	56-1453738	Debtor	US	Operating Subsidiary
107	THETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/30/1994	59-3279824	Debtor	US	Operating Subsidiary
108	TUPELO HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1989	59-2957024	Debtor	US	Operating Subsidiary
109	VALLEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Utah	7/26/1995	87-0547456	Debtor	US	Operating Subsidiary
110	VALUE CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250410	Debtor	US	Operating Subsidiary
111	VITALCARE HEALTH SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143938	Debtor	US	Operating Subsidiary
112	VITALCARE OF TEXAS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/2/1988	76-0245707	Debtor	US	Operating Subsidiary
113	WHITE'S MEDICAL RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	12/29/1993	57-0770401	Debtor	US	Operating Subsidiary
114	WICHITA MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	6/24/1994	48-1156368	Debtor	US	Operating Subsidiary
115	ZETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250414	Debtor	US	Operating Subsidiary

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-16****Accounts receivable**

<u>Description</u>	<u>Amount</u>
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$122,269
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$197,294
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$102,745
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$156,044
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$69,772
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$170,104
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$132,987
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$306,938
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$83,803
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$269,465
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$118,329
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$193,560
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$186,841
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$255,918
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$193,910
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$309,866
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$133,310
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$172,129
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$230,682
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$216,490
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$111,239
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$174,570
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$123,995
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$100,455
INTERCOMPANY RECEIVABLE - DUE FROM ROTTECH HEALTHCARE INC.	\$54,742,765
	<u>\$58,875,479</u>

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-18

Other liquidated debts owed to debtor including tax refunds

<u>Description</u>	<u>Amount</u>
High Point Medical LLC settlement dated 2/25/2013 (see Rotech Healthcare Inc. for value)	\$0
	<u>\$0</u>

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-22****Patents, copyrights, and other intellectual property**

<u>Type</u>	<u>Patent/Trademark Name or Title</u>	<u>Net Book Value</u>
ASSUMED NAME	TRADE NAME - AMERICAN HEALTH SERVICES	UNDETERMINED
ASSUMED NAME	TRADE NAME - HEALTH & MEDICATIONS AT HOME	UNDETERMINED
ASSUMED NAME	TRADE NAME - HIGH POINT MEDICAL SUPPLY	UNDETERMINED
ASSUMED NAME	TRADE NAME - IDEAL HOME MEDICAL	UNDETERMINED
ASSUMED NAME	TRADE NAME - MONROE HOME MEDICAL	UNDETERMINED
ASSUMED NAME	TRADE NAME - NORCARE MEDICAL	UNDETERMINED
DBA	TRADE NAME - BARNETT MEDICAL SUPPLY	UNDETERMINED
DBA	TRADE NAME - ROTTECH	UNDETERMINED
TRADE NAME	TRADE NAME - 1ST CHOICE HOME MEDICAL	UNDETERMINED
TRADE NAME	TRADE NAME - GEORGIA EXTENDED MEDICAL	UNDETERMINED
TRADE NAME	TRADE NAME - GEORGIA MED-CARE	UNDETERMINED
TRADE NAME	TRADE NAME - HOME MEDICAL SYSTEMS	UNDETERMINED
TRADE NAME	TRADE NAME - MEDICAL EQUIPMENT PROFESSIONALS	UNDETERMINED
TRADE NAME	TRADE NAME - MED-SERVICES INTERNATIONAL	UNDETERMINED
TRADE NAME	TRADE NAME - PICKENS MEDICAL SUPPLY	UNDETERMINED
TRADE NAME	TRADE NAME - SHELL MEDICAL EQUIPMENT	UNDETERMINED
TRADE NAME	TRADE NAME - TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	UNDETERMINED

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-23

Licenses, franchises, and other general intangibles

<u>Description</u>	<u>Issuing Agency</u>	<u>Net Book Value</u>
OTHER INTANGIBLES	MEDICARE LICENSES	Undetermined

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-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

Asset Description

Net Book Value

OTHER INTANGIBLES - CUSTOMER LISTS - CONFIDENTIAL

Undetermined

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-25****Automobiles, trucks, trailers, and other vehicles and accessories**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
VEHICLES	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$1,966
TRANSMISSION - 2001 DODGE RAM VAN 1500	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$179
TRANSMISSION - 2001 DODGE RAM VAN 1500	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$159
TRANSMISSION - 2005 ISUZU BOX TRUCK	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$1,027
VEHICLES	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$2,045
2006 ISUZU NPR	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$1,361
VEHICLES	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$2,449
VEHICLES	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$1,965
VEHICLES	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$981
VEHICLES	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$2,674
VEHICLES	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$2,664

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-25**Automobiles, trucks, trailers, and other vehicles and accessories**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
VEHICLES	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE GA	\$1,369
2007 FORD E350	25110	GEORGIA MED-CARE	DOUGLASVILLE GA	\$2,833
TRANSMISSION REBUILD - 2006 FORD E-350	25110	GEORGIA MED-CARE	DOUGLASVILLE GA	\$856
2004 ISUZU	13510	HEALTH & MEDICATIONS AT HOME	CONOVER NC	\$1,770
2007 FORD E350	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLEGA	\$2,895
2007 ISUZU NPR	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLEGA	\$5,370
2008 DODGE SPRINTER	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLEGA	\$10,009
VEHICLES	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLEGA	\$2,544
VEHICLES	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$16,866

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-25**Automobiles, trucks, trailers, and other vehicles and accessories**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
TRANSMISSION - 2003 CHVRL EXPRESS RWD	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$123
TRANSMISSION - 2003 CHVRL EXPRESS RWD	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$91
VEHICLES	16110	MONROE HOME MEDICAL	MONROE NC	\$1,940
TRANSMISSION - 2006 FORD E350	23610	PICKENS MEDICAL SUPPLY	JASPER GA	\$1,174
TRANSMISSION REBUILD - 2006 ISUZU NPR	16810	ROTECH	COLUMBIA SC	\$2,022
VEHICLES	25310	SHELL MEDICAL EQUIPMENT	ROME GA	\$1,483
VEHICLES	25310	SHELL MEDICAL EQUIPMENT	ROME GA	\$3,530
VEHICLES	25310	SHELL MEDICAL EQUIPMENT	ROME GA	\$923
				\$73,265

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-28****Office equipment, furnishings, and supplies**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
COMPUTER EQUIPMENT	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$648
COMPUTER SOFTWARE	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$142
EQUIPMENT-OTHER	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$2,773
EQUIPMENT-OTHER	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$5,064
FURNITURE & FIXTURE	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$794
COMPUTER EQUIPMENT	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC	\$1,613
COMPUTER SOFTWARE	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC	\$254
EQUIPMENT-OTHER	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC	\$5,440
FURNITURE & FIXTURE	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC	\$262
COMPUTER EQUIPMENT	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$961
COMPUTER SOFTWARE	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$254
EQUIPMENT-OTHER	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$8,558

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-28****Office equipment, furnishings, and supplies**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
FURNITURE & FIXTURE	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$277
LEASEHOLD IMPROVEMENTS	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$6,949
COMPUTER EQUIPMENT	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$975
COMPUTER SOFTWARE	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$254
EQUIPMENT-OTHER	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$3,671
FURNITURE & FIXTURE	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$2,649
COMPUTER EQUIPMENT	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$822
COMPUTER SOFTWARE	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$222
EQUIPMENT-OTHER	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$2,974
FURNITURE & FIXTURE	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$12
COMPUTER EQUIPMENT	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$654
COMPUTER SOFTWARE	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$169
EQUIPMENT-OTHER	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$2,252

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-28**Office equipment, furnishings, and supplies**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
COMPUTER EQUIPMENT	17610	AMERICAN HEALTH SERVICES	N.CHARLESTON	SC	\$641
COMPUTER SOFTWARE	17610	AMERICAN HEALTH SERVICES	N.CHARLESTON	SC	\$169
EQUIPMENT-OTHER	17610	AMERICAN HEALTH SERVICES	N.CHARLESTON	SC	\$3,082
FURNITURE & FIXTURE	17610	AMERICAN HEALTH SERVICES	N.CHARLESTON	SC	\$1,857
COMPUTER EQUIPMENT	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$840
EQUIPMENT-OTHER	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$1,072
FURNITURE & FIXTURE	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$3,624
LEASEHOLD IMPROVEMENTS	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$5,727
COMPUTER EQUIPMENT	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$809
COMPUTER SOFTWARE	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$214
EQUIPMENT-OTHER	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$11,225
FURNITURE & FIXTURE	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$561

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-28****Office equipment, furnishings, and supplies**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
COMPUTER EQUIPMENT	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$1,722
COMPUTER SOFTWARE	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$356
EQUIPMENT-OTHER	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$5,593
COMPUTER EQUIPMENT	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$961
COMPUTER SOFTWARE	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$156
EQUIPMENT-OTHER	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$6,271
FURNITURE & FIXTURE	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$1,740
COMPUTER EQUIPMENT	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$1,308
COMPUTER SOFTWARE	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$254
EQUIPMENT-OTHER	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$3,257
FURNITURE & FIXTURE	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$4,834

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-28**Office equipment, furnishings, and supplies**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
COMPUTER EQUIPMENT	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE GA	\$1,281
COMPUTER SOFTWARE	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE GA	\$285
EQUIPMENT-OTHER	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE GA	\$9,203
FURNITURE & FIXTURE	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE GA	\$781
COMPUTER EQUIPMENT	14110	HOME MEDICAL SYSTEMS	WHITEVILLE NC	\$1,547
COMPUTER SOFTWARE	14110	HOME MEDICAL SYSTEMS	WHITEVILLE NC	\$254
EQUIPMENT-OTHER	14110	HOME MEDICAL SYSTEMS	WHITEVILLE NC	\$6,026
EQUIPMENT-OTHER	17110	HOME MEDICAL SYSTEMS	COLUMBIA SC	\$5,630
FURNITURE & FIXTURE	17110	HOME MEDICAL SYSTEMS	COLUMBIA SC	\$79
LEASEHOLD IMPROVEMENTS	17110	HOME MEDICAL SYSTEMS	COLUMBIA SC	\$292
COMPUTER EQUIPMENT	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$961
COMPUTER SOFTWARE	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$294

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-28

Office equipment, furnishings, and supplies

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
EQUIPMENT-OTHER	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$5,208
COMPUTER EQUIPMENT	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$1,517
COMPUTER SOFTWARE	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$254
EQUIPMENT-OTHER	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$1,504
COMPUTER EQUIPMENT	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$1,129
COMPUTER SOFTWARE	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$298
EQUIPMENT-OTHER	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$7,869
COMPUTER EQUIPMENT	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$539
COMPUTER SOFTWARE	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$142
EQUIPMENT-OTHER	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$4,259
COMPUTER EQUIPMENT	16110	MONROE HOME MEDICAL	MONROE	NC	\$641

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-28

Office equipment, furnishings, and supplies

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
COMPUTER SOFTWARE	16110	MONROE HOME MEDICAL	MONROE	NC	\$74
EQUIPMENT-OTHER	16110	MONROE HOME MEDICAL	MONROE	NC	\$5,408
COMPUTER EQUIPMENT	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$641
COMPUTER SOFTWARE	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$169
EQUIPMENT-OTHER	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$1,534
COMPUTER EQUIPMENT	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$809
COMPUTER SOFTWARE	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$214
EQUIPMENT-OTHER	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$2,096
COMPUTER EQUIPMENT	16810	ROTECH	COLUMBIA	SC	\$809
COMPUTER SOFTWARE	16810	ROTECH	COLUMBIA	SC	\$187
EQUIPMENT-OTHER	16810	ROTECH	COLUMBIA	SC	\$14,823

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-28

Office equipment, furnishings, and supplies

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
COMPUTER EQUIPMENT	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$899
COMPUTER SOFTWARE	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$214
EQUIPMENT-OTHER	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$3,297
LEASEHOLD IMPROVEMENTS	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$377
COMPUTER EQUIPMENT	162110	SOUTHEAST DVP OFFICE	MOORESVILLE	NC	\$1,053
EQUIPMENT-OTHER	162110	SOUTHEAST DVP OFFICE	MOORESVILLE	NC	\$1,551
FURNITURE & FIXTURE	162110	SOUTHEAST DVP OFFICE	MOORESVILLE	NC	\$708
COMPUTER EQUIPMENT	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMEN	THOMSON	GA	\$809
COMPUTER SOFTWARE	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMEN	THOMSON	GA	\$214
EQUIPMENT-OTHER	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMEN	THOMSON	GA	\$2,479
					\$193,266

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED ASSETS - COMPOSITE ASSETS	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$6
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$40
NON SERIALIZED RENTAL EQUIP - OTHER	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$720
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	(\$178)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$892
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$472
RENTAL EQUIP-CPAP/BPAP EQUIP	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$20,967
RENTAL EQUIP-CPAP/BPAP/NIPPV	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$6,200
RENTAL EQUIP-DME	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$1,038
RENTAL EQUIP-HOSPITAL BEDS	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$29,265
RENTAL EQUIP-NEB EQUIPMENT	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$3,985
RENTAL EQUIP-NIPPV/THERAP VENT	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$1,606
RENTAL EQUIP-O2 CONCENTRATOR	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$14,409
RENTAL EQUIP-O2 PORTABLE UNITS	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$667
RENTAL EQUIP-O2 SUPPLIES	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$8,850
RENTAL EQUIP-OTHER RESP EQUIP	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$451
RENTAL EQUIP-WHEELCHAIRS	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$19,151
NON SERIALIZED RENTAL EQUIP - OTHER	17610	American Health Services			\$1,605

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	17610	American Health Services		\$631
NON SERIALIZED RENTAL EQUIP-CYLINDERS	17610	American Health Services		\$763
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	17610	American Health Services		\$104
RENTAL EQUIP-CPAP/BPAP EQUIP	17610	American Health Services		\$8,489
RENTAL EQUIP-CPAP/BPAP/NIPPV	17610	American Health Services		\$2,417
RENTAL EQUIP-DME	17610	American Health Services		\$342
RENTAL EQUIP-ENT/PAR/IV SUPP	17610	American Health Services		\$1,331
RENTAL EQUIP-HOSPITAL BEDS	17610	American Health Services		\$4,561
RENTAL EQUIP-LOW/AIR FLUID BED	17610	American Health Services		\$402
RENTAL EQUIP-LYMPHEDEMA PUMPS	17610	American Health Services		\$27
RENTAL EQUIP-NEB EQUIPMENT	17610	American Health Services		\$895
RENTAL EQUIP-NIPPV/THERAP VENT	17610	American Health Services		\$3,897
RENTAL EQUIP-O2 CONCENTRATOR	17610	American Health Services		\$5,084
RENTAL EQUIP-O2 PORTABLE UNITS	17610	American Health Services		\$40
RENTAL EQUIP-O2 SUPPLIES	17610	American Health Services		\$1,364
RENTAL EQUIP-OTHER RESP EQUIP	17610	American Health Services		\$64
RENTAL EQUIP-SUCTION PUMPS	17610	American Health Services		\$153
RENTAL EQUIP-WHEELCHAIRS	17610	American Health Services		\$877

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED ASSETS - COMPOSITE ASSETS	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$99
NON SERIALIZED RENTAL EQUIP - OTHER	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$174
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	(\$111)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$1,870
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$808
RENTAL EQUIP-CPAP/BPAP EQUIP	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$77,092
RENTAL EQUIP-CPAP/BPAP/NIPPV	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$17,786
RENTAL EQUIP-DME	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$1,169
RENTAL EQUIP-ENT/PAR/IV SUPP	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$715
RENTAL EQUIP-HOSPITAL BEDS	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$11,582
RENTAL EQUIP-NEB EQUIPMENT	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$2,693
RENTAL EQUIP-NIPPV/THERAP VENT	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$21,483
RENTAL EQUIP-O2 CONCENTRATOR	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$15,973
RENTAL EQUIP-O2 PORTABLE UNITS	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$377
RENTAL EQUIP-O2 SUPPLIES	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$3,792
RENTAL EQUIP-SUCTION PUMPS	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$88
RENTAL EQUIP-SUPPORT SUR/SUPP	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$18
RENTAL EQUIP-WHEELCHAIRS	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$9,915

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED ASSETS - COMPOSITE ASSETS	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$1,503
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$61
NON SERIALIZED RENTAL EQUIP - OTHER	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$607
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	(\$222)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$2,080
NON SERIALIZED RENTAL EQUIP- CYLINDERS	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$79
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$2,514
RENTAL EQUIP-CPAP/BPAP EQUIP	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$59,115
RENTAL EQUIP-CPAP/BPAP/NIPPV	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$12,820
RENTAL EQUIP-DME	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$1,297
RENTAL EQUIP-HOSPITAL BEDS	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$17,866
RENTAL EQUIP-NEB EQUIPMENT	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$2,623
RENTAL EQUIP-NIPPV/THERAP VENT	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$12,855
RENTAL EQUIP-O2 CONCENTRATOR	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$47,979
RENTAL EQUIP-O2 PORTABLE UNITS	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$570
RENTAL EQUIP-O2 SUPPLIES	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$8,423
RENTAL EQUIP-SUCTION PUMPS	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$350
RENTAL EQUIP-SUPPORT SUR/SUPP	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$161

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-WHEELCHAIRS	14410	AMERICAN HEALTH SERVICES	LINCOLN	NC	\$48,212
NON SERIALIZED ASSETS - COMPOSITE ASSETS	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$26
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$204
NON SERIALIZED RENTAL EQUIP - OTHER	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$574
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	(\$177)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$10,291
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$2,719
RENTAL EQUIP-CPAP/BPAP EQUIP	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$76,207
RENTAL EQUIP-CPAP/BPAP/NIPPV	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$17,207
RENTAL EQUIP-DME	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$3,518
RENTAL EQUIP-ENT/PAR/IV SUPP	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$1,648
RENTAL EQUIP-HOSPITAL BEDS	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$31,941
RENTAL EQUIP-LOW/AIR FLUID BED	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$2,672
RENTAL EQUIP-NEB EQUIPMENT	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$3,808
RENTAL EQUIP-NIPPV/THERAP VENT	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$31,345
RENTAL EQUIP-O2 CONCENTRATOR	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$30,565
RENTAL EQUIP-O2 PORTABLE UNITS	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$2,446
RENTAL EQUIP-O2 SUPPLIES	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$4,579

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-OTHER RESP EQUIP	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$1,505
RENTAL EQUIP-SUCTION PUMPS	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$660
RENTAL EQUIP-SUPPORT SUR/SUPP	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$455
RENTAL EQUIP-WHEELCHAIRS	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$23,040
NON SERIALIZED ASSETS - COMPOSITE ASSETS	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$2
NON SERIALIZED RENTAL EQUIP - OTHER	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$387
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	(\$19)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$1,772
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$513
RENTAL EQUIP-CPAP/BPAP EQUIP	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$17,299
RENTAL EQUIP-CPAP/BPAP/NIPPV	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$5,333
RENTAL EQUIP-HOSPITAL BEDS	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$8,033
RENTAL EQUIP-LOW/AIR FLUID BED	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$276
RENTAL EQUIP-NEB EQUIPMENT	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$3,615
RENTAL EQUIP-NIPPV/THERAP VENT	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$5,299
RENTAL EQUIP-O2 CONCENTRATOR	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$24,329
RENTAL EQUIP-O2 PORTABLE UNITS	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$1,146
RENTAL EQUIP-O2 SUPPLIES	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$5,491

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-OTHER RESP EQUIP	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$702
RENTAL EQUIP-SUCTION PUMPS	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$510
RENTAL EQUIP-SUPPORT SUR/SUPP	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$215
RENTAL EQUIP-WHEELCHAIRS	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$5,664
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$84
NON SERIALIZED RENTAL EQUIP - OTHER	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$219
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	(\$136)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$2,148
NON SERIALIZED RENTAL EQUIPMENT-O2 BAKCUP UNITS	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$2,115
NON SERIALIZED RENTAL EQUIP-CYLINDERS	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$280
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$1,157
RENTAL EQUIP-CPAP/BPAP EQUIP	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$31,670
RENTAL EQUIP-CPAP/BPAP/NIPPV	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$10,378
RENTAL EQUIP-DME	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$2,136
RENTAL EQUIP-HOSPITAL BEDS	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$14,351
RENTAL EQUIP-LOW/AIR FLUID BED	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$744
RENTAL EQUIP-NEB EQUIPMENT	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$2,554
RENTAL EQUIP-NIPPV/THERAP VENT	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$10,015

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-O2 CONCENTRATOR	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$26,594
RENTAL EQUIP-O2 PORTABLE UNITS	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$932
RENTAL EQUIP-O2 SUPPLIES	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$4,566
RENTAL EQUIP-SUCTION PUMPS	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$11
RENTAL EQUIP-SUPPORT SUR/SUPP	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$68
RENTAL EQUIP-WHEELCHAIRS	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$14,566
NON SERIALIZED ASSETS - COMPOSITE ASSETS	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$26
NON SERIALIZED RENTAL EQUIP - OTHER	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$317
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	(\$30)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$403
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$324
RENTAL EQUIP-CPAP/BPAP EQUIP	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$45,282
RENTAL EQUIP-CPAP/BPAP/NIPPV	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$14,228
RENTAL EQUIP-DME	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$753
RENTAL EQUIP-ENT/PAR/IV SUPP	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$341
RENTAL EQUIP-HOSPITAL BEDS	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$3,745
RENTAL EQUIP-NEB EQUIPMENT	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$1,551
RENTAL EQUIP-NIPPV/THERAP VENT	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$7,763

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
RENTAL EQUIP-O2 CONCENTRATOR	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET SC	\$31,429
RENTAL EQUIP-O2 SUPPLIES	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET SC	\$2,282
RENTAL EQUIP-OTHER RESP EQUIP	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET SC	\$233
RENTAL EQUIP-SUCTION PUMPS	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET SC	\$23
RENTAL EQUIP-SUPPORT SUR/SUPP	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET SC	\$30
RENTAL EQUIP-WHEELCHAIRS	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET SC	\$2,451
NON SERIALIZED ASSETS - COMPOSITE ASSETS	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$138
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$32
NON SERIALIZED RENTAL EQUIP - OTHER	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$490
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	(\$18)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$1,109
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$1,332
RENTAL EQUIP-CPAP/BPAP EQUIP	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$23,870
RENTAL EQUIP-CPAP/BPAP/NIPPV	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$9,802
RENTAL EQUIP-DME	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$801
RENTAL EQUIP-ENT/PAR/IV SUPP	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$1,060
RENTAL EQUIP-HOSPITAL BEDS	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$19,604
RENTAL EQUIP-LOW/AIR FLUID BED	18210	BARNETT MEDICAL SUPPLY	LANCASTER SC	\$2,475

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-NEB EQUIPMENT	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$3,004
RENTAL EQUIP-NIPPV/THERAP VENT	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$9,829
RENTAL EQUIP-O2 CONCENTRATOR	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$14,490
RENTAL EQUIP-O2 PORTABLE UNITS	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$1,198
RENTAL EQUIP-O2 SUPPLIES	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$4,604
RENTAL EQUIP-OTHER RESP EQUIP	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$210
RENTAL EQUIP-SUCTION PUMPS	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$294
RENTAL EQUIP-SUPPORT SUR/SUPP	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$2
RENTAL EQUIP-WHEELCHAIRS	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$5,556
NON SERIALIZED ASSETS - COMPOSITE ASSETS	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$6,652
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$133
NON SERIALIZED RENTAL EQUIP - OTHER	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$1,012
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	(\$189)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$1,917
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$2,457
RENTAL EQUIP-CPAP/BPAP EQUIP	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$122,380
RENTAL EQUIP-CPAP/BPAP/NIPPV	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$35,211
RENTAL EQUIP-DME	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$2,269

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-ENT/PAR/IV SUPP	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$1,019
RENTAL EQUIP-HOSPITAL BEDS	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$33,804
RENTAL EQUIP-LOW/AIR FLUID BED	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$1,410
RENTAL EQUIP-NEB EQUIPMENT	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$6,158
RENTAL EQUIP-NIPPV/THERAP VENT	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$26,056
RENTAL EQUIP-O2 CONCENTRATOR	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$69,298
RENTAL EQUIP-O2 LIQ STATIONARY	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$425
RENTAL EQUIP-O2 PORTABLE UNITS	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$2,093
RENTAL EQUIP-O2 SUPPLIES	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$9,315
RENTAL EQUIP-OTHER RESP EQUIP	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	(\$11)
RENTAL EQUIP-SUCTION PUMPS	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$202
RENTAL EQUIP-SUPPORT SUR/SUPP	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$126
RENTAL EQUIP-WHEELCHAIRS	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$20,344
NON SERIALIZED ASSETS - COMPOSITE ASSETS	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$553
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$383
NON SERIALIZED RENTAL EQUIP - OTHER	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$639
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	(\$89)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$2,474

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQUIP- CYLINDERS	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$1,250
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$1,294
RENTAL EQUIP-CPAP/BPAP EQUIP	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$46,126
RENTAL EQUIP-CPAP/BPAP/NIPPV	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$11,085
RENTAL EQUIP-DME	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$1,571
RENTAL EQUIP-ENT/PAR/IV SUPP	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$151
RENTAL EQUIP-HOSPITAL BEDS	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$33,323
RENTAL EQUIP-LOW/AIR FLUID BED	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$2,152
RENTAL EQUIP-NEB EQUIPMENT	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$3,014
RENTAL EQUIP-NIPPV/THERAP VENT	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$2,234
RENTAL EQUIP-O2 CONCENTRATOR	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$55,298
RENTAL EQUIP-O2 LIQ STATIONARY	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$212
RENTAL EQUIP-O2 PORTABLE UNITS	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$903
RENTAL EQUIP-O2 SUPPLIES	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$11,146
RENTAL EQUIP-OTHER RESP EQUIP	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$897
RENTAL EQUIP-SUCTION PUMPS	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$261
RENTAL EQUIP-SUPPORT SUR/SUPP	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$293
RENTAL EQUIP-WHEELCHAIRS	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$13,859
NON SERIALIZED ASSETS - COMPOSITE ASSETS	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$1,215

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQUIP - OTHER	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$1,525
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	(\$553)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$4,928
NON SERIALIZED RENTAL EQUIP-CYLINDERS	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$1,675
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$507
RENTAL EQUIP-CPAP/BPAP EQUIP	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$97,139
RENTAL EQUIP-CPAP/BPAP/NIPPV	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$19,106
RENTAL EQUIP-DME	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$1,342
RENTAL EQUIP-ENT/PAR/IV SUPP	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$211
RENTAL EQUIP-HOSPITAL BEDS	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$19,447
RENTAL EQUIP-LOW/AIR FLUID BED	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$420
RENTAL EQUIP-LYMPHEDEMA PUMPS	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$168
RENTAL EQUIP-NEB EQUIPMENT	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$5,446
RENTAL EQUIP-NIPPV/THERAP VENT	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$18,670
RENTAL EQUIP-O2 CONCENTRATOR	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$86,198

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-O2 PORTABLE UNITS	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$2,823
RENTAL EQUIP-O2 SUPPLIES	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$9,232
RENTAL EQUIP-OTHER RESP EQUIP	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$613
RENTAL EQUIP-SUCTION PUMPS	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$309
RENTAL EQUIP-WHEELCHAIRS	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC	\$7,072
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$88
NON SERIALIZED RENTAL EQUIP - OTHER	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$461
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	(\$159)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$1,775
NON SERIALIZED RENTAL EQUIP-CYLINDERS	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$196
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$948
RENTAL EQUIP-CPAP/BPAP EQUIP	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$123,230
RENTAL EQUIP-CPAP/BPAP/NIPPV	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$17,077
RENTAL EQUIP-DME	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$1,349
RENTAL EQUIP-ENT/PAR/IV SUPP	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$121
RENTAL EQUIP-HOSPITAL BEDS	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$19,985

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-LOW/AIR FLUID BED	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$1,921
RENTAL EQUIP-NEB EQUIPMENT	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$1,994
RENTAL EQUIP-NIPPV/THERAP VENT	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$11,581
RENTAL EQUIP-O2 CONCENTRATOR	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$18,995
RENTAL EQUIP-O2 PORTABLE UNITS	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$1,275
RENTAL EQUIP-O2 SUPPLIES	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$6,516
RENTAL EQUIP-OTHER RESP EQUIP	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$181
RENTAL EQUIP-SUCTION PUMPS	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$114
RENTAL EQUIP-WHEELCHAIRS	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC	\$9,673
NON SERIALIZED ASSETS - COMPOSITE ASSETS	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$2,099
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$156
NON SERIALIZED RENTAL EQUIP - OTHER	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$536
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	(\$48)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$1,500
NON SERIALIZED RENTAL EQUIP- CYLINDERS	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$209,957
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$1,895
RENTAL EQUIP-CPAP/BPAP EQUIP	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$22,333
RENTAL EQUIP-CPAP/BPAP/NIPPV	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$5,799

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-DME	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$2,377
RENTAL EQUIP-ENT/PAR/IV SUPP	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$678
RENTAL EQUIP-HOSPITAL BEDS	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$9,845
RENTAL EQUIP-LOW/AIR FLUID BED	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$560
RENTAL EQUIP-NEB EQUIPMENT	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$3,164
RENTAL EQUIP-NIPPV/THERAP VENT	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$7,979
RENTAL EQUIP-O2 CONCENTRATOR	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$129,118
RENTAL EQUIP-O2 LIQ STATIONARY	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$637
RENTAL EQUIP-O2 PORTABLE UNITS	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$4,560
RENTAL EQUIP-O2 SUPPLIES	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$3,527
RENTAL EQUIP-OTHER RESP EQUIP	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$487
RENTAL EQUIP-SUCTION PUMPS	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$390
RENTAL EQUIP-SUPPORT SUR/SUPP	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$246
RENTAL EQUIP-VENTILATORS	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$4,404
RENTAL EQUIP-WHEELCHAIRS	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA	\$8,418
NON SERIALIZED ASSETS - COMPOSITE ASSETS	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$2,860
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$113
NON SERIALIZED RENTAL EQUIP - OTHER	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$513

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	(\$14)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$43,651
NON SERIALIZED RENTAL EQUIP- CYLINDERS	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$4,090
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$907
RENTAL EQUIP-CPAP/BPAP EQUIP	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$36,987
RENTAL EQUIP-CPAP/BPAP/NIPPV	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$8,345
RENTAL EQUIP-DME	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$1,575
RENTAL EQUIP-ENT/PAR/IV SUPP	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$614
RENTAL EQUIP-HOSPITAL BEDS	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$17,732
RENTAL EQUIP-NEB EQUIPMENT	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$3,724
RENTAL EQUIP-O2 CONCENTRATOR	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$83,816
RENTAL EQUIP-O2 PORTABLE UNITS	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$1,434
RENTAL EQUIP-O2 SUPPLIES	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$13,913
RENTAL EQUIP-OTHER RESP EQUIP	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$9
RENTAL EQUIP-SUCTION PUMPS	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$402
RENTAL EQUIP-SUPPORT SUR/SUPP	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$179
RENTAL EQUIP-WHEELCHAIRS	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC	\$47,271
NON SERIALIZED ASSETS - COMPOSITE ASSETS	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$874

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQUIP - OTHER	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$504
NON SERIALIZED RENTAL EQUIPMENT-O2 BAKCUP UNITS	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$42,302
NON SERIALIZED RENTAL EQUIP- CYLINDERS	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$110,758
RENTAL EQUIP-O2 CONCENTRATOR	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$1,018
RENTAL EQUIP-O2 LIQ STATIONARY	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$319
RENTAL EQUIP-O2 PORTABLE UNITS	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$106
RENTAL EQUIP-O2 SUPPLIES	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC	\$26,020
NON SERIALIZED ASSETS - COMPOSITE ASSETS	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$132
NON SERIALIZED RENTAL EQUIP - OTHER	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$331
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	(\$65)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$511
NON SERIALIZED RENTAL EQUIP- CYLINDERS	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$668
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$613
RENTAL EQUIP-CPAP/BPAP EQUIP	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$21,992
RENTAL EQUIP-CPAP/BPAP/NIPPV	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$4,064
RENTAL EQUIP-DME	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$1,056
RENTAL EQUIP-HOSPITAL BEDS	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC	\$22,157

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
RENTAL EQUIP-NEB EQUIPMENT	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$3,112
RENTAL EQUIP-NIPPV/THERAP VENT	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$1,708
RENTAL EQUIP-O2 CONCENTRATOR	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$18,329
RENTAL EQUIP-O2 LIQ STATIONARY	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$651
RENTAL EQUIP-O2 PORTABLE UNITS	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$1,603
RENTAL EQUIP-O2 SUPPLIES	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$2,466
RENTAL EQUIP-OTHER RESP EQUIP	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$326
RENTAL EQUIP-SUCTION PUMPS	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$467
RENTAL EQUIP-SUPPORT SUR/SUPP	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$331
RENTAL EQUIP-WHEELCHAIRS	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$2,254
NON SERIALIZED ASSETS - COMPOSITE ASSETS	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$2
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$229
NON SERIALIZED RENTAL EQUIP - OTHER	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$568
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	(\$114)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$1,848
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$2,361
RENTAL EQUIP-CPAP/BPAP EQUIP	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$65,828
RENTAL EQUIP-CPAP/BPAP/NIPPV	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$17,734

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-DME	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$6,943
RENTAL EQUIP-ENT/PAR/IV SUPP	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$643
RENTAL EQUIP-HOSPITAL BEDS	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$64,817
RENTAL EQUIP-LOW/AIR FLUID BED	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$3,045
RENTAL EQUIP-NEB EQUIPMENT	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$10,036
RENTAL EQUIP-NIPPV/THERAP VENT	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$9,330
RENTAL EQUIP-O2 CONCENTRATOR	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$13,015
RENTAL EQUIP-O2 PORTABLE UNITS	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$1,084
RENTAL EQUIP-O2 SUPPLIES	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$2,973
RENTAL EQUIP-OTHER RESP EQUIP	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$943
RENTAL EQUIP-SUCTION PUMPS	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$364
RENTAL EQUIP-SUPPORT SUR/SUPP	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$70
RENTAL EQUIP-WHEELCHAIRS	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC	\$12,436
NON SERIALIZED ASSETS - COMPOSITE ASSETS	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$251
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$69
NON SERIALIZED RENTAL EQUIP - OTHER	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$732
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	(\$265)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$4,963

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$1,753
RENTAL EQUIP-CPAP/BPAP EQUIP	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$188,481
RENTAL EQUIP-CPAP/BPAP/NIPPV	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$41,709
RENTAL EQUIP-DME	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$3,039
RENTAL EQUIP-ENT/PAR/IV SUPP	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$400
RENTAL EQUIP-HOSPITAL BEDS	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$15,519
RENTAL EQUIP-LOW/AIR FLUID BED	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$1,268
RENTAL EQUIP-NEB EQUIPMENT	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$5,368
RENTAL EQUIP-NIPPV/THERAP VENT	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$20,755
RENTAL EQUIP-O2 CONCENTRATOR	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$94,993
RENTAL EQUIP-O2 LIQ STATIONARY	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$106
RENTAL EQUIP-O2 SUPPLIES	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$28,920
RENTAL EQUIP-OTHER RESP EQUIP	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$927
RENTAL EQUIP-SUCTION PUMPS	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$420
RENTAL EQUIP-SUPPORT SUR/SUPP	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$120

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-WHEELCHAIRS	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA	\$11,400
NON SERIALIZED ASSETS - COMPOSITE ASSETS	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$499
NON SERIALIZED RENTAL EQUIP - OTHER	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$109
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	(\$227)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$1,668
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$828
RENTAL EQUIP-CPAP/BPAP EQUIP	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$24,453
RENTAL EQUIP-CPAP/BPAP/NIPPV	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$7,117
RENTAL EQUIP-DME	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$1,355
RENTAL EQUIP-HOSPITAL BEDS	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$11,412
RENTAL EQUIP-NEB EQUIPMENT	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$1,989
RENTAL EQUIP-NIPPV/THERAP VENT	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$3,994
RENTAL EQUIP-O2 CONCENTRATOR	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$12,552
RENTAL EQUIP-O2 SUPPLIES	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$5,370
RENTAL EQUIP-WHEELCHAIRS	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA	\$32,385
NON SERIALIZED ASSETS - COMPOSITE ASSETS	16110	MONROE HOME MEDICAL	MONROE	NC	\$2,763
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	16110	MONROE HOME MEDICAL	MONROE	NC	\$6

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQUIP - OTHER	16110	MONROE HOME MEDICAL	MONROE	NC	\$393
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	16110	MONROE HOME MEDICAL	MONROE	NC	(\$79)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	16110	MONROE HOME MEDICAL	MONROE	NC	\$1,726
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	16110	MONROE HOME MEDICAL	MONROE	NC	\$754
RENTAL EQUIP-CPAP/BPAP EQUIP	16110	MONROE HOME MEDICAL	MONROE	NC	\$85,539
RENTAL EQUIP-CPAP/BPAP/NIPPV	16110	MONROE HOME MEDICAL	MONROE	NC	\$14,312
RENTAL EQUIP-DME	16110	MONROE HOME MEDICAL	MONROE	NC	\$125
RENTAL EQUIP-ENT/PAR/IV SUPP	16110	MONROE HOME MEDICAL	MONROE	NC	\$328
RENTAL EQUIP-HOSPITAL BEDS	16110	MONROE HOME MEDICAL	MONROE	NC	\$4,770
RENTAL EQUIP-NEB EQUIPMENT	16110	MONROE HOME MEDICAL	MONROE	NC	\$2,795
RENTAL EQUIP-NIPPV/THERAP VENT	16110	MONROE HOME MEDICAL	MONROE	NC	\$14,649
RENTAL EQUIP-O2 CONCENTRATOR	16110	MONROE HOME MEDICAL	MONROE	NC	\$18,744
RENTAL EQUIP-O2 SUPPLIES	16110	MONROE HOME MEDICAL	MONROE	NC	\$5,913
RENTAL EQUIP-SUCTION PUMPS	16110	MONROE HOME MEDICAL	MONROE	NC	\$195
RENTAL EQUIP-WHEELCHAIRS	16110	MONROE HOME MEDICAL	MONROE	NC	\$15,931
NON SERIALIZED ASSETS - COMPOSITE ASSETS	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$434
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$289
NON SERIALIZED RENTAL EQUIP - OTHER	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$187

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	13910	NORCARE MEDICAL	JACKSONVILLE	NC	(\$5)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$1,144
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$325
RENTAL EQUIP-CPAP/BPAP EQUIP	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$20,919
RENTAL EQUIP-CPAP/BPAP/NIPPV	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$4,528
RENTAL EQUIP-DME	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$160
RENTAL EQUIP-HOSPITAL BEDS	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$4,718
RENTAL EQUIP-LOW/AIR FLUID BED	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$1,134
RENTAL EQUIP-NEB EQUIPMENT	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$4,703
RENTAL EQUIP-NIPPV/THERAP VENT	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$2,494
RENTAL EQUIP-O2 CONCENTRATOR	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$18,388
RENTAL EQUIP-O2 LIQ STATIONARY	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$17
RENTAL EQUIP-O2 PORTABLE UNITS	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$469
RENTAL EQUIP-O2 SUPPLIES	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$3,860
RENTAL EQUIP-OTHER RESP EQUIP	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$141
RENTAL EQUIP-SUCTION PUMPS	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$82
RENTAL EQUIP-SUPPORT SUR/SUPP	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$130
RENTAL EQUIP-WHEELCHAIRS	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$3,383

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED ASSETS - COMPOSITE ASSETS	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$1,278
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$150
NON SERIALIZED RENTAL EQUIP - OTHER	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$433
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	(\$368)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$2,070
NON SERIALIZED RENTAL EQUIP- CYLINDERS	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$466
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$1,237
RENTAL EQUIP-CPAP/BPAP EQUIP	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$28,484
RENTAL EQUIP-CPAP/BPAP/NIPPV	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$8,449
RENTAL EQUIP-DME	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$1,502
RENTAL EQUIP-ENT/PAR/IV SUPP	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$1,582
RENTAL EQUIP-HOSPITAL BEDS	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$22,796
RENTAL EQUIP-NEB EQUIPMENT	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$3,067
RENTAL EQUIP-NIPPV/THERAP VENT	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$19,229
RENTAL EQUIP-O2 CONCENTRATOR	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$50,759
RENTAL EQUIP-O2 LIQ STATIONARY	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$425
RENTAL EQUIP-O2 SUPPLIES	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$5,686
RENTAL EQUIP-OTHER RESP EQUIP	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$451

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-SUCTION PUMPS	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$522
RENTAL EQUIP-SUPPORT SUR/SUPP	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$92
RENTAL EQUIP-WHEELCHAIRS	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$8,629
NON SERIALIZED RENTAL EQUIP - OTHER	16810	ROTECH	COLUMBIA	SC	\$988
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	16810	ROTECH	COLUMBIA	SC	(\$36)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	16810	ROTECH	COLUMBIA	SC	\$790
NON SERIALIZED RENTAL EQUIP-CYLINDERS	16810	ROTECH	COLUMBIA	SC	\$1,670
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	16810	ROTECH	COLUMBIA	SC	\$842
RENTAL EQUIP-CPAP/BPAP EQUIP	16810	ROTECH	COLUMBIA	SC	\$20,712
RENTAL EQUIP-CPAP/BPAP/NIPPV	16810	ROTECH	COLUMBIA	SC	\$5,783
RENTAL EQUIP-DME	16810	ROTECH	COLUMBIA	SC	\$42
RENTAL EQUIP-HOSPITAL BEDS	16810	ROTECH	COLUMBIA	SC	\$6,632
RENTAL EQUIP-LOW/AIR FLUID BED	16810	ROTECH	COLUMBIA	SC	\$394
RENTAL EQUIP-NEB EQUIPMENT	16810	ROTECH	COLUMBIA	SC	\$2,060
RENTAL EQUIP-NIPPV/THERAP VENT	16810	ROTECH	COLUMBIA	SC	\$3,425
RENTAL EQUIP-O2 CONCENTRATOR	16810	ROTECH	COLUMBIA	SC	\$15,198
RENTAL EQUIP-O2 PORTABLE UNITS	16810	ROTECH	COLUMBIA	SC	\$314
RENTAL EQUIP-O2 SUPPLIES	16810	ROTECH	COLUMBIA	SC	\$1,195

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-WHEELCHAIRS	16810	ROTECH	COLUMBIA	SC	\$4,901
NON SERIALIZED ASSETS - COMPOSITE ASSETS	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$900
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$51
NON SERIALIZED RENTAL EQUIP - OTHER	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$433
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	(\$173)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$4,579
NON SERIALIZED RENTAL EQUIP- CYLINDERS	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$6,126
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$2,779
RENTAL EQUIP-CPAP/BPAP EQUIP	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$30,787
RENTAL EQUIP-CPAP/BPAP/NIPPV	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$11,529
RENTAL EQUIP-DME	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$2,781
RENTAL EQUIP-ENT/PAR/IV SUPP	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$1,350
RENTAL EQUIP-HOSPITAL BEDS	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$47,812
RENTAL EQUIP-LOW/AIR FLUID BED	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$4,466
RENTAL EQUIP-NEB EQUIPMENT	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$8,720
RENTAL EQUIP-NIPPV/THERAP VENT	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$13,872
RENTAL EQUIP-O2 CONCENTRATOR	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$44,790
RENTAL EQUIP-O2 SUPPLIES	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$22,195

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-OTHER RESP EQUIP	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$2,710
RENTAL EQUIP-SUCTION PUMPS	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$914
RENTAL EQUIP-SUPPORT SUR/SUPP	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$170
RENTAL EQUIP-WHEELCHAIRS	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$17,338
NON SERIALIZED RENTAL EQUIP - OTHER	162110	SOUTHEAST DVP OFFICE	MOORESVILLE	NC	\$346
NON SERIALIZED ASSETS - COMPOSITE ASSETS	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$39
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$32
NON SERIALIZED RENTAL EQUIP - OTHER	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$787
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	(\$84)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$16,161
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$849
RENTAL EQUIP-CPAP/BPAP EQUIP	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$26,282
RENTAL EQUIP-CPAP/BPAP/NIPPV	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$7,609
RENTAL EQUIP-DME	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$1,188
RENTAL EQUIP-ENT/PAR/IV SUPP	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$1,804
RENTAL EQUIP-HOSPITAL BEDS	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$20,366

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit B-29**Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-LOW/AIR FLUID BED	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$3,124
RENTAL EQUIP-NEB EQUIPMENT	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$2,618
RENTAL EQUIP-NIPPV/THERAP VENT	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$4,193
RENTAL EQUIP-O2 CONCENTRATOR	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$18,375
RENTAL EQUIP-O2 LIQ STATIONARY	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$850
RENTAL EQUIP-O2 PORTABLE UNITS	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$1,168
RENTAL EQUIP-O2 SUPPLIES	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$3,289
RENTAL EQUIP-OTHER RESP EQUIP	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$171
RENTAL EQUIP-SUCTION PUMPS	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$454
RENTAL EQUIP-WHEELCHAIRS	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$5,643
					<u>\$4,702,748</u>

HOME MEDICAL SYSTEMS, INC.

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Exhibit B-30

Inventory

<u>Asset Description</u>	<u>Net Book Value</u>
DME/PHARMACY/PRINTING INVENTORY	\$269,026
	<hr/> \$269,026 <hr/>

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-35****Other personal property of any kind not already listed**

<u>Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
PREPAID EXPENSES - PROP TAX	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$919
PREPAID JCAHO	22010	1ST CHOICE HOME MEDICAL	ADEL	GA	\$1,435
PREPAID EXPENSES - PROP TAX	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$1,187
PREPAID JCAHO	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC	\$805
PREPAID EXPENSES - PROP TAX	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC	\$993
PREPAID EXPENSES - PROP TAX	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC	\$823
PREPAID JCAHO	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC	\$805
PREPAID EXPENSES - PROP TAX	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$1,561
PREPAID JCAHO	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC	\$805
PREPAID EXPENSES - PROP TAX	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$1,436
PREPAID JCAHO	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC	\$805
PREPAID EXPENSE - LIC & PERMITS	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$1,550
PREPAID EXPENSES - PROP TAX	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$2,293
PREPAID JCAHO	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC	\$805
PREPAID EXPENSES - PROP TAX	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$1,263
PREPAID JCAHO	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC	\$805
PREPAID EXPENSES - PROP TAX	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$3,023
PREPAID JCAHO	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC	\$805
PREPAID EXPENSES - PROP TAX	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$3,095
PREPAID JCAHO	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA	\$1,435
PREPAID EXPENSES - PROP TAX	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$1,857
PREPAID EXPENSES - PROP TAX	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA	\$585

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit B-35****Other personal property of any kind not already listed**

<u>Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
PREPAID JCAHO	25110	GEORGIA MED-CARE	DOUGLASVILLE GA	\$1,435
PREPAID EXPENSES - PROP TAX	13510	HEALTH & MEDICATIONS AT HOME	CONOVER NC	\$1,943
PREPAID JCAHO	13510	HEALTH & MEDICATIONS AT HOME	CONOVER NC	\$805
PREPAID EXPENSES - PROP TAX	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT NC	\$1,777
PREPAID JCAHO	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT NC	\$805
PREPAID EXPENSES - PROP TAX	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE GA	\$973
PREPAID EXPENSES - PROP TAX	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE GA	\$482
PREPAID JCAHO	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE GA	\$1,435
PREPAID EXPENSES - PROP TAX	14110	HOME MEDICAL SYSTEMS	WHITEVILLE NC	\$825
PREPAID EXPENSES - PROP TAX	14110	HOME MEDICAL SYSTEMS	WHITEVILLE NC	\$484
PREPAID JCAHO	14110	HOME MEDICAL SYSTEMS	WHITEVILLE NC	\$805
PREPAID EXPENSES - PROP TAX	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$1,457
PREPAID JCAHO	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS NC	\$805
PREPAID EXPENSES - PROP TAX	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$1,360
PREPAID EXPENSES - PROP TAX	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$1,571
PREPAID JCAHO	16710	IDEAL HOME MEDICAL	ROCKY MOUNT NC	\$805
PREPAID EXPENSES - PROP TAX	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO GA	\$698
PREPAID JCAHO	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO GA	\$1,435
PREPAID EXPENSES - PROP TAX	24110	MED-SERVICES INTERNATIONAL	ALBANY GA	\$925
PREPAID JCAHO	24110	MED-SERVICES INTERNATIONAL	ALBANY GA	\$1,435

HOME MEDICAL SYSTEMS, INC.

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Exhibit B-35

Other personal property of any kind not already listed

<u>Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
PREPAID EXPENSES - PROP TAX	16110	MONROE HOME MEDICAL	MONROE	NC	\$804
PREPAID EXPENSES - PROP TAX	16110	MONROE HOME MEDICAL	MONROE	NC	\$956
PREPAID JCAHO	16110	MONROE HOME MEDICAL	MONROE	NC	\$805
PREPAID EXPENSES - PROP TAX	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$920
PREPAID JCAHO	13910	NORCARE MEDICAL	JACKSONVILLE	NC	\$805
PREPAID EXPENSES - PROP TAX	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$856
PREPAID JCAHO	23610	PICKENS MEDICAL SUPPLY	JASPER	GA	\$805
PREPAID EXPENSES - PROP TAX	16810	ROTECH	COLUMBIA	SC	\$9,203
PREPAID JCAHO	16810	ROTECH	COLUMBIA	SC	\$805
PREPAID EXPENSES - PROP TAX	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$1,314
PREPAID JCAHO	25310	SHELL MEDICAL EQUIPMENT	ROME	GA	\$805
PREPAID EXPENSES - PROP TAX	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$1,143
PREPAID JCAHO	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMENT	THOMSON	GA	\$1,435
TRADE AP RECEIVABLE - VERIZON BUSINESS	69337	VERIZON BUSINESS	DALLAS	TX	\$5,511
					\$77,509

In re: HOME MEDICAL SYSTEMS, INC.

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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. 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 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 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 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 the schedules in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

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	CODEBTOR	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U D			AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY	NOTES
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
See Attached Schedule D-1		Long-Term Liabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$560,871,725	Undetermined	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

continuation sheets attached
 Total
 \$560,871,725
 \$0

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

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SPECIFIC NOTES REGARDING SCHEDULE D

SPECIFIC NOTES REGARDING SCHEDULE D

Except as otherwise agreed pursuant to a stipulation or agreed order or general order entered by the Bankruptcy Court, the Debtors reserve their rights to dispute or challenge validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D of any Debtor. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims, the Debtors reserve all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument (including, without limitation, any intercompany agreement) related to such creditor's claim. In certain instances, a Debtor may be a co-obligor, co-mortgagor or guarantor with respect to scheduled claims of other Debtors, and no claim set forth on Schedule D of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other entities. The descriptions provided in Schedule D are intended only as a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements.

HOME MEDICAL SYSTEMS, INC.

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Exhibit D-1

Nature of Lien: Long-Term Liabilities

<u>Creditor's Name and Mailing Address</u> <u>Including Zip Code And An Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred, Description</u> <u>And Value of Property Subject To Lien</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of Claim</u> <u>Without Deducting</u> <u>Value Of Collateral</u>	<u>Unsecured</u> <u>Portion, If Any</u>
PHILIPS MEDICAL CAPITAL, LLC 1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087-8608 ACCOUNT NO.: MULTIPLE	<input type="checkbox"/>	DATE: UNKNOWN UCC FINANCING VALUE: UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$0	UNDETERMINED
SILVER POINT FINANCE, LLC AS ADMINISTRATIVE AGENT TWO GREENWICH PLAZA 1ST FLOOR GREENWICH, CT 06830-6353 ACCOUNT NO.: NOT AVAILABLE	<input checked="" type="checkbox"/>	DATE: UNKNOWN TERM LOAN FACILITY VALUE: \$ 25,000,000	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$23,500,000	UNDETERMINED
THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A. AS TRUSTEE CORPORATE TRUST ADMIN, ATTN: MARY LAGUMINA 5 PENN PLAZA-13TH FLOOR NEW YORK, NY 10001 ACCOUNT NO.: NOT AVAILABLE	<input checked="" type="checkbox"/>	DATE: UNKNOWN FIRST LIEN NOTES VALUE: \$ 230,000,000	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$230,000,000	UNDETERMINED
WILMINGTON TRUST, NATIONAL ASSOCIATION AS SUCCESSOR TRUSTEE ATTN: JULIE J BECKER CORPORATE CLIENT SERVICES 50 SOUTH SIXTH STREET, SUITE 1290 MINNEAPOLIS, MN 55402-1544 ACCOUNT NO.: NOT AVAILABLE	<input checked="" type="checkbox"/>	DATE: UNKNOWN SECOND LIEN NOTES VALUE: \$ 307,371,725	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$307,371,725	UNDETERMINED
				<u>\$560,871,725</u>	<u>UNDETERMINED</u>

In re: HOME MEDICAL SYSTEMS, INC.Case No. 13-10788

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

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 and mailing address, including zip code, and 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.

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 husband, or 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 "Subtotal" 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. Repeat this total also on the Summary of Schedules.

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)

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. Section 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725 per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. Section 507(a)(4).

Contribution 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. Section 507(a)(5).

Certain farmers and fisherman

Claims of certain farmers and fishermen, up to \$5,775 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. Section 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,600 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. Section 507(a)(7).

Alimony, Maintenance, or Support

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. Section 507(a)(7).

Taxes and Certain Other Debts Owed to Government Units

Taxes, customs duties, and penalties owing to federal, state, and local government units as set forth in 11 U.S.C. Section 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. Section 507(a)(9).

Administrative Expense Claims

Claims for the value of any goods received by the debtor within 20 days before the Petition Date in which the goods have been sold to the debtor in the ordinary course of such debtor's business.

In re: HOME MEDICAL SYSTEMS, INC.

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**UNITED STATES BANKRUPTCY COURT
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State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the filing of the petition. Do not include claims listed in Schedule 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 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 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 total of all claims listed on the schedules in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no unsecured nonpriority claims to report on this Schedule E

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D	TOTAL AMOUNT OF CLAIMS
See Attached Schedule E-1		Paid Tax Vendors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$4,959
See Attached Schedule E-2		Sales Tax	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
See Attached Schedule E-3		Property Tax	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
See Attached Schedule E-4		Federal/State Income Tax and Municipal Tax	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
See Attached Schedule E-5		Payroll Tax	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

19 total continuation sheets attached

Total

\$4,959

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

SPECIFIC NOTES REGARDING SCHEDULE E

Creditors Holding Unsecured Priority Claims

The listing of any claim on Schedule E does not constitute an admission by the Debtors that such claim is entitled to priority treatment under section 507 of the Bankruptcy Code. The Debtors reserve all of their rights to dispute the amount and/or the priority status of any claim on any basis at any time.

All claims listed on the Debtors' Schedule E are claims owing to various taxing authorities to which the Debtors may potentially be liable. However, certain of such claims may be subject to on-going audits and the Debtors are otherwise unable to determine with certainty the amount of many, if not all, of the remaining claims listed on Schedule E. Therefore, the Debtors have listed all such claims as unknown in amount, pending final resolution of on-going audits or other outstanding issues.

As noted in the Global Notes, the Bankruptcy Court entered a first day order granting authority to the Debtors to pay certain prepetition employee wage and other obligations in the ordinary course (the "Employee Wage Order"). Pursuant to the Employee Wage Order, the Debtors believe that, other than claims of certain former and current employees for vacation, personal and/or severance pay, any priority employee claims for prepetition amounts have been or will be satisfied, and such satisfied amounts are therefore not listed on Schedule E. Only non priority employee claims against the Debtors for prepetition amounts that have not been paid as of the time that the Schedules and Statements were prepared were included; such amounts, if any, are listed on Schedule F.

HOME MEDICAL SYSTEMS, INC.

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Exhibit E-1

Consideration For Claim: Paid Tax Vendors

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
CITY OF ALBANY BUSINESS LICENSE DIVISION RM 100 225 PINE AVE ALBANY, GA 31702-0447 ACCOUNT NO.: 32650	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$338	UNDETERMINED	UNDETERMINED
NC DEPT OF REVENUE PO BOX 25000 RALEIGH, NC 27640 ACCOUNT NO.: 3186	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$676	UNDETERMINED	UNDETERMINED
SOUTH CAROLINA DEPARTMENT OF REVENUE SALES TAX RETURN COLUMBIA, SC 29214-0101 ACCOUNT NO.: 998	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,945	UNDETERMINED	UNDETERMINED
				<u>\$4,959</u>		

HOME MEDICAL SYSTEMS, INC.

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Exhibit E-2**Consideration For Claim: Sales Tax**

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
ALABAMA DEPARTMENT OF REVENUE SALES, USE TAX BUSINESS DIVISION P.O. BOX 327790 MONTGOMERY, AL 36132-7790 ACCOUNT NO.: 3721	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE STREET TALLAHASSEE, FL 32314-6527 ACCOUNT NO.: 298	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
GEORGIA DEPARTMENT OF REVENUE SALES AND USE TAX RETURN P.O. BOX 105408 ATLANTA, GA 30348-5408 ACCOUNT NO.: 5324	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
NORTH CAROLINA DEPARTMENT OF REVENUE DOCUMENTS AND PAYMENTS PROCESSING DIVISION P.O. BOX 25000 RALEIGH, NC 27640-0001 ACCOUNT NO.: 3186	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
SOUTH CAROLINA DEPARTMENT OF REVENUE SALES TAX RETURN COLUMBIA, SC 29214-0101 ACCOUNT NO.: 998	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
TENNESEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BUILDING 500 DEADERICK STREET NASHVILLE, TN 37242 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
VIRGINIA DEPARTMENT OF TAXATION RETAIL SALES AND USE TAX P.O. BOX 26626 RICHMOND, VA 23261-6626 ACCOUNT NO.: 7042	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

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Exhibit E-2

Consideration For Claim: Sales Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
				\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

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Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
BANKS COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 150 HUDSON RIDGE RD SUITE6 HOMER, GA 30547 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
BARROW COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 233 EAST BROAD ST WINDER, GA 30680-0765 ACCOUNT NO.: 1238343	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
BARTOW COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 135 W CHEROKEE AVE STE 243B CARTERSVILLE, GA 30120 ACCOUNT NO.: 41858	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
BEN HILL COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 113 S SHERIDAN ST FITZGERALD, GA 31750 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
BERRIEN COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 201 N DAVIS ST RM 122 NASHVILLE, GA 31639 ACCOUNT NO.: 1238338	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
BERRIEN COUNTY TAX COMMISSIONER 201 N DAVIS STREET ROOM 105 NASHVILLE, GA 31639 ACCOUNT NO.: 1238338	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
BRYAN COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 15 N. COURTHOUSE ST P.O. BOX 1000 PEMBROKE, GA 31321-1000 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
BULLOCH COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 115 N. MAIN ST P.O. BOX 1421 STATESBORO, GA 30459-1421 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
BURKE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE PO BOX 46 WAYNESBORO, GA 30830 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CANDLER COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 35 SW BROAD ST STE E METTER, GA 30439 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CARROLL COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 423 COLLEGE ST - ROOM 415 P.O. BOX 338 CARROLLTON, GA 30112-0338 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CATAWABA COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 368 NEWTON, NC 28658-0368 ACCOUNT NO.: 29536	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CHARLESTON COUNTY ASSESSOR ATTN. AUDITOR'S OFFICE 101 MEETING ST #101 CHARLESTON, SC 29401 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CHATHAM COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 133 MONTGOMERY ST #503 PO BOX 9786 SAVANNAH, GA 31401 ACCOUNT NO.: 1238328	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

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Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
CHATTOOGA COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 120 COX ST P.O. BOX 517 SUMMERVILLE, GA 30747-0517 ACCOUNT NO.: 1238351	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CHEROKEE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 2782 MARIETTA HWY SUITE 200 CANTON, GA 30114 ACCOUNT NO.: 1238350	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CLARKE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 325 E WASHINGTON ST, RM 280 ATHENS, GA 30601-4516 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CLAYTON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P K DIXON ANNEX 2 121 S MCDONOUGH ST JONESBORO, GA 30236-3694 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
COLUMBIA COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 630 RONALD REAGAN DR P.O. BOX 498 EVANS, GA 30809-0498 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
COOK COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 209 N PARRISH AVE ADEL, GA 31620 ACCOUNT NO.: 41860	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
COWETA COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 37 PERRY ST NEWNAN, GA 30263 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3**Consideration For Claim: Property Tax**

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
CUMBERLAND COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 449 FAYETTEVILLE, NC 28302-0449 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
DAWSON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 25 JUSTICE WAY SUITE 1201 DAWSONVILLE, GA 30534 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
DE KALB COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 120 WEST TRINITY PLACE ROOM 208 DECATUR, GA 30030 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
DOUGHERTY COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 240 PINE AVE P O BOX 1827 ALBANY, GA 31702-1827 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
DOUGLAS COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 8700 HOSPITAL DR (1ST FLOOR) DOUGLASVILLE, GA 30134 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
EFFINGHAM COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 901 N. PINE ST SUITE 106 SPRINGFIELD, GA 31329 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
EMANUEL COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 101 S MAIN ST 3RD FL SWAINSBORO, GA 30401 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
EVANS COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 2 FREEMAN ST COURTHOUSE ANNEX CLAXTON, GA 30417 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
FAYETTE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 140 STONEWALL AVE W STE 108 FAYETTEVILLE, GA 30214 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
FLOYD COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 4 GOVERNMENT PLAZA, STE 213 ROME, GA 30161 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
FORSYTH COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 110 EAST MAIN ST SUITE 260 CUMMING, GA 30040 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
GLASCOCK COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 74 E. MAIN ST P.O. BOX 221 GIBSON, GA 30810-0221 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
GREENVILLE COUNTY ASSESSOR ATTN. AUDITOR'S OFFICE 301 UNIVERSITY RDG STE 800 GREENVILLE, SC 29601-3659 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
GUILFORD COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 3138 GREENSBORO, NC 27402-3138 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
GWINNETT COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 75 LANGLEY DR LAWRENCEVILLE, GA 30046 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
HALIFAX COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 68 HALIFAX, NC 27839 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
HALL COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 2875 BROWNS BRIDGE RD P.O. BOX 1780 GAINESVILLE, GA 30503 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
HARALSON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 548 BUCHANAN, GA 30113-0548 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
HENDERSON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 200 N GROVE ST, STE 102 HENDERSONVILLE, NC 28792-5027 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
HENRY COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 140 HENRY PKWY MCDONOUGH, GA 30253 ACCOUNT NO.: 1238336	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
HORRY COUNTY ASSESSOR ATTN. AUDITOR'S OFFICE PO BOX 1205 CONWAY, SC 29528 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
IREDELL COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 1027 STATESVILLE, NC 28687-1027 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
JACKSON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 67 ATHENS ST JEFFERSON, GA 30549 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
JEFFERSON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 555 LOUISVILLE, GA 30434-0555 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
LANCASTER COUNTY ASSESSOR ATTN. AUDITOR'S OFFICE 101 N. MAIN ST P.O. BOX 2016 LANCASTER, SC 29721 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
LIBERTY COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 100 MAIN ST HINESVILLE, GA 31310 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
LINCOLN COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 182 HUMPHREY ST P.O. BOX 340 LINCOLN, GA 30817-0340 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
LINCOLN COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 938 LINCOLN, NC 28093-0938 ACCOUNT NO.: 1691205	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
LOWNDES COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 302 N PATTERSON ST PO BOX 1126 VALDOSTA, GA 31603-1126 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
MADISON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 85 DANIELSVILLE, GA 30633-0085 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
MCDUFFIE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 210 RAILROAD ST THOMSON, GA 30824 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
MORGAN COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 150 E WASHINGTON ST #130 P.O. BOX 1297 MADISON, GA 30650 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
MURRAY COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 121 N FOURTH AVE CHATSWORTH, GA 30705 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
NASH COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 120 W. WASHINGTON STREET SUITE 2058 NASHVILLE, NC 27856 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
NEWTON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 1113 USHER ST NW STE 102 COVINGTON, GA 30014 ACCOUNT NO.: 1238327	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
ONSWLOW COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE PO BOX 987 MOUNT AIRY, NC 27030 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
PAULDING COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 240 CONSTITUTION BLVD RM 3082 DALLAS, GA 30132 ACCOUNT NO.: 1238337	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
PICKENS COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 1266 E CHURCH ST SUITE 121 JASPER, GA 30143 ACCOUNT NO.: 3379102	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
POLK COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 144 WEST AVE, STE F CEDARTOWN, GA 30125 ACCOUNT NO.: 1238334	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
RICHLAND COUNTY ASSESSOR ATTN. AUDITOR'S OFFICE 2020 HAMPTON ST PO BOX 192 COLUMBIA, SC 29202 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
RICHMOND COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 530 GREENE ST, RM 102 AUGUSTA, GA 30901 ACCOUNT NO.: 72323	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
ROCKDALE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE PO BOX 562 CONYERS, GA 30012-0562 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
SCREVEN COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 103 S. COMMUNITY DR P.O. BOX 180 SYLVANIA, GA 30467-0180 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
SPALDING COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 119 E SOLOMON ST RM 101 GRIFFIN, GA 30223 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
STEPHENS COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE PO BOX 189 TOCCOA, GA 30577-0189 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
TATTNALL COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE PO BOX 1010 108D W BRAZELL ST REIDSVILLE, GA 30453-1010 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
TIFT COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 225 TIFT AVE #110 P. O. BOX 134 TIFTON, GA 317930134 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
UNION COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 97 MONROE, NC 28111-0097 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
WAKE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE P.O. BOX 2331 421 FAYETTEVILLE ST, STE 200 RALEIGH, NC 27602-2331 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
WALTON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 303 S HAMMOND DR MONROE, GA 30655 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
WARREN COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 521 MAIN ST #105 P.O. BOX 723 WARRENTON, GA 30828-0723 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
WILKES COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 23 COURT ST RM 202 WASHINGTON, GA 30673 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
WORTH COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 201 N MAIN ST ROOM 16 SYLVESTER, GA 31791 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
						<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-4**Consideration For Claim: Federal/State Income Tax and Municipal Tax**

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
ALABAMA DEPARTMENT OF REVENUE INDIVIDUAL AND CORPORATE TAX DIVISION CORPORATE INCOME TAX P.O. BOX 327430 MONTGOMERY, AL 36132-7430 ACCOUNT NO.: 372106	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
ALABAMA DEPT OF REVENUE BUSINESS PRIVILEGE TAX SECTION P.O. BOX 327431 MONTGOMERY, AL 36132-7431 ACCOUNT NO.: 372110	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
GEORGIA DEPT OF REVENUE PROCESSING CENTER P.O. BOX 740397 ATLANTA, GA 30374-0397 ACCOUNT NO.: 532408	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
NORTH CAROLINA DEPARTMENT OF REVENUE P.O. BOX 25000 RALEIGH, NC 27640-0500 ACCOUNT NO.: 8881	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
SOUTH CAROLINA DEPARTMENT OF REVENUE 301 GERVAIS STREET P.O. BOX 29214 COLUMBIA, SC 29214 ACCOUNT NO.: 99809	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BUILDING 500 DEADERICK STREET NASHVILLE, TN 37242 ACCOUNT NO.: 4951	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
VIRGINIA DEPARTMENT OF TAXATION P.O. BOX 1500 RICHMOND, VA 23218-1500 ACCOUNT NO.: 777604	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-4

Consideration For Claim: Federal/State Income Tax and Municipal Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C U D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
				\$0	\$0	\$0

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit E-5

Consideration For Claim: Payroll Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
DEPARTMENT OF LABOR UNEMPLOYMENT INSURACNE DIVISION 148 ANDREW YOUNG INTERNATIONAL BLVD, NE ATLANTA, GA 30303-1751 ACCOUNT NO.: 33489314	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI, OH 45999-0046 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI, OH 45999-0005 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
NORTH CAROLINA DEPARTMENT OF COMMERCE DIVISION OF EMPLOYMENT SECURITY PO BOX 25903 RALEIGH, NC 27611-5903 ACCOUNT NO.: 01733526	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
SOUTH CAROLINA DEPARTMENT FO EMPLOYMENT AND WORKFORCE 1550 GADSDEN ST, PO BOX 995 COLUMBIA, SC 29202 ACCOUNT NO.: 272981	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
						<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

In re: HOME MEDICAL SYSTEMS, INC.

Case No. 13-10788

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the filing of the petition. Do not include claims listed in Schedule 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 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 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 total of all claims listed on the schedules in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D	TOTAL AMOUNT OF CLAIMS
See Attached Schedule F-1		Trade Payables	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$108,072
See Attached Schedule F-2		Paid Trade Vendors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$430,342
See Attached Schedule F-3		Payor Credit Balance	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$144,185
See Attached Schedule F-4		Workers Compensation	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

98 total continuation sheets attached

Total

\$687,559

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

SPECIFIC NOTES REGARDING SCHEDULE F

Schedule - Paid Trade Payable

Paid Trade Payables listed on Schedule F contain the pre-petition liability information available to the Debtors as of the date of filing which include invoices that were paid subsequent to the Commencement Date related to prepetition obligations per the Final Order Pursuant to Bankruptcy Code Sections 363(b) and 105(a) Authorizing (I) the Debtors to Pay the Prepetition Claims of Certain Critical Vendors and Administrative Claimholders, and (II) Financial Institutions to Honor and Process Prepetition Checks and Transfers to Certain Critical Vendors and Administrative Claimholders (Docket No. 225), or in connection with the assumption of contracts pursuant to section 365 of the Bankruptcy Code.

Schedule - Intercompany

Prior to the Commencement Date, Rotech collects receipts and makes disbursements on behalf of all the Debtors, and thus distributions and receipts reflect intercompany balances due and owing from one Debtor to another Debtor. The respective intercompany accounts payable and accounts receivable are listed at the net amount due to/due from the debtor as of March 31, 2013 on Schedule F for each Debtor.

Schedule - Trade Payables

Trade Payables listed on Schedule F contain the pre-petition liability information available to the Debtors as of the date of filing and do not perfect payment made subsequent to the Commencement Date in accordance with any of the First Day Orders.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

SPECIFIC NOTES REGARDING SCHEDULE F

Creditors Holding Unsecured Nonpriority Claims

The Debtors have used their reasonable best efforts to list all general unsecured claims against the Debtors on Schedule F based upon the Debtors' existing books and records.

Schedule F does not include certain deferred credits, deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are general estimates of liabilities and do not represent specific claims as of the Commencement Date; however, such amounts are reflected on the Debtors' books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Commencement Date.

Schedule F does not include certain reserves for potential unliquidated contingencies that historically were carried on the Debtors' books as of the Commencement Date; such reserves were for potential liabilities only and do not represent actual liabilities as of the Commencement Date.

The claims listed in Schedule F arose or were incurred on various dates. In certain instances, the date on which a claim arose is an open issue of fact. Determining the date upon which each claim in Schedule F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each claim listed on Schedule F.

Schedule F contains information regarding potential and pending litigation involving the Debtors. In certain instances, the Debtor that is the subject of the litigation is unclear or undetermined. To the extent that litigation involving a particular Debtor has been identified, however, such information is contained in the Schedule for that Debtor.

Schedule F reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of an executory contract or unexpired lease. In addition, Schedule F does not include rejection damage claims of the counterparties to the executory contracts and unexpired leases that have been or may be rejected, to the extent such damage claims exist.

Except in certain limited circumstances, the Debtors have not scheduled contingent and unliquidated liabilities related to guaranty obligations on Schedule F. Such guaranties are, instead, listed on Schedule H.

The claims of individual creditors for, among other things, goods, services, or taxes listed on the Debtors' books and records may not reflect credits or allowances due from such creditors. The Debtors reserve all of their rights in respect of such credits or allowances. The dollar amounts listed may be exclusive of contingent or unliquidated amounts.

Unless the Debtors were required to pay ancillary costs, such as freight, miscellaneous fees and taxes, such costs are not included in the liabilities scheduled, as such amounts do not represent actual liabilities of the Debtor.

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1

Consideration For Claim: Trade Payables

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred.</u> <u>If Claim Is Subject To</u> <u>Setoff, So State</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
084 WASTE INDUSTRIES P.O. BOX 580027 CHARLOTTE, NC 28258-0027 VENDOR NO.: 20901	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$26
ACS, LLC. A CLEANING SOLUTION P.O. BOX 1084 DAVIDSON, NC 28036 VENDOR NO.: 126054	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$195
ADEL-COOK COUNTY CHAMBER OF COMMERCE 100 S HUTCHINSON AVENUE ADEL, GA 31620 VENDOR NO.: 8692	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$21
ADVANCED DISPOSAL SERVICES PO BOX 791412 BALTIMORE, MD 21279-1412 VENDOR NO.: 87648	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$252
AIKEN-AUGUSTA SHREDDING 9202 S NORTHSHORE DR STE 201 KNOXVILLE, TN 37922 VENDOR NO.: 108631	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$43
AIRGAS CREDIT CARD ONLY VENDOR NO.: 135564	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,037
AIRSEP CORPORATION 401 CREEKSIDE DRIVE BUFFALO, NY 14228 VENDOR NO.: 1167	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,335
ALAN NEWTON 6012 HEMLOCK DR INDIAN TRAIL, NC 28079 VENDOR NO.: 153632	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$26

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1

Consideration For Claim: Trade Payables

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred.</u> <u>If Claim Is Subject To</u> <u>Setoff, So State</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
ALLIED WASTE SERVICES #743 P.O. BOX 9001099 LOUISVILLE, KY 40290-1099 VENDOR NO.: 72853	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$404
ALLIED WASTE SERVICES #999 P.O. BOX 9001099 LOUISVILLE, KY 40290-1099 VENDOR NO.: 72853	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$59
ALLSCRIPTS 24630 NETWORK PLACE CHICAGO, IL 60673-1246 VENDOR NO.: 82806	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$526
ANTHONY WELDED PRODUCTS, INC PO BOX 2107 BAKERSFIELD, CA 93303 VENDOR NO.: 3181	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$459
APPLIED HOME HEALTHCARE EQUIP. PO BOX 951302 CLEVELAND, OH 44193 VENDOR NO.: 49110	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$467
ARJOHUNTLEIGH INC. P.O. BOX 844746 DALLAS, TX 75284-4746 VENDOR NO.: 2921	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$749
ARROW EXTERMINATORS P.O. BOX 2015 CARTERSVILLE, GA 30120-1684 VENDOR NO.: 136063	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$124
AT&T MOBILITY PO BOX 6463 CAROL STREAM, IL 60197-6463 VENDOR NO.: 970	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$80

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1

Consideration For Claim: Trade Payables

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BFPE INTERNATIONAL P.O. BOX 418897 BOSTON, MA 02241-8897 VENDOR NO.: 53228	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$55
BIRDDOG SOLUTIONS, INC. ATTN: FOLEY CASH APPS TEAM 138 RIVER RD, STE 208 ANDOVER, MA 01810 VENDOR NO.: 39328	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$442
CANON SOLUTIONS AMERICA, INC. 15004 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693 VENDOR NO.: 74079	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$945
CAREFUSION 205 INC 14414 DETROIT AVENUE SUITE 206 LAKEWOOD, OH 44107 VENDOR NO.: 3129	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,464
CAROLINA QUICK CARE 1261 JULIAN ALLSBROOK HWY ROANOKE RAPIDS, NC 27870 VENDOR NO.: 49941	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$60
CHRISTOPHER MOLINARI 406 NORTHHAMPTON LANE CANTON, GA 30115 VENDOR NO.: 153761	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$78
CINTAS CORPORATION P.O. BOX 635208 ATTN: CHERYL GRIMES G76A CINCINNATI, OH 45263-5208 VENDOR NO.: 146	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,044
CINTAS CORPORATION PO BOX 631025 CINCINNATI, OH 45263-1025 VENDOR NO.: 12679	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$149

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1

Consideration For Claim: Trade Payables

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CINTAS DOCUMENT MANAGEMENT P.O. BOX 633842 CINCINNATI, OH 45263 VENDOR NO.: 105374	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$85
CITY OF ADEL PO BOX 1530 ADEL, GA 31620 VENDOR NO.: 75513	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$839
CITY OF CARTERSVILLE P.O. BOX 1390 CARTERSVILLE, GA 30120 VENDOR NO.: 62669	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$115
CITY OF HIGH POINT PO BOX 10039 HIGHPOINT, NC 27261-3039 VENDOR NO.: 22155	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$533
CITY OF HIGH POINT PO BOX 10039 HIGH POINT, NC 27261-3039 VENDOR NO.: 8572	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$590
CITY OF JACKSONVILLE PO BOX 128 JACKSONVILLE, NC 28541-0128 VENDOR NO.: 47559	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$275
CITY OF JASPER WATER DEPARTMENT 200 BURNT MOUNTAIN RD JASPER, GA 30143 VENDOR NO.: 40259	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$226
CITY OF MONROE PO BOX 69 MONROE, NC 28111-0069 VENDOR NO.: 11451	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$453

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1**Consideration For Claim: Trade Payables**

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred.</u> <u>If Claim Is Subject To</u> <u>Setoff, So State</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
CITY OF MONROE PO BOX 69 MONROE, NC 28111 VENDOR NO.: 13979	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$390
CITY OF ROCKY MOUNT PO BOX 1180 ROCKY MOUNT, NC 27802-1180 VENDOR NO.: 30824	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,839
CITY OF STATESBORO PO BOX 348 STATESBORO, GA 30459 VENDOR NO.: 12586	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$138
CITY OF THOMSON PO BOX 1017 210 RAILROAD STREET THOMSON, GA 30824 VENDOR NO.: 5406	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$62
CITY OF WHITEVILLE WATER & SEWER DEPARTMENT 317 S MADISON STREET P.O. BOX 607 WHITEVILLE, NC 28472 VENDOR NO.: 62669	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$195
COCHRAN'S LAWNS & MORE... 1042 MILLER ST. EXT. STATESBORO, GA 30458 VENDOR NO.: 152794	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$40
COLUMBIA FIRE & SAFETY 767 MEETING ST WEST COLUMBIA, SC 29169 VENDOR NO.: 83904	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$152
COMPORIUM P.O. BOX 300 LANCASTER, SC 29721-0300 VENDOR NO.: 75590	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$88

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1

Consideration For Claim: Trade Payables

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COVIDIEN PO BOX 120823 DALLAS, TX 75312 VENDOR NO.: 145327	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,200
CPM SALES & SERVICE, INC. P.O. BOX 501 PEWAUKEE, WI 53072 VENDOR NO.: 120613	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$220
CRYOVATION LLC 9B MARY WAY HAINESPORT, NJ 08036 VENDOR NO.: 72850	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$197
CRYSTAL SPRINGS P.O. BOX 660579 DALLAS, TX 75266-0579 VENDOR NO.: 199	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$615
CULLIGAN WATER TREATMENT 705 S. RIDGE AVENUE TIFTON, GA 31794 VENDOR NO.: 201	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$20
DEVILBISS HEALTH CARE, INC P.O. BOX 951875 DALLAS, TX 75395-1875 VENDOR NO.: 228	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$991
DOMINION NORTH CAROLINA POWER P.O. BOX 26543 RICHMOND, VA 23290-0001 VENDOR NO.: 917	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$800
DR. MICHAEL MIKOLA EAST COOPER INTERNAL MEDICINE 180 WINGO WAY SUITE 306 MT. PLEASANT, SC 29464 VENDOR NO.: 103727	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$250

HOME MEDICAL SYSTEMS, INC.

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Exhibit F-1**Consideration For Claim: Trade Payables**

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred.</u> <u>If Claim Is Subject To</u> <u>Setoff, So State</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
DRIVE MEDICAL DESIGN & MANUFAC PO BOX 798019 ST. LOUIS, MO 63179-8000 VENDOR NO.: 93388	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$374
DUKE ENERGY RALEIGH, NC 27698-0001 VENDOR NO.: 20406	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,411
EASYLINK SERVICES CORPORATION P.O. BOX 791247 BALTIMORE, MD 21279-1247 VENDOR NO.: 142162	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$31
EILEEN GARAAS 128 BRAWLEY SCHOOL RD SUMMIT PLACE MORRESVILLE, NC 28117 VENDOR NO.: 153892	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$120
ESSEX INDUSTRIES, INC. 8539 SOLUTION CENTER CHICAGO, IL 60677-8005 VENDOR NO.: 3052	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$5,061
FEDERAL WAGE AND LABOR LAW INSTITUTE 7001 W. 43RD STREET HOUSTON, TX 77092 VENDOR NO.: 79947	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$156
FINLEY BLACKMON 546 FOSTER HEIGHTS DR LANCASTER, SC 29720 VENDOR NO.: 153978	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$52
GAS SOUTH P.O. BOX 530552 ATLANTA, GA 30353-0552 VENDOR NO.: 114912	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$415

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1**Consideration For Claim: Trade Payables**

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GEORGIA POWER 96 ANNEX ATLANTA, GA 30396-0001 VENDOR NO.: 2105	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,607
GLENN MEDICAL SYSTEMS INC. PO BOX 20237 CANTON, OH 44701-0237 VENDOR NO.: 1038	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$613
GRAINGER - DEPT. 814608295 P.O. BOX 419267 KANSAS CITY, MO 64141-6267 VENDOR NO.: 925	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$97
GRAND STRAND WATER & SEWER AUTHORITY PO BOX 2308 CONWAY, SC 29528-2308 VENDOR NO.: 6606	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$41
GRANITE TELECOMMUNICATIONS 100 NEWPORT AVE EXT. QUINCY, MA 02171 VENDOR NO.: 119458	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,680
GREYSTONE POWER CORPORATION P.O. BOX 6071 DOUGLASVILLE, GA 30154-6071 VENDOR NO.: 76730	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$223
HAV-A-CUP COFFEE & QUALITY WAT PO BOX 3121 HICKORY, NC 28603 VENDOR NO.: 67977	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$39
HENDRIX FIRE PROTECTION P.O. BOX 2348 STATESBORO, GA 30459 VENDOR NO.: 108063	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$69

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1**Consideration For Claim: Trade Payables**

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred.</u> <u>If Claim Is Subject To</u> <u>Setoff, So State</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
HTC F/K/A HORRY TELEPHONE PO BOX 1819 CONWAY, SC 29528-1819 VENDOR NO.: 2820	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$348
ICORE NETWORKS PO BOX 1963 MERRIFIELD, VA 22116-1963 VENDOR NO.: 155355	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$799
INSIGHT DIRECT USA, INC. P.O. BOX 731069 DALLAS, TX 75373-1069 VENDOR NO.: 113231	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,821
IRON MOUNTAIN RECORDS MANAGEME PO BOX 27128 NEW YORK, NY 10087-7128 VENDOR NO.: 47233	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$146
IRON MOUNTAINS RECORDS MGMT. P.O. BOX 915004 DALLAS, TX 75391-5004 VENDOR NO.: 47233	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$146
JAMES DODD 5542 WOODS CIRCLE STONE MOUNTIAN, GA 30087 VENDOR NO.: 146008	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$60
JAN-PRO CLEANING SYSTEMS OF MINNEAPOLIS 1011 1ST STREET SOUTH SUITE 450 HOPKINS, MN 55343 VENDOR NO.: 110401	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$18
JOHN WARD 976 22ND STREET NE HICKORY, NC 28601 VENDOR NO.: 37926	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$63

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-1**Consideration For Claim: Trade Payables**

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred.</u> <u>If Claim Is Subject To</u> <u>Setoff, So State</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
KEYSTONE CALIBRATIONS INC 4530 WILLIAM PENN HIGHWAY #650 MURRYSVILLE, PA 15668 VENDOR NO.: 34975	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$200
KOLDROK WATER & COFFEE 175 PRATHER PARK DRIVE MYRTLE BEACH, SC 29588 VENDOR NO.: 112577	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$41
LAMBERT'S COFFEE & BOTTLED WATER SERVICE INC 316 ALFRED AVE ROME, GA 30161 VENDOR NO.: 70155	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$31
LANCASTER CNTY NATURAL GAS AUTHORITY PO BOX 949 1010 KERSHAW HWY LANCASTER, SC 29721-0949 VENDOR NO.: 14064	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$105
LANCASTER COUNTY WATER & SEWER P.O. BOX 1009 DISTRICT LANCASTER, SC 29721 VENDOR NO.: 147398	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$44
LAURENS ELECTRIC COOPERATIVE P.O. BOX 967 LAURENS, SC 29360 VENDOR NO.: 112957	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$245
LE BLEU OF THE CAROLINAS PO BOX 50877 MYRTLE BEACH, SC 29579 VENDOR NO.: 44839	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$20
LE BLEU WATER FAYETTEVILLE PO BOX 65497 FAYETTEVILLE, NC 28306 VENDOR NO.: 44839	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$30

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LEBLEU BOTTLED WATER 3239A BENCHMARK DRIVE LADSON, SC 29456 VENDOR NO.: 44839	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$43
LEBLEU OF RALEIGH 6708 WESTBOROUGH DRIVE RALEIGH, NC 27612 VENDOR NO.: 44839	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$33
LINDE GAS NORTH AMERICA, LLC 24963 NETWORK PLACE CHICAGO, IL 60673-1249 VENDOR NO.: 59500	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$7,828
MACIE DAMRON 2344 BANNER WHITEHEAD ROAD SOPHIA, NC 27350 VENDOR NO.: 154104	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$20
MADA MEDICAL PRODUCTS, INC. 625 WASHINGTON AVE CARLSTADT, NJ 07072 VENDOR NO.: 1572	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$665
MALLINCKRODT, LLC P.O. BOX 223782 PITTSBURGH, PA 15251-2782 VENDOR NO.: 1069	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,494
MEDLINE INDUSTRIES INC DEPT. CH 14400 PALATINE, IL 60055-4400 VENDOR NO.: 522	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,470
MERITAIN HEALTH P.O. BOX 1260 AMHERST, NY 14226 VENDOR NO.: 121396	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$327

HOME MEDICAL SYSTEMS, INC.

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MERUS REFRESHMENT SERVICES,INC 108-A PARK PLACE COURT GREENVILLE, SC 29607 VENDOR NO.: 79636	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$164
MODERN EXTERMINATING CO INC. PO BOX 622 COLUMBIA, SC 29202 VENDOR NO.: 133873	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$60
N.C. STATE BUREAU OF INVESTIGATION ATTN: BUSINESS OFFICE 3320 GARNER ROAD P.O. BOX 29500 RALEIGH, NC 27626-0500 VENDOR NO.: 143331	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$68
NATIONAL BIOLOGICAL CORP 23700 MERCANTILE ROAD BEACHWOOD, OH 44122 VENDOR NO.: 13637	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,555
NATURE'S "BIG SPRING" WATER J & J WATERWORKS, LLC P.O. BOX 622 CALHOUN, GA 30703-0622 VENDOR NO.: 137915	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$108
NATURS DESIGN INC ACCOUNTS RECEIVABLE 100 W WASHINGTON AVENUE STE 1 JACKSON, MI 49201 VENDOR NO.: 145846	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$69
PATTERSON MEDICAL PO BOX 93040 CHICAGO, IL 60673-3040 VENDOR NO.: 1073	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$96
PIEDMONT NATURAL GAS P.O. BOX 660920 DALLAS, TX 75266-0920 VENDOR NO.: 660	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,653

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PITNEY BOWES GLOBAL FINANCIAL RESERVE ACCOUNT P.O. BOX 223648 PITTSBURGH, PA 15250-2648 VENDOR NO.: 78523	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$51
PITNEY BOWES GLOBAL FINANCIAL 2225 AMERICAN DR NEENAH, WI 54956 VENDOR NO.: 7772	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$225
PITNEY BOWES INC P.O. BOX 371896 PITTSBURGH, PA 15250-7896 VENDOR NO.: 661	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$141
PRESIDIO NETWORKED SOLUTIONS PO BOX 822169 PHILADELPHIA, PA 19182-2169 VENDOR NO.: 142120	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$644
PRIDE MOBILITY 182 SUSQUEHANNA AVENUE ATTN: SUE HARTMANN EXETER, PA 18643-2694 VENDOR NO.: 1121	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$37,831
PROGRESS ENERGY CAROLINAS INC RALEIGH, NC 27698-0001 VENDOR NO.: 94634	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$496
PSNC PO BOX 100256 COLUMBIA, SC 29202-3256 VENDOR NO.: 67542	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$238
PUBLIC WORKS COMMISSION PO BOX 7000 FAYETTEVILLE, NC 28302-7000 VENDOR NO.: 100175	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$415

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RELIABLE FIRE & SAFETY INC 4014 KINGS MOUNTAIN HWY BESSEMER CITY, NC 28016 VENDOR NO.: 8007	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$123
RESMED CORP. PO BOX 51054 LOS ANGELES, CA 90051-5354 VENDOR NO.: 3148	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,758
RITE TEMP HEATING & AIR, LLC P.O. BOX 540 PELION, SC 29123 VENDOR NO.: 136024	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$300
ROANOKE RAPIDS SANITARY DISTRICT DEPT. CODE 3016 P.O. BOX 63016 ROANOKE RAPIDS, NC 28263-3016 VENDOR NO.: 117475	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$20
RONNIE MERCER 955 ELROY MERCER RD CHADBOURNE, NC 28431 VENDOR NO.: 154170	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$16
SANTEE COOPER P O BOX 188 MONCK'S CORNER, SC 29461-0188 VENDOR NO.: 4854	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$183
SCANA ENERGY PO BOX 100157 COLUMBIA, SC 29202-3157 VENDOR NO.: 60103	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$742
SCE&G P.O. BOX 100255 COLUMBIA, SC 29202 VENDOR NO.: 2894	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,400

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SENCOMMUNICATIONS INC 1611 ALLISON WOODS LANE TAMPA, FL 33619 VENDOR NO.: 148670	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$458
SHRED A WAY P.O. BOX 51132 PIEDMONT, SC 29673 VENDOR NO.: 136813	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$96
SHRED-IT NORTH CAROLINA P.O. BOX 669 ALAMANCE, NC 27201-0669 VENDOR NO.: 30196	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$33
SORRELL TERMITE & PEST CONTROL P.O. BOX 369 ADEL, GA 31620 VENDOR NO.: 91679	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$25
STAR CLEANERS 2009 SHORTER AVE ROME, GA 30165 VENDOR NO.: 66538	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$35
STRATEGIC INFORMATION RESOURCES, INC. 155 BROOKDALE DRIVE SPRINGFIELD, MA 01104-3207 VENDOR NO.: 137551	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$542
TERMINIX SERVICE, INC. CENTRAL ACCOUNTING P.O. BOX 2627 COLUMBIA, SC 29202 VENDOR NO.: 846	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$90
THE CEI GROUP, INC. 4850 STREET ROAD, SUITE 200 TREVOSE, PA 19053 VENDOR NO.: 137430	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$325

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THE GUARDIAN TOTAL PEST AND TERMITE CONTROL P.O. BOX 200214 CARTERSVILLE, GA 30120 VENDOR NO.: 35714	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$50
THOMAS BARBIAN 2234 ISLAND TRAIL CHAPIN, SC 29036 VENDOR NO.: 154587	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$46
TIP TOP FLORIST & GIFTS 140 MEMORY PLAZA WHITEVILLE, NC 28472 VENDOR NO.: 62412	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$43
ULTRASHRED TECHNOLOGIES PO BOX 49246 JACKSONVILLE, FL 32240-9246 VENDOR NO.: 83865	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$54
USA MOBILITY WIRELESS, INC P.O. BOX 660324 DALLAS, TX 75266-0324 VENDOR NO.: 84754	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$24
VALLEY SPRING WATER & COFFEE CO., LLC 11035 FARROW ROAD BLYTHEWOOD, SC 29016 VENDOR NO.: 6599	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$90
WASTE CONNECTIONS OF NC PEACHLAND HAULING P.O. BOX 660177 DALLAS, TX 75266-0177 VENDOR NO.: 37207	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$20
WASTE MANAGEMENT P.O. BOX 105453 ATLANTA, GA 30348-5453 VENDOR NO.: 929	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$246

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WATER, GAS & LIGHT COMMISSION 207 PINE AVE. PO BOX 1788 ALBANY, GA 31702-1788 VENDOR NO.: 25920	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$72
WILLIAM HOLLINGSWORTH 5630 GLEN OAKS DR DURHAM, NC 27712 VENDOR NO.: 154752	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$33
WINDSTREAM P.O. BOX 9001908 LOUISVILLE, KY 40290-1908 VENDOR NO.: 69158	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$96
				\$108,072

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Exhibit F-2

Consideration For Claim: Paid Trade Vendors

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
ACCENT PO BOX 952366 ST LOUIS, MO 63195-2366	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,176
PAID TRADE VENDORS			
ADVANTRA C/O CONNOLLY HEALTHCARE P.O. BOX 935005 ATLANTA, GA 31193-5005	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$788
PAID TRADE VENDORS			
AIRGAS 6990A SNOWDRIFT RD ALLENTOWN, PA 18106	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$5,428
PAID TRADE VENDORS			
ANNA HESTER CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$71
PAID TRADE VENDORS			
ANNELIESE KRAUSS CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$150
PAID TRADE VENDORS			
APPLIED HOME HEALTHCARE EQUIP. PO BOX 951302 CLEVELAND, OH 44193	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$284
PAID TRADE VENDORS			
ATTENTUS MEDICAL SALES, INC. 5750 SAM HOUSTON PKWY EAST SUITE 406 HOUSTON, TX 77032-4012	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$19,716
PAID TRADE VENDORS			
AVALON WATER P.O. BOX 550385 ATLANTA, GA 30355-2885	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$74
PAID TRADE VENDORS			

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of Claim</u>
BLUE CROSS BLUE SHIELD ATTN: FINANCIAL RECOVERY P.O. BOX 30048 DURHAM, NC 27702-3048	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$958
PAID TRADE VENDORS			
BLUE CROSS BLUE SHIELD FEDERAL PLAN PO BOX 600601 COLUMBIA, SC 29260-6002	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$41
PAID TRADE VENDORS			
CESSIE REED CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$35
PAID TRADE VENDORS			
CHART INDUSTRIES, INC. P.O. BOX 088968 CHICAGO, IL 60695-1968	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$189
PAID TRADE VENDORS			
CIGNA HEALTH CARE 31355 OAK CREST DRIVE STE 100 WESTLAKE VILLAGE, CA 91361	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$102
PAID TRADE VENDORS			
CONSTANCE HOLDREN CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$362
PAID TRADE VENDORS			
COVENTRY HEALTH CARE 8301 E 21ST N SUITE 300 WICHITA, KS 67206	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$69
PAID TRADE VENDORS			
DEPT OF VETERANS AFFAIRS P.O. BOX 469062 DENVER, CO 80246-9062	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$831
PAID TRADE VENDORS			

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<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
ERC REFERRALS 1170 PEACHTREE STREET NE SUITE 1200 ATLANTA, GA 30309	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$125
PAID TRADE VENDORS			
ESSEX INDUSTRIES, INC. 8539 SOLUTION CENTER CHICAGO, IL 60677-8005	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,389
PAID TRADE VENDORS			
FISHER & PAYKEL HEALTHCARE DEPT CH 16926 PALATINE, IL 60055-6926	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$7,487
PAID TRADE VENDORS			
GLENN MEDICAL SYSTEMS INC. PO BOX 20237 CANTON, OH 44701-0237	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$672
PAID TRADE VENDORS			
HEALTHCARE SUPPORT STAFFING INC P.O. BOX 2625 WINTER PARK, FL 32790-2625	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$7,476
PAID TRADE VENDORS			
HUMANA HEALTH CARE P.O. BOX 931655 ATLANTA, GA 31193	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$208
PAID TRADE VENDORS			
INVACARE CORPORATION P.O. BOX 824056 PHILADELPHIA, PA 19182-4056	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$125,261
PAID TRADE VENDORS			
INVACARE SUPPLY GROUP 9 INDUSTRIAL ROAD ATTN: FINANCIAL SERVICES MILFORD, MA 01757-3588	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$7,784
PAID TRADE VENDORS			

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of Claim</u>
JENNIFER MANDERS CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$79
PAID TRADE VENDORS			
JOHN HANSON CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$28
PAID TRADE VENDORS			
JOHNNY CORNWELL CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$56
PAID TRADE VENDORS			
JOINT COMMISSION PO BOX 92775 CHICAGO, IL 60675-2775	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$9,251
PAID TRADE VENDORS			
KEYSTONE CALIBRATIONS INC 4530 WILLIAM PENN HIGHWAY #650 MURRYSVILLE, PA 15668	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$99
PAID TRADE VENDORS			
LUCINDA MATHIS CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$97
PAID TRADE VENDORS			
MARTHA BRAWLEY CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$131
PAID TRADE VENDORS			
MCKESSON MEDICAL-SURGICAL P.O. BOX 630693 CINCINNATI, OH 45263-0693	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$50,266
PAID TRADE VENDORS			
MEDLINE INDUSTRIES INC DEPT. CH 14400 PALATINE, IL 60055-4400	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,382
PAID TRADE VENDORS			

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-2**Consideration For Claim: Paid Trade Vendors**

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
MERITAIN HEALTH P.O. BOX 1260 AMHERST, NY 14226	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,091
PAID TRADE VENDORS			
NALC BENEFIT PLAN 20547 WAVERLY COURT ASHBURN, VA 20149	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$46
PAID TRADE VENDORS			
NATIONAL CYLINDER SERVICES,LLC P.O. BOX 607206 ORLANDO, FL 32860-7206	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,745
PAID TRADE VENDORS			
NEW ERA LIFE INSURANCE CO. P.O. BOX 4884 HOUSTON, TX 77210-4884	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$86
PAID TRADE VENDORS			
PARI RESPIRATORY EQUIPMENT P.O. BOX 4952 LANCASTER, PA 17604	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,045
PAID TRADE VENDORS			
PC CONNECTION, INC P.O. BOX 382808 PITTSBURGH, PA 15250-8808	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,112
PAID TRADE VENDORS			
PETTY CASH AMERICAN HEALTH SERVICES 2551 RAVENHILL ROAD FAYETTEVILLE, NC 28303	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$57
PAID TRADE VENDORS			
PETTY CASH SHELL MEDICAL 1102 NORTH 5TH AVE NE 25310 ROME, GA 30165	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$94
PAID TRADE VENDORS			

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-2

Consideration For Claim: Paid Trade Vendors

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of Claim</u>
PETTY CASH IDEAL HOME MEDICAL SUPPLY, INC 1207 JULIAN R ALLSBROOK HIGHWA ROANOKE RAPIDS, NC 27870	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$59
PAID TRADE VENDORS			
PETTY CASH HOME MEDICAL SYSTEMS 1347 SOUTH MADISON STREET WHITEVILLE, NC 28472	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$220
PAID TRADE VENDORS			
PETTY CASH C/O AMERICAN HEALTH SERVICES 224 ROLLING HILLS ROAD, SUITE 6A 14510 MOORESVILLE, NC 28117	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$252
PAID TRADE VENDORS			
PETTY CASH C/O GEORGIA MED-CARE 8305 CHEROKEE BLVD SUITE D DOUGLASVILLE, GA 30134	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$209
PAID TRADE VENDORS			
PRIDE MOBILITY 182 SUSQUEHANNA AVENUE ATTN: SUE HARTMANN EXETER, PA 18643-2694	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,467
PAID TRADE VENDORS			
RESMED CORP. PO BOX 51054 LOS ANGELES, CA 90051-5354	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$29,121
PAID TRADE VENDORS			
RESPIRONICS INC. P.O. BOX 405740 ATLANTA, GA 30384-5740	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$91,516
PAID TRADE VENDORS			

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-2**Consideration For Claim: Paid Trade Vendors**

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of Claim</u>
ROBERT SOLOMAN CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$25
PAID TRADE VENDORS			
SALTER LABS 8399 SOLUTIONS CENTER CHICAGO, IL 60677-8003	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$13,399
PAID TRADE VENDORS			
SHRED-IT USA-MOBILE TAMPA 5304 56TH COMMERCE PARK BLVD TAMPA, FL 33610	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$33
PAID TRADE VENDORS			
SOUTHMEDIC INC 50 ALLIANCE BLVD BARRIE ONTARIO L4M5K3	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$92
PAID TRADE VENDORS			
SUN OFFICE PRODUCTS 7347 S REVERE PARKWAY BUILDING B SUITE 200 CENTENNIAL, CO 80112	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$10,635
PAID TRADE VENDORS			
SUN PRINT MANAGEMENT 5441 PROVOST DR HOLIDAY, FL 34690	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,400
PAID TRADE VENDORS			
SUNSET HEALTHCARE SOLUTIONS 2201 S HALSTED ST SUITE 1344 CHICAGO, IL 60608	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,691
PAID TRADE VENDORS			
THE AFTERMARKET GROUP 3866 SOLUTIONS CENTER CHICAGO, IL 60677-3008	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$8,328
PAID TRADE VENDORS			

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-2

Consideration For Claim: Paid Trade Vendors

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of Claim</u>
THE STAFFING RESOURCE GROUP,IN DRAWER #1233,PO BOX 5935 TROY, MI 48007-5935	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$6,029
PAID TRADE VENDORS			
THOMAS RUTHERFORD CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$35
PAID TRADE VENDORS			
UNITED HEALTH CARE INSURANCE PO BOX 1600 KINGSTON, NY 12402-1600	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,710
PAID TRADE VENDORS			
UNITED HEALTH CARE INSURANCE SOLUTIONS PO BOX 203921 HOUSTON, TX 77216-3921	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$289
PAID TRADE VENDORS			
UNITED PARCEL SERVICE P.O. BOX 630016 DALLAS, TX 75263-0016	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$4,569
PAID TRADE VENDORS			
VIRTUOX INC 5850 CORAL RIDGE DRIVE STE 304 CORAL SPRINGS, FL 33076	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,573
PAID TRADE VENDORS			
WESTLEY SKILLMAN CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$27
PAID TRADE VENDORS			
WORTHINGTON CYLINDERS CORP. P.O. BOX 532575 ATLANTA, GA 30353-2575	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,258
PAID TRADE VENDORS			

HOME MEDICAL SYSTEMS, INC.

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Exhibit F-2

Consideration For Claim: Paid Trade Vendors

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
WPS - TRICARE 1717 W BROADWAY P.O. BOX 8190 MADISON, WI 53708	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$67

PAID TRADE VENDORS

\$430,342

HOME MEDICAL SYSTEMS, INC.

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Exhibit F-3**Consideration For Claim: Payor Credit Balance**

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
(3066) PATIENT REFUNDS CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$21,046
PATIENT REFUNDS					
(46) ESCHEAT PATIENT REFUNDS CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$6,089
ESCHEAT PATIENT REFUNDS					
AARP PO BOX 6083 CYPRESS, CA 90630	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AARP MEDICARE COMPLETE PO BOX 31362 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AARP MEDICARE SUPPLEMENTAL PO BOX 740819 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AARP PRUDENTIAL SECONDARY PAPE PO BOX 13999 PHILADELPHIA, PA 19187	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AARP SECONDARY PAPER CLAIMS 1909 K ST WASHINGTON, DC 20049	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ADVANTAGE HOSPICE WHITEVILLE 613 S MADISON ST WHITEVILLE, NC 28472	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOME MEDICAL SYSTEMS, INC.

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AETNA PO BOX 14586 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA - COVENTRY COVENTRY GA HMO HEALTHCARE PO BOX 7711 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA - COVENTRY AETNA - COVENTRY PO BOX 8402 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA - COVENTRY COVENTRY GA ADVANTRA HEALTHCARE PO BOX 7711 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA - COVENTRY COVENTRY HEALTHCARE PO BOX 8401 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA - COVENTRY COVENTRY HEALTH PO BOX 7799 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOME MEDICAL SYSTEMS, INC.

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AETNA - COVENTRY COVENTRY GA WC HEALTHCARE PO BOX 7711 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA - COVENTRY COVENTRY GA PPO HEALTHCARE PO BOX 7711 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA - COVENTRY COVENTRY GA ADVANTRA HEALTHCAR PO BOX 7711 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA - COVENTRY ADVANTRA FREEDOM SC COVENTRY PFFS PO BOX 7154 LONDON, KY 40742-7154 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA - COVENTRY ADVANTRA FREEDOM NC COVENTRY PFFS PO BOX 7154 LONDON, KY 40742-7154 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA - COVENTRY ADVANTRA FREEDOM GA COVENTRY PFFS PO BOX 7154 LONDON, KY 40742-7154 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-3**Consideration For Claim: Payor Credit Balance**

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AETNA - COVENTRY ADVANTRA FREEDOM FL COVENTRY P PO BOX 7154 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA CHOICE PO BOX 14079 LEXINGTON, KY 40512 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA GLOBAL BENEFITS PO BOX 981543 EL PASO, TX 79998 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA MEDICARE COMMERICAL PO BOX 14079 LEXINGTON, KY 40512 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA NATIONAL AETNA NATIONAL PO BOX 14079 LEXINGTON, KY 40512 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA OPEN PLAN AETNA NC MEDICARE OPEN PLAN PFFS PO BOX 981107 EL PASO, TX 79998-1107 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA OPEN PLAN AETNA SC MEDICARE OPEN PLAN PFFS PO BOX 981107 EL PASO, TX 79998-1107 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOME MEDICAL SYSTEMS, INC.

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AETNA OPEN PLAN AETNA CO MEDICARE OPEN PLAN PF PO BOX 981107 EL PASO, TX 79998 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA OPEN PLAN AETNA OPEN PLAN-TERM PO BOX 981107 EL PASO, TX 79998 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA OPEN PLAN AETNA GA MEDICARE OPEN PLAN PF PO BOX 981107 EL PASO, TX 79998 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA OPEN PLAN AETNA GA MEDICARE OPEN PLAN PFFS PO BOX 981107 EL PASO, TX 79998-1107 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA OPEN PLAN AETNA MCR OPEN PLAN PFFS AZ PO BOX 14089 LEXINGTON, KY 40512 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA OPEN PLAN AETNA SC MEDICARE OPEN PLAN PF PO BOX 981107 EL PASO, TX 79998 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AETNA PPO COMMERCIAL PO BOX 14020 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA SECONDARY PAPER CLAIMS PO BOX 1125 BLUE BELL, PA 19422	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA SELECT PO BOX 981106 EL PASO, TX 79998	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA SELECT SECONDARY PAPER C PO BOX 981106 EL PASO, TX 79998	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA US HEALTHCARE PO BOX 14079 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AFLAC 1932 WYNNNTON RD COLUMBUS, GA 31999	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ALICARE INSURANCE PO BOX 5438 WHITE PLAINS, NY 10602	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOME MEDICAL SYSTEMS, INC.

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AMA INSURANCE SECONDARY PAPER 515 N STATE ST 3RD FL CHICAGO, IL 60610	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AMERICAN CONTINENTAL PO BOX 2368 BRENTWOOD, TN 37024	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AMERICAN PIONEER PO BOX 130 PENSACOLA, FL 32591	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AMERICAN REPUBLIC PO BOX 21670 EAGAN, MN 55121	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AMERICAN REPUBLIC INSURANCE PO BOX 10 DES MOINES, IA 50301	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AMERICAS 1ST CHOICE GA HEALTH PLANS INC PO BOX 210769 COLUMBIA, SC 29221-459	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AMERICAS 1ST CHOICE HEALTHPLAN PO BOX 210769 COLUMBIA, SC 29221	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOME MEDICAL SYSTEMS, INC.

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AMERICAS 1ST CHOICE INS CO NC PO BOX 210459 COLUMBIA, SC 29221 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERICAS FIRST CHOICE PO BOX 211369 COLUMBIA, SC 29221 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERIGROUP AMERIGROUP VIRGINIA LLC PO BOX 5446 RICHMOND, VA 23220-1010 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERIGROUP AMERIGROUP GA MEDICAID PO BOX 61010 VIRGINIA BEACH, VA 23466-1010 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMFIRST INSURANCE PO BOX 16708 JACKSON, MS 39236 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMTRUST N AMERICA PO BOX 310719 BOCA RATON, FL 33431 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANCILLARY CARE SVCS 5429 LYNDON B JOHNSON FWY SUITE 850 DALLAS, TX 75240 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOME MEDICAL SYSTEMS, INC.

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
ANTHEM BCBS KY ANTHEM BCBS KY PO BOX 105187 ATLANTA, GA 30348 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM BCBS OH ANTHEM BCBS OH COMMERCIAL MCR PO BOX 105187 ATLANTA, GA 30348 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM BENEFIT ADMIN PO BOX 1268 COLUMBUS, OH 43216 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM CA ANTHEM CA PO BOX 60007 LOS ANGELES, CA 90060 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM COMMUNITY MUTUAL 1351 WM HOWARD TAFT RD CINCINNATI, OH 45206 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM CT ANTHEM CT PO BOX 533 N HAVEN, CT 06473 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOME MEDICAL SYSTEMS, INC.

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
ANTHEM GA ANTHEM BCBS GA MCR PFFS SMART VALUE PLAN PO BOX 9907 COLUMBUS, GA 31908	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
APWU AMERICAN POSTAL WORKERS U PO BOX 1358 GLEN BURNIE, MD 21060	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ARCADIAN ARCADIAN REGION A HEALTH PLAN PO BOX 4946 COVINA, CA 91723	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ARCADIAN ARCADIAN SC PO BOX 4946 COVINA, CA 91723	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ARCADIAN GA PO BOX 4946 COVINA, CA 91723	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ARCADIAN NC PO BOX 4946 COVINA, CA 91723	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ARCADIAN REGION D HEALTH PLAN PO BOX 4946 COVINA, CA 91723	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
ASI ASSOCIATION SOCIETY INS GR PO BOX 2510 ROCKVILLE, MD 20847	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ATLANTA PLUMBERS INC 3835 PRESIDENTIAL PKWY STE 123 ATLANTA, GA 30340	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AUTO MECHANICS LOCAL 701 500 W PLAINFIELD RD STE 203 COUNTRYSIDE, IL 60525	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BAKERY CONFECTIONARY PO BOX 422638 SAN FRANCISCO, CA 94142	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BAKERY CONFECTIONERY UNION IND 10401 CONNECTICUT AVE KENSINGTON, MD 20895	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BANKERS FIDELITY PO BOX 105652 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BANKERS LIFE CASUALTY PO BOX 1935 CARMEL, IN 46082	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
BANKERS LIFE CASUALTY NON PAR PO BOX 1935 CARMEL, IN 46082 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BANKERS LIFE SECONDARY PAPER C 500 W PLAINFIELD RD COUNTRYSIDE, IL 60525 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BANKERS TRUST PO BOX 1935 CARMEL, IN 46082 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS MEDICARE PLUS BLUE PO BOX 81700 ROCHESTER, MI 48308-1700 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS ALABAMA PO BOX 2294 BIRMINGHAM, AL 35201 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS DE PO BOX 1991 WILMINGTON, DE 19899 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS FL SECONDARY PAPER CLAIMS PO BOX 44160 JACKSONVILLE, FL 32231 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
BCBS FLORIDA PO BOX 1798 JACKSONVILLE, FL 32231	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS GA PO BOX 105789 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS GA FEDERAL PO BOX 7037 COLUMBUS, GA 31908	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS GA INDEMNITY PAR PO BOX 9907 COLUMBUS, GA 31908	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS GA SECONDARY PAPER CLAIMS PO BOX 9907 COLUMBUS, GA 31908	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS GEORGIA PO BOX 9907 COLUMBUS, GA 31908	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS GEORGIA BCBS GA HMO PO BOX 9907 COLUMBUS, GA 31908	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
BCBS IL 300 E RANDOLPH CHICAGO, IL 60601	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS IL SECONDARY PAPER CLAIMS PO BOX 805107 CHICAGO, IL 60680	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS MI SECONDARY PAPER CLAIMS 26829 LAWRENCE AVE CENTER LINE, MI 48015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS NC PO BOX 35 DURHAM, NC 27702	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS NC BLUE MEDICARE PO BOX 17509 WINSTON SALEM, NC 27116	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS NC COMMERCIAL FEP CLAIMS PO BOX 35 DURHAM, NC 27702	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS NC MEDICARE SUPPLEMENT PO BOX 35 DURHAM, NC 27702	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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BCBS NC POS PO BOX 35 DURHAM, NC 27702 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS ND MCR BLUE PPO 4510 13TH AVE FARGO, ND 58121 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS NE* PO BOX 3248 OMAHA, NE 68180-1 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS NORTH CAROLINA BCBS NC TRADITIONAL INDEMNITY PO BOX 35 DURHAM, NC 27702 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS NORTH CAROLINA BCBS NC SHP PO BOX 30087 DURHAM, NC 27702 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS NORTH CAROLINA PO BOX 35 DURHAM, NC 27702 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS NY PO BOX 1407 NEW YORK, NY 10008 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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BCBS NY EMPIRE PO BOX 5071 MIDDLETOWN, NY 10940 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS SC PO BOX 100232 COLUMBIA, SC 29202 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS SC BLUE MEDICARE PO BOX 100191 COLUMBIA, SC 29202 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS SC FEDERAL EMPLOYEE PLAN PO BOX 600601 COLUMBIA, SC 29260 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS SC MEDICARE SUPPLEMENT PO BOX 100300 COLUMBIA, SC 29202 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS SC STATE HEALTH PLAN PO BOX 100605 COLUMBIA, SC 29260 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BCBS SOUTH CAROLINA PPO PO BOX 600601 COLUMBIA, SC 29260 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
BCBS SOUTH CAROLINA PPO BCBS SC SHP PO BOX 100605 COLUMBIA, SC 29260	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS VA PO BOX 27401 RICHMOND, VA 23279	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BENEFIT ASSIST CORP NON PAR PO BOX 29 RIPLEY, WV 25271	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BERWICK HOSPITAL 701 E 16TH ST ATTN LISA BUCK ACCTS PAYABLE BERWICK, PA 18603	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BLUE CHOICE SC HEALTH PLAN PO BOX 100124 COLUMBIA, SC 29202	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA VICE PRESIDENT, NETWORK MANAGEMENT 5901 CHAPEL HILL ROAD DURHAM, NC 27707-0718	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BLUE CROSS OF BLUE SHIELD OF GEORGIA, INC. ATTENTION: PROVIDER CONTRACTING 3350 PEACHTREE ROAD, N.E. ATLANTA, GA 30326	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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BRIDGESTONE AMERICAS PO BOX 5224 JANESVILLE, WI 53547	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CARE IMPROVEMENT GA PLUS PO BOX 488 LINTHICUM, MD 21090	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CARE IMPROVEMENT MD PLUS PO BOX 488 LINTHICUM, MD 21090	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CARE IMPROVEMENT PLUS ATTN: PROVIDER CONTRACTING FOUR PIEDMONT CENTER, SUITE 710 3565 PIEDMONT ROAD NE ATLANTA, GA 30305	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CARE IMPROVEMENT SC PLUS PO BOX 488 LINTHICUM, MD 21090	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CARE IMPROVEMENT TX PLUS PO BOX 488 LINTHICUM, MD 21090	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CARE NC IMPROVEMENT PLUS NON PAR PO BOX 488 LINTHICUM, MD 21090-488	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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CARENET PO BOX 7702 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CAROLINA CARE PLAN PO BOX 6018 CLEVELAND, OH 44101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CAROLINA CARE PLAN MEDICARE AD PO BOX 3257 SPARTENBURG, SC 29304	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CENTRAL PENN TEAMSTERS HEALTH PO BOX 15224 READING, PA 19612	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CENTRAL RESERVE LIFE PO BOX 26580 AUSTIN, TX 78755	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHAMP VA PO BOX 469064 DENVER, CO 80246	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHAMPUS PO BOX 202000 FLORENCE, SC 29502	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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CHAMPVA PO BOX 469063 DENVER, CO 80246	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHAMPVA ADMIN PO BOX 469064 DENVER, CO 80246	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHAMPVA SECONDARY PO BOX 469064 DENVER, CO 80246	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHILDRENS SPECIAL HEALTH SVCS PO BOX 202951 HELENA, MT 59620	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CIGNA PO BOX 10367 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CIGNA HEALTH PLANS SECONDARY P PO BOX 182223 CHATTANOOGA, TN 37422	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CIGNA HEALTHCARE PO BOX 182469 COLUMBUS, OH 43218	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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CIGNA OPEN ACCESS PLUS PO BOX 182223 CHATTANOOGA, TN 37422 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CIGNA OPEN ACCESS PLUS NON PAR PO BOX 182223 CHATTANOOGA, TN 37422 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CIGNA TN SECONDARY PAPER CLAIM PO BOX 188030 CHATTANOOGA, TN 37422 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
COLONIAL PENN 1818 MARKET ST PHILADELPHIA, PA 19103 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
COLQUITT REGIONAL HOSPICE 2516 FIFTH AVE SE PO BOX 3548 MOULTRIE, GA 31776 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
COMBINED INS AMERICA PO BOX 6703 SCRANTON, PA 18505 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
COMBINED INSURANCE PO BOX 638 BELLINGHAM, WA 98227 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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COMBINED INSURANCE CO AMERICA 5050 BROADWAY CHICAGO, IL 60640	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
COMMUNITY HEALTH NC HOSPICE 1340 AIRPORT COMMERCE DR STE 550 AUSTIN, TX 78741	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
COMMUNITY HOSPICE 7451 AIRPORT FREEWAY RICHLAND HILLS, TX 76118	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
COMPASS ROSE HEALTH PLAN PO BOX 6430 ANAPOLIS, MD 21401	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
COMPLETE HOME SVCS MGMT PO BOX 140218 CORAL GABLES, FL 33114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONNECTICUT GENERAL PO BOX 55270 PHOENIX, AZ 85078	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONNECTICUT GENERAL NON PAR PO BOX 696018 SAN ANTONIO, TX 78269	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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CONSECO HEALTH INSURANCE PO BOX 66904 CHICAGO, IL 60666	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONSECO NON PAR PO BOX 2034 CARMEL, IN 46082	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONSTITUTIONAL LIFE PO BOX 130 PENSACOLA, FL 32591	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONTINENTAL LIFE INSURANCE PO BOX 5008 BRENTWOOD, TN 37024	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
COOPERATIVE BENEFIT ADMIN PO BOX 6249 LINCOLN, NE 68506	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CORE SOURCE NON PAR PO BOX 2920 CLINTON, IA 52733	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CORVEL 210 N UNIVERSITY DR STE 501 CORAL SPRINGS, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
COUNTRYSIDE HOSPICE CARE GA 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
COVENTRY IA HEALTH CARE NON PA PO BOX 7404 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
DEFINITY HEALTH NON PAR PO BOX 740810 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
DMENSION BENEFIT MANAGEMENT PO BOX 82060 ROCHESTER, MI 48308	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
EDGECOMBE HOME CARE HOSPICE PO BOX 100 TARBORO, NC 27886	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
EMPIRE HEALTH CHOICE 1407 CHURCH ST STATION NEW YORK, NY 10008	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ENFIELD OAKS HOSPICE PO BOX 279 ENFIELD, NC 27823	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
EVERCARE NC NON PAR PO BOX 31362 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FAMILY LIFE INSURANCE 10700 NORTH WEST FREEWAY HOUSTON, TX 77092	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FAMILY LIFE INSURANCE COMPANY PO BOX 925568 HOUSTON, TX 77292	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FIRST CHOICE BY SELECT HEALTH PO BOX 7120 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FIRST CHOICE VIP CARE CLAIMS PO BOX 307 LINTHICUM, MD 21090-307	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FISERV HEALTH SVCS NON PAR PO BOX 30544 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FLORENCE CONVALESCENT HOSPICE CTR 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
FMC WARREN COUNTY 36 JACKSON ST WARRENTON, GA 30828 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
FMH CORE SOURCE PO BOX 25946 OVERLAND PARK, KS 66225 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
FRA INSURANCE PLAN PO BOX 10340 DES MOINES, IA 50306 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GA MEDICAL RESOURCES 3600 VINELAND RD ORLANDO, FL 32811 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GAMBRO HEALTHCARE 3031 ST MATTHEWS RD ORANGEBURG, SC 29115 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GASTON COUNTY DEPT SOCIAL SVCS PO BOX 1578 GASTONIA, NC 28053 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GASTON COUNTY DEPT SOCIAL SVCS NON PAR PO BOX 1578 GASTONIA, NC 28053 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
GE MEDICAL BENEFIT CLAIM CTR PO BOX 2208 BIRMINGHAM, AL 35201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GEHA PO BOX 289 INDEPENDENCE, MO 64051	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GEN WORTH LIFE INSURANCE COMP PO BOX 83827 LINCOLN, NE 68501	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GENWORTH LIFE ANNUITY PO BOX 7051 BRENTWOOD, TN 37024	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GEORGIA MOUNTAIN HOSPICE PO BOX 580 JASPER, GA 30143	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GERBER LIFE INSURANCE COMPANY PO BOX 2271 OMAHA, NE 68103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GHI PO BOX 2832 NEW YORK, NY 10116	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
GHI SECONDARY PAPER CLAIMS PO BOX 2874 NEW YORK, NY 10116	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GOLDEN RULE 712 11TH ST LAWRENCEVILLE, IL 62439	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GPM LIFE PO BOX 2679 OMAHA, NE 68103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GREAT AMERICAN LIFE INSURANCE 11200 LAKELINE BLVD AUSTIN, TX 78717	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GREATWEST HEALTHCARE NON PAR 1000 GREATWEST DR KENNETT, MO 63857	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GROUP PENSION ADMIN GPA 12770 MERIT DR 2ND FL DALLAS, TX 75251	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
GUARANTEE TRUST LIFE PO BOX 1144 GLENVIEW, IL 60025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
GUARDIAN CARE ROANOKE RAPID HOSPICE 305 FOURTEETH ST ROANOKE RAPIDS, NC 27870-4430 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GUARDIAN CARE SCOTLAND NECK PO BOX 450 SCOTLAND NECK, NC 27874 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GUARDIAN HEALTHCARE PFFS PO BOX 4197 SCRANTON, PA 18505 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HARTFORD LIFE ACCIDENT INSURAN PO BOX 1928 GRAPEVINE, TX 76099 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HARTFORD RETIREE MEDICAL PO BOX 10432 DES MOINES, IA 50306 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HEALTH CARE SAVINGS 4530 PARK RD STE 110 CHARLOTTE, NC 28209 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HEALTH NET FEDERAL NC PRIME PO BOX 870140 SURFSIDE BEACH, SC 29587-9740 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
HEALTH NET NC FEDERAL PO BOX 870140 SURFSIDE BEACH, SC 29587 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HEALTH SMART BENEFIT SOLUTIONS PO BOX 93670 LUBBOCK, TX 79493 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HEALTHMARKETS GA CARE ASSURED PO BOX 69349 HARRISBURG, PA 17110 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HEALTHMARKETS NC CARE ASSURED PO BOX 69349 HARRISBURG, PA 17110 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HEALTHMARKETS SC CARE ASSURED PO BOX 69349 HARRISBURG, PA 17110 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HEALTHSMART NETWORK USE CARRIE PO BOX 6743 LUBBOCK, TX 79493 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HEALTHSPRING N GA NATIONAL PO BOX 981804 EL PASO, TX 79998 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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HEARTLAND HOSPICE 4 PARK PLAZA PK RD N STE 105 READING, PA 19610	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HME NATIONAL NETWORK PO BOX 81520 ROCHESTER, MI 48308	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOMELINK PO BOX 1860 WATERLOO, IA 50704	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOP ADMINISTRATORS UNIT PO BOX 2921 CLINTON, IA 52733	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE BUFFALO 225 COMO PARK BLVD CHEEKTOWAGA, NY 14227	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE CARE 1501 DAWSON RD FORREST CITY, AR 72335	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE CHARLESTON 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
HOSPICE COFFEE REGIONAL 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE GASTON COUNTY 258 E GARRISON BLVD GASTONIA, NC 28054	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE HALIFAX 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE NC 107 N CEDAR ST LINCOLNTON, NC 28092	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE OCONEE 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE S GA PO BOX 1727 VALDOSTA, GA 31603	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE SAVANNAH PO BOX 13190 SAVANNAH, GA 31416	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
HOSPICE SW GA 818 GORDON AVE THOMASVILLE, GA 31792	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HOSPICE WAKE COUNTY 250 HOSPICE CIRCLE RALEIGH, NC 27607	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HPES PO BOX 105201 TUCKER, GA 30085	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA PO BOX 14600 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA CHOICE CARE PO BOX 14601 ATTN CLAIMS OFFICE LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA FEE FOR SERVICE PO BOX 14601 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA GC HUMANA GA GOLD CHOICE ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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HUMANA GC PO BOX 14601 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA GC HUMANA NC GOLD CHOICE ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA GC HUMANA SC GOLD CHOICE ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA GOLD CHOICE ALL PRODUCT PO BOX 14601 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA MILITARY GA ACTIVE DUTY ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA MILITARY SC ACTIVE DUTY ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
IBG REPRICING PO BOX 1868 STATESBORO, GA 30459	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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IHS NURSING HOMES 39 HANOVER CIRCLE S BIRMINGHAM, AL 35205	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
INACTIVATE CARRIER 3600 VINELAND RD. ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
INSTIL HEALTH GA PO BOX 7061 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
INSTIL HEALTH SC PO BOX 7061 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
INSURANCE TRUST DELTA RETIREES PO BOX 10432 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
INTEGRITY BENEFIT NETWORK PO BOX 4537 MARIETTA, GA 30061	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
IUBAC LOCAL 1 60 N MAIN ST WALLINGFORD, CT 06492	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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KAISER PERMANENTE 500 NE MULTNOMAH ST STE 100 PORTLAND, OR 97232	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
KANAWHA INSURANCE PO BOX 2000 LANCASTER, SC 29721-2000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
KANAWHA SECONDARY PAPER CLAIMS 210 S WHITE ST LANCASTER, SC 29721	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
KLAIS COMPANY 1867 W MARKET ST AKRON, OH 44313	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
LIFEWELL HEALTH PLAN COURSE SO PO BOX 2920 CLINTON, IA 52733	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
LINCOLN HERITAGE LIFE INSURANC PO BOX 10843 CLEARWATER, FL 33757	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
LOYAL AMERICAN PO BOX 30010 AUSTIN, TX 78755	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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MAGNOLIA MANOR HOSPICE 2001 S LEE ST AMERICUS, GA 31709 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MAIL HANDLERS BENEFIT PO BOX 8402 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MAIL HANDLERS BENEFIT PLAN PO BOX 8402 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MANAGED CARE MEDICARE PLUS BLUE PFFS PO BOX 81700 ROCHESTER, MI 48308 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MANAGED CARE MEDICARE STERLING PO BOX 5348 BELLINGHAM, WA 98227 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MARSH AFFINITY PO BOX 14426 DES MOINES, IA 50306 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MCLEOD HOSPICE PEE DEE PO BOX 100551 FLORENCE, SC 29501 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
MEDCOST CASE MGMNT PO BOX 25347 WINSTON SALEM, NC 27114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MEDCOST LLC PO BOX 25307 WINSTON SALEM, NC 27114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MEDI PLUS PO BOX 9126 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MEDICA MEDICA COMMERCIAL PO BOX 30990 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MEDICAID GEORGIA PO BOX 105201 TUCKER, GA 30085	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$29,409
PAYOR CREDIT BALANCE					
MEDICAID KENTUCKY PO BOX 2101 FRANKFORT, KY 40602	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0
PAYOR CREDIT BALANCE					
MEDICAID LOUISIANA PO BOX 91020 BATON ROUGE, LA 70821	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
MEDICAID NORTH CAROLINA PO BOX 30968 RALEIGH, NC 27622	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$18,509
PAYOR CREDIT BALANCE					
MEDICAID SOUTH CAROLINA PO BOX 1412 COLUMBIA, SC 29202	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$4,322
PAYOR CREDIT BALANCE					
MEDICAID TENNESSEE PO BOX 460 NASHVILLE, TN 37202	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MEDICAID VIRGINIA PO BOX 27444 RICHMOND, VA 23261	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$147
PAYOR CREDIT BALANCE					
MEDICAL MUTUAL HMO PO BOX 6018 CLEVELAND, OH 44101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MEDICAL MUTUAL OH PFFS PO BOX 6018 CLEVELAND, OH 44101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MEDICAL MUTUAL SUPERMED PO BOX 94938 CLEVELAND, OH 44101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
MEDICAL MUTUAL SUPERMED PPO SE PO BOX 6018 CLEVELAND, OH 44101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MEDICARE REGION A NHIC DME MAC JURISDICTION A 75 WILLIAM TERRY DRIVE HINGHAM, MA 02044	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$4,266
PAYOR CREDIT BALANCE					
MEDICARE REGION B ADMINISTAR FEDERAL 8115 KNEW ROAD INDIANAPOLIS, IN 46207	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$87
PAYOR CREDIT BALANCE					
MEDICARE REGION C CIGNA GOVERNMENT SERVICES 2 VANTAGE WAY NASHVILLE, TN 37228	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$60,311
PAYOR CREDIT BALANCE					
MERCY HOSPICE HORRY CO 174 WACCAMAW MEDICAL PARK CT CONWAY, SC 29526	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MOAA PO BOX 9126 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MONUMENTAL LIFE INSURANCE PO BOX 97 SCRANTON, PA 18504	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
MUTUAL OF OMAHA 19255 EVERETT LANE MOKENA, IL 60888	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MUTUAL OF OMAHA COMPANIES SECO PO BOX 3608 OMAHA, NE 68103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MUTUAL OF OMAHA SECONDARY PAPE MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MUTUAL OMAHA 1716 N STREET NW WASHINGTON, DC 20036	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MUTUAL OMAHA NON PAR MUTUAL OF OMAHA PLAZA INDIVIDUAL CLAIMS OMAHA, NE 68175	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MUTUAL OMAHA PPO OMAHA HEALTHCARE SERVICE CTR F MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MUTUAL OMAHA SECONDARY PAPER C PO BOX 31670 OMAHA, NE 68131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
NALC HEALTH BENEFIT PLAN 20547 WAVERLY CT ASHBURN, VA 20149	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NALC SECONDARY PAPER CLAIMS 20547 WAVERLY CT ASHBURN, VA 20149	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NATIONWIDE PO BOX 12467 PENSACOLA, FL 32591-2467	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NATIONWIDE CHCS SVCS PO BOX 12467 PENSACOLA, FL 32591	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NEIGHBORLY CARE NETWORK 431 EAST SPRUCE STREET TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NEW ERA LIFE PO BOX 4884 HOUSTON, TX 77210	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NEW ERA LIFE INS CO PO BOX 3535 HOUSTON, TX 77210	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
NORTHWOOD PO BOX 82180 ROCHESTER, MI 48308 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
NORTHWOOD INC AUTO NO FAULT WC PO BOX 510 WARREN, MI 48090-510 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
OLESEN LOGISTICAL MANAGEMENT G 4625 EAST BAY DR STE 222 CLEARWATER, FL 33764 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
OLYMPIC HEALTH PO BOX 5348 BELLINGHAM, WA 98227 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
OPTIMA HEALTH INSURANCE 4417 CORPORATION LN VIRIGINIA BEACH, VA 23462 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
OXFORD LIFE PO BOX 46518 MADISON, WI 53744 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PA AMERICAN PO BOX 4884 HOUSTON, TX 77210 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
PARAGON BENEFITS PO BOX 981600 EL PASO, TX 79998	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PBHN ECTOR COUNTY EMPLOYEE HEALTH PLAN PO BOX 4353 ODESSA, TX 79762	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PCIP PO BOX 300 INDEPENDENCE, MO 64051	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PENNSYLVANIA LIFE INSURANCE PO BOX 130 PENSACOLA, FL 32591	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PHILADELPHIA INSURANCE PO BOX 4884 HOUSTON, TX 77210	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PIEDMONT MINS HOSPITAL 1266 HWY 515 S JASPER, GA 30143	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PIONEER LIFE INSURANCE PO BOX 2034 CARMEL, IN 46082	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
PLANNED ADMINISTRATORS INC PO BOX 6927 COLUMBIA, SC 29260	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PLANNED ADMINISTRATORS PAI PO BOX 6702 COLUMBIA, SC 29260	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
POMCO PO BOX 6329 SYRACUSE, NY 13217	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PREFERRED CARE HMO NON PAR PO BOX 22920 ROCHESTER, NY 14692	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PRIMARY PHYSICIAN CARE PO BOX 11088 CHARLOTTE, NC 28220	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PRINCIPAL LIFE INSURANCE PO BOX 10357 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PRINCIPAL LIFE NON PAR PO BOX 10357 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
PROGRESSIVE MEDICAL PO BOX 1470 WESTERVILLE, OH 43086	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PROGRESSIVE MEDICAL WORKERS CO PO BOX 1470 WESTERVILLE, OH 43086	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PROGRESSIVE MEDICAL WORKERS COMP PO BOX 1470 WESTERVILLE, OH 43086	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PROGRESSIVE UMWA MEDICAL PO BOX 1470 ACCOUNTS PAYABLE WESTERVILLE, OH 43086	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PROVIDENT AMERICAN PO BOX 287 HOUSTON, TX 77001	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PULMODOSE CARE IMPROVEMENT NON PO BOX 488 LINTHICUM, MD 21090	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PULMODOSE PYRAMID LIFE NON PAR PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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PYRAMID LIFE INSURANCE PO BOX 130 PENSACOLA, FL 32591	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PYRAMID LIFE INSURANCE COMPANY PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
QUALIS MGMNT PO BOX 7458 ATTN INDIVIDUAL CLAIMS ROCKY MOUNT, NC 27804	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
REGENCY GA HOSPICE PO BOX 494 HIAWASSEE, GA 30546	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
REGENCY SC HOSPICE 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
RETIREE MEDICAL PLAN PO BOX 10439 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
REV LT200 PO BOX 740800 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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RMSCO NY PO BOX 6309 SYRACUSE, NY 13217 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
RNA PO BOX 10850 CLEARWATER, FL 33757 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ROYAL NEIGHBORS OF AMERICA PO BOX 10850 CLEARWATER, FL 33757 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
RURAL CARRIER BENEFIT PLAN PO BOX 7404 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
RX30 LOB7 PO BOX 533411 ORLANDO, FL 32853 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
SECURE HORIZON PULMODOSE PO BOX 31353 SALT LAKE CITY, UT 84131 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
SECURE HORIZONS MEDICARE DIREC PO BOX 31359 SALT LAKE CITY, UT 84131 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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SHENANDOAH LIFE INSURANCE PO BOX 10854 CLEATWATER, FL 33757	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
SMITH ADMINISTRATORS PO BOX 572070 SALT LAKE CITY, UT 84157	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
SOUTHWIRE COMPANY PO BOX 345 PUEBLO, CO 81002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STATE FARM INSURANCE PO BOX 106107 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STATE FARM NON PAR PO BOX 149183 AUSTIN, TX 78714	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STATE MUTUAL SECONDARY PAPER C 33 N GARDEN AVE STE 1100 CLEARWATER, FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STATE NC HEALTH PLAN PO BOX 30111 DURHAM, NC 27702	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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STATESBORO NURSING HOME 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STERLING GA HEALTH PLAN PO BOX 269003 PLANO, TX 75026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STERLING NC HEALTH PLAN PO BOX 269003 PLANO, TX 75026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STERLING OPTION 1 PO BOX 269003 PLANO, TX 75026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STERLING SC HEALTH PLAN PO BOX 269003 PLANO, TX 75026-9003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STIRLING AND STIRLING 20 ARMORY LN MILFORD, CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
SUMMACARE INC PO BOX 3620 AKRON, OH 44309	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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SUPPORT PROGRAM BCBS MI PO BOX 82060 ROCHESTER, MI 48308	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TODAYS OPTION NON PAR IN PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TODAYS OPTIONS GA PFFS PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TODAYS OPTIONS GA PPO PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TODAYS OPTIONS NC PFFS PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TODAYS OPTIONS NC PPO PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TODAYS OPTIONS PA PFFS PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
TODAYS OPTIONS SC PFFS PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TODAYS OPTIONS SC PPO PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRANSAMERICA PO BOX 8043 LITTLE ROCK, AR 72203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRANSYLVANIA COUNTY HOSPICE 207 S BROAD ST BREVARD, NC 28712	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE PO BOX 8999 MADISON, WI 53708	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE CHAMPUS TRICARE FL PO BOX 7031 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE - TERM PO BOX 7890 MADISON, WI 53707	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
TRICARE FOR LIFE SECONDARY PAP PO BOX 7890 MADISON, WI 53707	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE NORTH PO BOX 870140 SURFSIDE BEACH, SC 29587	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE PRIME PO BOX 77028 MADISON, WI 53707	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE SECONDARY PAPER CLAIMS PO BOX 870031 SURFSIDE BEACH, SC 29587	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE SOUTH REGION PO BOX 7031 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE SR PRIME PGBA SECONDAR PO BOX 7031 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE STANDARD PO BOX 870140 SURFSIDE BEACH, SC 29587	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UCI PO BOX 159019 COLUMBUS, OH 43215	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC UHC GA SECURE HORIZONS MEDICAR PO BOX 31353 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC PO BOX 30555 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC UHC NC SECURE HORIZONS MEDICAR PO BOX 31353 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC AARP HEALTHCARE OPTIONS SE PO BOX 740819 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC AARP SECURE HORIZON MEDICA PO BOX 31362 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC AMERICHoice MEDICAID NON PAR PO BOX 31362 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UHC COMMERCIAL PO BOX 740800 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC COMMERCIAL PO BOX 30555 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC EVERCARE PO BOX 31350 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC EVERCARE AMERICHoice PO BOX 31361 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC GA SECURE HORIZONS MEDICARE DIRECT PO BOX 31353 SALT LAKE CITY, UT 84131-353	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC GROUP MCR ADVANTAGE PPO PO BOX 30883 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC MEDICARE PO BOX 31362 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UHC NATIONAL PO BOX 1600 KINGSTON, NY 12402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC NC SECURE HORIZONS MEDICARE DIRECT PO BOX 31353 SALT LAKE CITY, UT 84131-353	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC OPTIONS PPO SECONDARY PAPE PO BOX 740800 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC OXFORD PO BOX 29130 HOT SPRINGS, AR 71903	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC PA COMMUNITY PLAN UNISON PO BOX 8207 KINGSTON, NY 12402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC PACIFICARE PO BOX 30967 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC PACIFICARE HMO SECURE HORIZONS PO BOX 31353 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UHC PRIMARY COMMERCIAL PO BOX 30884 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC PULMODOSE GA PO BOX 740800 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC SC COMMUNITY HEALTH PLAN PO BOX 8207 KINGSTON, NY 12402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC SC SECURE HORIZONS MEDICARE DIRECT PO BOX 31353 SALT LAKE CITY, UT 84131-353	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHCIC CLAIMS DEPT PO BOX 3211 ST PETERSBURG, FL 33731	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR PO BOX 145804 CINCINNATI, OH 45250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR IN NON PAR PO BOX 145804 CINNCINATI, OH 45250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UMR KRS HEALTH PLAN PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR KY NON PAR PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR NC PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR UHC UNITED MEDICAL RESOURC PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR UNITED HEALTHCARE PO BOX 690450 SAN ANTONIO, TX 78269	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR WAUSAU PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNICARE PO BOX 26038 GREENSBORO, NC 27420	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UNICARE NATIONAL PO BOX 60099 LOS ANGELES, CA 90060	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNICARE NC SECURITY CHOICE PFFS PO BOX 795180 SAN ANTONIO, TX 78279	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNICARE SC SECURITY CHOICE PFFS PO BOX 795180 SAN ANTONIO, TX 78279	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNICARE SENIOR SERVICES PO BOX 60099 LOS ANGELES, CA 90060	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNIFORM MEDICAL PLAN NON PAR PO BOX 30271 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNION COUNTY HOSPICE 700 W ROOSEVELT BLVD MONROE, NC 28110	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED AMERICAN INC NON PAR PO BOX 8080 MCKINNEY, TX 75070	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UNITED AMERICAN INSURANCE SECO 3101 W 41ST ST SIOUX FALLS, SD 57105	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED AMERICAN LIFE P O BOX 8080 MCKINNEY, TX 75070	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED AMERICAN SECONDARY PAPE PO BOX 26400 OKLAHOMA CITY, OK 73126	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED COMMERICAL TRAVELERS PO BOX 159019 COLUMBUS, OH 43215	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTH CARE PO BOX 1600 KINGSTON, NY 12402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE PO BOX 30551 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE CHOICE PLUS PO BOX 30530 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UNITED HEALTHCARE EMPLOYER & I PO BOX 740802 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE PPO SECONDAR PO BOX 30557 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE SECONDARY PO BOX 740803 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE SECONDARY PA PO BOX 2074 AURORA, IL 60507	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HOSPICE 407 COWART AVE VALDOSTA, GA 31602	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HOSPICE E NC 301 S CHURCH ST STE 122 ROCKY MOUNT, NC 27804	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED MILITARY CO PO BOX 7064 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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UNITED OMAHA MUTUAL OF OMAHA PLAZA ATTN INDIVIDUAL CLAIMS OMAHA, NE 68175	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED TEACHERS PO BOX 160457 AUSTIN, TX 78716	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED TEACHERS ASSOC PO BOX 29010 AUSTIN, TX 78755	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED TEACHERS ASSOCIATION PO BOX 222199 DALLAS, TX 75222	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED WORLD LIFE 3316 FARNAM ST OMAHA, NE 68175	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNIVERSAL AMERICAN NON PAR PO BOX 130 ATTN CLAIMS DEPT PENSACOLA, FL 32591	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNIVERSAL AZ HEALTH CARE PFFS PO BOX 3211 ST PETERSBURG, FL 33731	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
UNIVERSAL FL HEALTH CARE PFFS PO BOX 3211 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UNIVERSAL GA HEALTH CARE PO BOX 294 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UNIVERSAL GA HEALTH CARE PFFS PO BOX 3211 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UNIVERSAL HEALTHCARE DIVERSION PO BOX 389 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UNIVERSAL HEALTHCARE TX MCR PF PO BOX 3211 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UNIVERSAL MO HEALTH CARE PFFS PO BOX 3211 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UNIVERSAL NC HEALTH CARE PO BOX 294 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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UNIVERSAL NC HEALTH CARE PFFS PO BOX 3211 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UNIVERSAL SC HEALTH CARE PO BOX 294 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UNIVERSAL SC HEALTH CARE PFFS PO BOX 3211 ST PETERSBURG, FL 33731 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UPMC HEALTH PLAN PO BOX 2999 PITTSBURGH, PA 15230 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
USA MANAGED CARE ORGANIZATION PO BOX 10170 AUSTIN, TX 78716 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
USA MANAGED GA CARE WC PO BOX 160300 AUSTIN, TX 78716 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
USA MANAGED NC CARE WC PO BOX 160300 AUSTIN, TX 78716 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
USA MANAGED SC CARE WC PO BOX 160300 AUSITN, TX 78716	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
USAA LIFE 9800 FREDRICKSBURG RD SAN ANTONIO, TX 78288	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
VISTA HOSPICE CARE 425 E 5350 S 155 OGDEN, UT 84405	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
W GA HOSPICE 1510 VERNON ROAD LAGRANGE, GA 30240	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WASHINGTON NATIONAL PO BOX 2034 CARMEL, IN 46082	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WAUSAU BENEFITS PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WEBTPA PO BOX 1928 GRAPEVINE, TX 76099	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
WELLCARE WELLCARE GA PO BOX 31224 TAMPA, FL 33631	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLCARE HEALTH PLANS NON PAR PO BOX 4438 SCRANTON, PA 18505	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLCARE NC NON PAR PO BOX 4438 SCRANTON, PA 18505	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLCARE PA NON PAR PO BOX 4438 SCRANTON, PA 18505	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLCARE SC NON PAR PO BOX 4438 SCRANTON, PA 18505	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLPATH PO BOX 7102 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLPATH HMO PO BOX 7102 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
WELLPATH POS PO BOX 7102 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLS FARGO TPA WV PO BOX 3262 CHARLESTON, WV 25332	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WINDSOR SC PO BOX 269025 PLANO, TX 75026-9025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WINDSOR TN PO BOX 269025 PLANO, TX 75026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WORLD INSURANCE COMPANY PO BOX 21690 EAGAN, MN 55121	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WPS PO BOX 1229 MADISON, WI 53701	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WPS TRICARE FOR LIFE PO BOX 7889 MADISON, WI 53707	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
WPS TRICARE FOR LIFE CORRESPON PO BOX 7889	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	UNKNOWN
MADISON, WI 53707			
PAYOR CREDIT BALANCE			<u>\$144,185</u>

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-4

Consideration For Claim: Workers Compensation

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred.</u> <u>If Claim Is Subject To</u> <u>Setoff, So State</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
COOPER, LEONARD 146 LAKEVIEW RD EUTAWVILLE, SC 29048 ACCOUNT NO.: WC0048 WORKERS COMPENSATION CLAIMANT	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN
COOPER, ROBERT B C/O DAVID PEARLMAN 61 BROAD ST. CHARLESTON, SC 29402 ACCOUNT NO.: WC0056 WORKERS COMPENSATION CLAIMANT	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN
DEATON, SAMUEL D 788 JAMES RD. LAWRENCEVILLE, GA 30044 ACCOUNT NO.: WC0136 WORKERS COMPENSATION CLAIMANT	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN
GIVENS, AUDRA K 904 WILLOW RIDGE DRIVE KNIGHTDALE, NC 27545 ACCOUNT NO.: WC0042 WORKERS COMPENSATION CLAIMANT	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN
LANOUE, ROBERT 832 CONFEDERATE AVE LANCASTER, SC 29720 ACCOUNT NO.: WC0035 WORKERS COMPENSATION CLAIMANT	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN
MOODY, JOSHUA 112 FOREST VIEW DRIVE NASHVILLE, NC 27856 ACCOUNT NO.: WC0027 WORKERS COMPENSATION CLAIMANT	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN
SIMMONS, BRYON K 362 FOX TROT DRIVE COLUMBIA, SC 29229 ACCOUNT NO.: WC0079 WORKERS COMPENSATION CLAIMANT	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit F-4

Consideration For Claim: Workers Compensation

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred.</u> <u>If Claim Is Subject To</u> <u>Setoff, So State</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
				<hr/> UNKNOWN <hr/>

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

SPECIFIC NOTES REGARDING SCHEDULE G

Executory Contracts

While the Debtors' existing books, records, and financial systems have been relied upon to identify and schedule executory contracts at each of the Debtors, and although commercially reasonable efforts have been made to ensure the accuracy of Schedule G, inadvertent errors, omissions, or over-inclusions may have occurred. The Debtors do not make, and specifically disclaim, any representation or warranty as to the completeness or accuracy of the information set forth on Schedule G. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contract, agreement, or lease set forth in Schedule G and to amend or supplement Schedule G as necessary. The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument or other document is listed thereon.

In some cases, the same supplier or provider appears multiple times in Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

In the ordinary course of business, the Debtors may have issued numerous purchase orders for supplies, product, and related items which, to the extent that such purchase orders constitute executory contracts, are not listed individually on Schedule G. To the extent that goods were delivered under purchase orders prior to the Commencement Date, vendors' claims with respect to such delivered goods are included on Schedule F.

As a general matter, certain of the Debtors' executory contracts and unexpired leases could be included in more than one category. In those instances, one category has been chosen to avoid duplication. Further, the designation of a category is not meant to be wholly inclusive or descriptive of the entirety of the rights or obligations represented by such contract.

Certain of the executory contracts and unexpired leases listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, right to lease additional space, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G. In addition, the Debtors may have entered into various other types of agreements in the ordinary course of their business, such as easements, rights of way, subordination, nondisturbance, and atonement agreements, supplemental agreements, amendments/letter agreements, title agreements, and confidentiality agreements. Such documents also are not set forth in Schedule G.

The Debtors hereby reserve all of their rights, claims, and causes of action with respect to the contracts and agreements listed on Schedule G, including the right to dispute or challenge the characterization or the structure of any transaction, document, or instrument related to a creditor's claim, to dispute the validity, status, or enforceability of any contract, agreement, or lease set forth in Schedule G, and to amend or supplement Schedule G as necessary. Inclusion of any agreement on Schedule G does not constitute an admission that such agreement is an executory contract or unexpired lease and the Debtors reserve all rights in that regard, including, without limitation, that any agreement is not executory, has expired pursuant to its terms, or was terminated prepetition.

In addition, certain of the agreements listed on Schedule G may be in the nature of conditional sales agreements or secured financings. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. The Debtors reserve all of their rights, claims, and causes of action with respect to the contracts and agreements listed on Schedule G, including the right to dispute or challenge the characterization or the structure of any transaction, or any document or instrument (including, without limitation, any intercreditor or intercompany agreement) related to a creditor's claim. Certain of the contracts, agreements, and leases listed on Schedule G may have been entered into by more than one of the Debtors. Further, the specific Debtor obligor to certain of the executory contracts or unexpired leases could not be specifically ascertained in every circumstance. In such cases, the Debtors used their best efforts to determine the correct Debtor's Schedule G on which to list such executory contract or unexpired lease.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

SPECIFIC NOTES REGARDING SCHEDULE G

In the ordinary course of business, the Debtors have entered into numerous contracts or agreements, both written and oral, regarding the provision of certain services on a month to month basis. To the extent such contracts or agreements constitute executory contracts, these contracts and agreements are not listed individually on Schedule G.

Certain of the executory contracts may not have been memorialized and could be subject to dispute; executory agreements that are oral in nature have not been included in Schedule G.

In the ordinary course of business, the Debtors may have entered into confidentiality agreements which, to the extent that such confidentiality agreements constitute executory contracts, are not listed individually on Schedule G.

Certain of the executory contracts and unexpired leases listed in Schedule G were assigned to, assumed by, or otherwise transferred to certain of the Debtors in connection with, among other things, acquisitions by the Debtors.

The Debtors generally have not included on Schedule G any insurance policies, the premiums for which have been prepaid. The Debtors submit that prepaid insurance policies are not executory contracts pursuant to section 365 of the Bankruptcy Code because no further payment or other material performance is required by the Debtors. Nonetheless, the Debtors recognize that in order to enjoy the benefits of continued coverage for certain claims under these policies, the Debtors may have to comply with certain non-monetary obligations, such as the provision of notice of claims and cooperation with insurers. In the event that the Bankruptcy Court were to ever determine that any such prepaid insurance policies are executory contracts, the Debtors reserve all of their rights to amend Schedule G to include such policies, as appropriate.

In addition, Schedule G does not include rejection damage claims of the counterparties to the executory contracts and unexpired leases that have been or may be rejected, to the extent such damage claims exist.

The Debtors are still in the process of collecting the addresses of all counterparties to such executory contracts and unexpired leases. These addresses will be compiled prior to sending notice of the bar date for the filing of proofs of claim in these chapter 11 cases.

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit G-1

Capital Leases / Other Financing Transactions

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
IBM CREDIT LLC	CAPITAL LEASES / OTHER FINANCING TRANSACTIONS	Service Agreement		1280	ATTN: JULIANA M. TREIGER PO BOX 981825 EL PASO, TX 79998

TOTAL NUMBER OF CONTRACTS: 1

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit G-2****Real Property Lease**

<u>Name</u>	<u>Description</u>	<u>Contract</u>	<u>Review</u>	<u>Comments</u>	<u>Lawson No</u>	<u>Contract No</u>	<u>Address</u>
618 REALTY LLC	REAL PROPERTY LEASE EXPIRING ON 1/31/2016	1677 Westchester Dr-	High Point, NC		15810	1731	P.O. BOX 100153 BROOKLYN, NY 11210
618 REALTY LLC	REAL PROPERTY LEASE EXPIRING ON 1/31/2016	1677 Westchester Dr-	High Point, NC		15810	1731	P.O. BOX 10015 BROOKLYN, NY 11210
720 CLEMSON, LLC	REAL PROPERTY LEASE EXPIRING ON 6/30/2015	720 Old Clemson Rd-	Columbia, SC		16810/17110	1726	PO BOX 23127 COLUMBIA, SC 29224-3127
720 CLEMSON, LLC	REAL PROPERTY LEASE EXPIRING ON 6/30/2015	720 Old Clemson Rd-	Columbia, SC		16810/17110	1726	P.O. BOX 2005 COLUMBIA, SC 29202
ATHENA (LAKESIDE) ASSOCIATES, LLC	REAL PROPERTY LEASE EXPIRING ON 8/31/2016	224 Rolling Hills Rd-	Mooresville, NC		14510	1719	P.O. BOX 5596 MOORESVILLE, NC 28117
ATHENA (LAKESIDE) ASSOCIATES, LLC	REAL PROPERTY LEASE EXPIRING ON 8/31/2016	224 Rolling Hills Rd-	Mooresville, NC		14510	1719	121 ROLLING HILLS ROAD MORRISVILLE, NC 28117
BARDEN LANIER	REAL PROPERTY LEASE EXPIRING ON 8/31/2015	13 C, D & I Doris Ave East-	Jacksonville, NC		13910	2111	P.O. BOX 1237 JACKSONVILLE, NC 28541-1237
C/O RBC INVESTMENT SERVICES LLC	REAL PROPERTY LEASE EXPIRING ON 3/31/2015	127 Gateway Blvd-	Rocky Mount, NC		16710	1435	ATTN: ASSET MANAGEMENT 4100 REGENT STREET, SUITE G COLUMBUS, OH 43219
CADUCEUS, INC.	REAL PROPERTY LEASE EXPIRING ON 12/31/2013	1402 East Franklin St-	Monroe, NC		16110	1678	1420 E. FRANKLIN STREET MONROE, NC 28112
CADUCEUS, INC.	REAL PROPERTY LEASE EXPIRING ON 12/31/2013	1402 East Franklin St-	Monroe, NC		16110	1678	P.O. BOX 1717 MONROE, NC 28111
E. DENT NEWTON	REAL PROPERTY LEASE EXPIRING ON 7/31/2017	150 Northside Drive East-	Statesboro, GA		21010	2145	13155 U.S. HWY 80 EAST BROOKLET, GA 30415
GARDEN CITY REALTY, INC.	REAL PROPERTY LEASE EXPIRING ON 7/31/2014	11692 bypass 17-	Murrells Inlet, SC		17510	2137	608 ATLANTIC AVENUE GARDEN CITY, SC 29576

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit G-2**Real Property Lease**

<u>Name</u>	<u>Description</u>	<u>Contract</u>	<u>Review</u>	<u>Comments</u>	<u>Lawson No</u>	<u>Contract No</u>	<u>Address</u>
GEORGE O. HUGHES	REAL PROPERTY LEASE EXPIRING ON 12/31/2013	130 & 132 Jackson St- Thomson, GA			20810	2144	626 BEECHWOOD DR THOMSON, GA 30824
GREAT FALLS PLAZA, L.P.	REAL PROPERTY LEASE EXPIRING ON 2/29/2016	1207 Julian R. Allsbrook Hwy (Great Falls Square Shopping Center			70410	1588	C/O MOTELLI PROPERTY GROUP P.O. BOX 969 JACKSON, NJ 08527
GREAT FALLS PLAZA, L.P.	REAL PROPERTY LEASE EXPIRING ON 2/29/2016	1207 Julian R. Allsbrook Hwy (Great Falls Square Shopping Center			70410	1588	545 EAST COUNTY LINE ROAD, SUITE 17C LAKEWOOD, NJ 08701
HAMILTON STATE BANK	REAL PROPERTY LEASE EXPIRING ON 10/31/2017	83 Peebles Valley Road SE (Ashwood Business Park)- Catersville,			137910	2167	ATTN: CYNDI ELROD PO BOX 1030 CARTERSVILLE, GA 30120
HIGHLAND CENTRE	REAL PROPERTY LEASE EXPIRING ON 10/31/2016	2551 Ravenhill Rd- Fayetteville, NC			14210	2125	P.O. BOX 87001 FAYETTEVILLE, NC 28304
LARRY C. MARTIN	REAL PROPERTY LEASE EXPIRING ON 6/30/2014	1102 North Fifth Ave- Rome, GA			25310	1513	C/O MARTIN'S REAL ESTATE 201 BROAD STREET SUTE 200 ROME, GA 30161
LARRY C. MARTIN	REAL PROPERTY LEASE EXPIRING ON 6/30/2014	1102 North Fifth Ave- Rome, GA			25310	1513	C/O MARTIN'S REAL ESTATE 2004 DEAN STREET ROME, GA 30161
LARRY F. JOHNSON	REAL PROPERTY LEASE EXPIRING ON 12/31/2015	1617 East Church St- Jasper, GA			23610	2150	PISGAH ENTERPRISES, INC. P.O. BOX 908 JASPER, GA 30143
LUCILLA ACREE	REAL PROPERTY LEASE EXPIRING ON 12/31/2013	102 James St- Adel, GA			22010	1504	PO BOX 702 ADEL, GA 31620
LUCILLA ACREE	REAL PROPERTY LEASE EXPIRING ON 12/31/2013	102 James St- Adel, GA			22010	1504	AS CUSTODIAN FOR DAVID A. KECK-DANIEL HARRISON KECK MARCUS JAMES KECK P.O. BOX 68 ADEL, GA 31620

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit G-2**Real Property Lease**

<u>Name</u>	<u>Description</u>	<u>Contract</u>	<u>Review</u>	<u>Comments</u>	<u>Lawson No</u>	<u>Contract No</u>	<u>Address</u>
MANN & MANN RENTALS	REAL PROPERTY LEASE EXPIRING ON 7/31/2016	1901 N. Slappy Road-	Albany, GA		24110	2153	2602 N. SLAPPEY BLVD. ALBANY, GA 31701
RB/WH GATEWAY LLC	REAL PROPERTY LEASE EXPIRING ON 3/31/2015	127 Gateway Blvd-	Rocky Mount, NC		16710	1435	200 GATEWAY BLVD. ROCKY MOUNT, NC 27805
RB/WH ROCKY MOUNT GC, LLC	REAL PROPERTY LEASE EXPIRING ON 3/31/2015	127 Gateway Blvd-	Rocky Mount, NC		16710	1435	C/O SERETHA V. POWELL, GM RESIDENCE INN ROCKY MOUNT 230 GATEWAY BLVD ROCKY MOUNT, NC 27804
ROBERT S. FARRINGTON, ESQ.	REAL PROPERTY LEASE EXPIRING ON 2/28/2018	101 Southcenter Court-	Morrisville, NC		14010	1398	GENERAL INVESTMENT ADVISORS LLC 125 HIGHT STREET, 27TH FLOOR BOSTON, MA 02110
ROCKBRIDGE CAPITAL, LLC	REAL PROPERTY LEASE EXPIRING ON 3/31/2015	127 Gateway Blvd-	Rocky Mount, NC		16710	1435	4100 REGENT STREET, SUITE G COLUMBUS, OH 43219
SENTRY RENTALS	REAL PROPERTY LEASE EXPIRING ON 1/31/2016	1446 E. Gaston St-	Lincolnton, NC		14410	2129	1446 E. GASTON STREET LINCOLNTON, NC 28092
SHAHEEN & COMPANY	REAL PROPERTY LEASE EXPIRING ON 12/31/2016	1645 Lakes Pkwy-	Lawrenceville, GA		24310	2158	3625 CUMBERLAND BLVD, STE 250 ATLANTA, GA 30339
SOUTH ROSS PROPERTIES LLC	REAL PROPERTY LEASE EXPIRING ON 11/30/2016	1666 Pageland Hwy-	Lancaster, SC		18210	2142	1664 PAGELAND HWY LANCASTER, SC 29720
SOUTHPORT BUSINESS PARK, LLP	REAL PROPERTY LEASE EXPIRING ON 2/28/2018	101 Southcenter Court-	Morrisville, NC		14010	1398	WINDSOR PROPERTY MANAGEMENT PO BOX 403216 ATLANTA, GA 30384-3216
SOUTHPORT BUSINESS PARK, LLP	REAL PROPERTY LEASE EXPIRING ON 2/28/2018	101 Southcenter Court-	Morrisville, NC		14010	1398	MITCHELL K. ADAMS 101 SOUTHCENTER COURT, SUITE 1100 MORRISVILLE, NC 27560

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit G-2**Real Property Lease**

<u>Name</u>	<u>Description</u>	<u>Contract</u>	<u>Review</u>	<u>Comments</u>	<u>Lawson No</u>	<u>Contract No</u>	<u>Address</u>
THURMOND & THURMOND PROPERTIES	REAL PROPERTY LEASE EXPIRING ON 10/31/2016	8305 Cherokee Blvd-	Douglasville, GA		25110	2160	BETTY THURMOND P.O. BOX 476 DOUGLASSVILLE, GA 30133
TOWN OF GRUNDY IDA	REAL PROPERTY LEASE EXPIRING ON 9/30/2013	1095 Plaza Dr-	Grundy, VA		68810	2162	P.O. BOX 603 GRUNDY, VA 24614-0603
WALMAN, INC.	REAL PROPERTY LEASE EXPIRING ON 1/31/2016	1347 South Madison St-	Whiteville, NC		14110	2122	ATTN: HAROLD MARLOWE 117 E. OLIVER STREET WHITEVILLE, NC 28472
WRAY & HUFFMAN PROPERTIES, LLC	REAL PROPERTY LEASE EXPIRING ON 2/28/2016	301 10th St NW-	Conover, NC		13510	1288	P.O. BOX 2444 HICKORY, NC 28603
WRAY & HUFFMAN PROPERTIES, LLC	REAL PROPERTY LEASE EXPIRING ON 2/28/2016	301 10th St NW-	Conover, NC		13510	1288	TERRY M. TAYLOR ATTORNEY AT LAW PO BOX DRAWER 2428 HICKORY, NC 28603
ZETA PARTNERSHIP	REAL PROPERTY LEASE EXPIRING ON 9/30/2014	1200 Woodruff Road-	Greenville, SC		17210	2135	P.O. BOX 27075 GREENVILLE, SC 29616

TOTAL NUMBER OF CONTRACTS: 38

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit G-3**Regulatory / Compliance / Payor**

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
ADVANTAGE HOSPICE WHITEVILLE	REGULATORY / COMPLIANCE / PAYOR	Advantage Hospice of Whiteville	1053391607	2090	613 S MADISON ST WHITEVILLE, NC 28472
ADVANTRA FREEDOM GA COVENTRY PFFS	REGULATORY / COMPLIANCE / PAYOR	Advantra Freedom PFFS GA	MULTIPLE	2150	PO BOX 7154 LONDON, KY 40742-7154
ADVANTRA FREEDOM NC COVENTRY PFFS	REGULATORY / COMPLIANCE / PAYOR	Advantra Freedom PFFS NC	MULTIPLE	2183	PO BOX 7154 LONDON, KY 40742-7154
ADVANTRA FREEDOM SC COVENTRY PFFS	REGULATORY / COMPLIANCE / PAYOR	Advantra Freedom PFFS SC	MULTIPLE	2184	PO BOX 7154 LONDON, KY 40742-7154
AETNA GA MEDICARE OPEN PLAN PFFS	REGULATORY / COMPLIANCE / PAYOR	Aetna Medicare Georgia	MULTIPLE	1949	PO BOX 981107 EL PASO, TX 79998-1107
AETNA NC MEDICARE OPEN PLAN PFFS	REGULATORY / COMPLIANCE / PAYOR	Aetna Medicare North Carolina	MULTIPLE	1969	PO BOX 981107 EL PASO, TX 79998-1107
AETNA SC MEDICARE OPEN PLAN PFFS	REGULATORY / COMPLIANCE / PAYOR	Aetna Medicare South Carolina	MULTIPLE	1970	PO BOX 981107 EL PASO, TX 79998-1107
AMERICAS 1ST CHOICE GA HEALTH PLANS INC	REGULATORY / COMPLIANCE / PAYOR	AMERICAS 1ST CHOICE GEORGIA	MULTIPLE	5066	PO BOX 210769 COLUMBIA, SC 29221-0459
AMERICAS 1ST CHOICE HEALTHPLAN	REGULATORY / COMPLIANCE / PAYOR	America's 1st Choice Health Plan	MULTIPLE	3211	PO BOX 210769 COLUMBIA, SC 29221
AMERICAS 1ST CHOICE INS CO NC	REGULATORY / COMPLIANCE / PAYOR	AMERICAS 1st CHOICE INSURANCE COMPANY OF NC	MULTIPLE	3991	PO BOX 210459 COLUMBIA, SC 29221

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

Exhibit G-3**Regulatory / Compliance / Payor**

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
AMERIGROUP GA MEDICAID	REGULATORY / COMPLIANCE / PAYOR	Amerigroup GA Medicaid	MULTIPLE	2034	PO BOX 61010 VIRGINIA BEACH, VA 23466-1010
AMERIGROUP VIRGINIA LLC	REGULATORY / COMPLIANCE / PAYOR	Amerigroup VA Medicaid	1033199641	3845	PO BOX 5446 RICHMOND, VA 23220-1010
ANCILLARY CARE SVCS	REGULATORY / COMPLIANCE / PAYOR	Ancillary Care Services	MULTIPLE	1319	5429 LYNDON B JOHNSON FWY SUITE 850 DALLAS, TX 75240
ANTHEM BCBS GA MCR PFFS SMART VALUE PLAN	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS GA MCR PFFS Smart	MULTIPLE	3641	PO BOX 9907 COLUMBUS, GA 31908
ARCADIAN GA	REGULATORY / COMPLIANCE / PAYOR	Arcadian GA	MULTIPLE	3759	PO BOX 4946 COVINA, CA 91723
ARCADIAN NC	REGULATORY / COMPLIANCE / PAYOR	Arcadian NC	MULTIPLE	3761	PO BOX 4946 COVINA, CA 91723
ARCADIAN REGION A HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Arcadian Health Plan Region A	MULTIPLE	1719	PO BOX 4946 COVINA, CA 91723
ARCADIAN REGION D HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Arcadian Health Plan Region D	MULTIPLE	1718	PO BOX 4946 COVINA, CA 91723
ARCADIAN SC	REGULATORY / COMPLIANCE / PAYOR	Arcadian SC	MULTIPLE	3763	PO BOX 4946 COVINA, CA 91723
BCBS AL MAJOR MEDICAL	REGULATORY / COMPLIANCE / PAYOR	BCBS of Alabama Major Medical	MULTIPLE	600	PO BOX 2294 BIRMINGHAM, AL 35201

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
BCBS GA HMO	REGULATORY / COMPLIANCE / PAYOR	BCBS of GA HMO	MULTIPLE	1479	PO BOX 9907 COLUMBUS, GA 31908
BCBS GA INDEMNITY PAR	REGULATORY / COMPLIANCE / PAYOR	BC BS GA Indemnity PAR	MULTIPLE	1132	PO BOX 9907 COLUMBUS, GA 31908
BCBS NC BLUE MEDICARE	REGULATORY / COMPLIANCE / PAYOR	Partners Healthplan NC	MULTIPLE	1842	PO BOX 17509 WINSTON SALEM, NC 27116-7509
BCBS NC FEP	REGULATORY / COMPLIANCE / PAYOR	BCBS NC FEP	MULTIPLE	1066	PO BOX 35 DURHAM, NC 27702
BCBS NC HMO	REGULATORY / COMPLIANCE / PAYOR	BCBS NC HMO	MULTIPLE	1061	PO BOX 35 DURHAM, NC 27702
BCBS NC SHP	REGULATORY / COMPLIANCE / PAYOR	BCBS North Carolina SHP	MULTIPLE	1065	PO BOX 30087 DURHAM, NC 27702
BCBS NC TRADITIONAL INDEMNITY	REGULATORY / COMPLIANCE / PAYOR	BCBS NC Traditional/Indemnity Comp Major Medical	MULTIPLE	1064	PO BOX 35 DURHAM, NC 27702
BCBS NE	REGULATORY / COMPLIANCE / PAYOR	Interim Hospice	MULTIPLE	222	PO BOX 3248 OMAHA, NE 68180
BCBS SC FEP	REGULATORY / COMPLIANCE / PAYOR	BCBS South Carolina FEP	MULTIPLE	1617	PO BOX 600601 COLUMBIA, SC 29260
BCBS SC PPO	REGULATORY / COMPLIANCE / PAYOR	BCBS SC PPO	MULTIPLE	1619	PO BOX 100300 COLUMBIA, SC 29202

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
BCBS SC SHP	REGULATORY / COMPLIANCE / PAYOR	BCBS SC SHP	MULTIPLE	1618	PO BOX 100605 COLUMBIA, SC 29260
BLUE CHOICE SC HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Blue Choice Health Plan SC	MULTIPLE	3732	PO BOX 100124 COLUMBIA, SC 29202-3124
BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	REGULATORY / COMPLIANCE / PAYOR	BCBS NC PPO	MULTIPLE	1062	VICE PRESIDENT, NETWORK MANAGEMENT 5901 CHAPEL HILL ROAD DURHAM, NC 27707-0718
BLUE CROSS OF BLUE SHIELD OF GEORGIA, INC.	REGULATORY / COMPLIANCE / PAYOR	BCBS GA PPO	MULTIPLE	938	ATTENTION: PROVIDER CONTRACTING 3350 PEACHTREE ROAD, N.E. ATLANTA, GA 30326
CARE IMPROVEMENT PLUS	REGULATORY / COMPLIANCE / PAYOR	Care Improvement Plus GA	MULTIPLE	3070	ATTN: PROVIDER CONTRACTING FOUR PIEDMONT CENTER, SUITE 710 3565 PIEDMONT ROAD NE ATLANTA, GA 30305
CARE IMPROVEMENT SC PLUS	REGULATORY / COMPLIANCE / PAYOR	Care Improvement Plus SC	MULTIPLE	2124	PO BOX 488 LINTHICUM, MD 21090-0488
CARENET	REGULATORY / COMPLIANCE / PAYOR	CARENET	1033199641	4195	PO BOX 7702 LONDON, KY 40742
CAROLINA CARE PLAN	REGULATORY / COMPLIANCE / PAYOR	Carolina Care Plan	MULTIPLE	1316	PO BOX 6018 CLEVELAND, OH 44101
CAROLINA CARE PLAN MEDICARE AD	REGULATORY / COMPLIANCE / PAYOR	Carolina Care Plan Medicare AD	MULTIPLE	1694	PO BOX 3257 SPARTENBURG, SC 29304

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CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600030	979	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600053	963	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600061	985	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600066	984	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Medicare DMEPOS Competitive Bidding Program Round 1 Rebid Contract	0491600015	793	CBIC PALMETTO GBA 2743 PERIMETER PARKWAY, STE 200-400 AUGUSTA, GA 30909-6499
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600048	982	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020

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CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600006	965	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600001	973	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600027	970	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600039	980	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600041	983	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020

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CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600063	978	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600021	977	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600034	981	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Medicare DMEPOS Competitive Bidding Program Round 1 Rebid Contract	0491600047	788	CBIC PALMETTO GBA 2743 PERIMETER PARKWAY, STE 200-400 AUGUSTA, GA 30909-6499
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Medicare DMEPOS Competitive Bidding Program Round 1 Rebid Contract	0491600001	792	CBIC PALMETTO GBA 2743 PERIMETER PARKWAY, STE 200-400 AUGUSTA, GA 30909-6499
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Medicare DMEPOS Competitive Bidding Program Round 1 Rebid Contract	0491600027	791	CBIC PALMETTO GBA 2743 PERIMETER PARKWAY, STE 200-400 AUGUSTA, GA 30909-6499

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CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600007	974	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Medicare DMEPOS Competitive Bidding Program Round 1 Rebid Contract	0491600025	789	CBIC PALMETTO GBA 2743 PERIMETER PARKWAY, STE 200-400 AUGUSTA, GA 30909-6499
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600047	962	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600029	968	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600025	967	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600023	976	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020

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CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600022	966	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Medicare DMEPOS Competitive Bidding Program Round 1 Rebid Contract	0491600029	790	CBIC PALMETTO GBA 2743 PERIMETER PARKWAY, STE 200-400 AUGUSTA, GA 30909-6499
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600008	964	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600018	969	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600065	971	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600057	972	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020

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CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0491600015	975	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CHILDRENS SPECIAL HEALTH SVCS	REGULATORY / COMPLIANCE / PAYOR	Childrens Special Health Serv	1255311585	476	PO BOX 202951 HELENA, MT 59620
COLQUITT REGIONAL HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Colquitt Regional Hospice GA	MULTIPLE	574	2516 FIFTH AVE SE PO BOX 3548 MOULTRIE, GA 31776
COMMONWEALTH OF VIRGINIA, DEPARTMENT OF MEDICAL ASSISTANCE SERVICES, MEDICAL ASSISTANCE PROGRAM	REGULATORY / COMPLIANCE / PAYOR	DME and Supplies Participation Agreement		328	PO BOX 26803 RICHMOND, VA 23261-6803
COMMUNITY HEALTH NC HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Community Health Hospice	MULTIPLE	1906	1340 AIRPORT COMMERCE DR STE 550 AUSTIN, TX 78741
COMPLETE HOME SVCS MGMT	REGULATORY / COMPLIANCE / PAYOR	Complete Home Service Mgmt Corp	MULTIPLE	2137	PO BOX 140218 CORAL GABLES, FL 33114
CORVEL	REGULATORY / COMPLIANCE / PAYOR	Corvel	MULTIPLE	378	210 N UNIVERSITY DR STE 501 CORAL SPRINGS, FL 33071
COUNTRYSIDE HOSPICE CARE GA	REGULATORY / COMPLIANCE / PAYOR	Countryside Hospice Care GA	MULTIPLE	915	3600 VINELAND RD ORLANDO, FL 32811

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COVENTRY GA ADVANTRA HEALTHCARE	REGULATORY / COMPLIANCE / PAYOR	Coventry Health Care GA Advantra	MULTIPLE	3696	PO BOX 7711 LONDON, KY 40742
COVENTRY GA HMO HEALTHCARE	REGULATORY / COMPLIANCE / PAYOR	Coventry Health Care GA HMO & PPO	MULTIPLE	3661	PO BOX 7711 LONDON, KY 40742
COVENTRY GA PPO HEALTHCARE	REGULATORY / COMPLIANCE / PAYOR	Coventry Health Care GA Network Lease PPO	MULTIPLE	3660	PO BOX 7711 LONDON, KY 40742
COVENTRY GA WC HEALTHCARE	REGULATORY / COMPLIANCE / PAYOR	Coventry Health Care GA Workers Comp	MULTIPLE	3697	PO BOX 7711 LONDON, KY 40742
DMENSION BENEFIT MANAGEMENT	REGULATORY / COMPLIANCE / PAYOR	Dmension Benefit Management	MULTIPLE	1660	PO BOX 82060 ROCHESTER, MI 48308-2060
EDGEcombe HOME CARE HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Edgecombe Home Care & Hospice	1558322305	1711	PO BOX 100 TARBORO, NC 27886
ENFIELD OAKS HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Britthaven of Enfield	1326009176	1807	PO BOX 279 ENFIELD, NC 27823
FIRST CHOICE BY SELECT HEALTH	REGULATORY / COMPLIANCE / PAYOR	Select Health of SC 1st Choice	MULTIPLE	1067	PO BOX 7120 LONDON, KY 40742
FIRST CHOICE VIP CARE CLAIMS	REGULATORY / COMPLIANCE / PAYOR	SELECT HEALTH SC MEDICARE	MULTIPLE	5117	PO BOX 307 LINTHICUM, MD 21090-0307
FLORENCE CONVALESCENT HOSPICE CTR	REGULATORY / COMPLIANCE / PAYOR	Florence Convalescent CTR	1255311585	219	3600 VINELAND RD ORLANDO, FL 32811

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GA MEDICAL RESOURCES	REGULATORY / COMPLIANCE / PAYOR	Georgia Medical Resources	MULTIPLE	1355	3600 VINELAND RD ORLANDO, FL 32811
GAMBRO HEALTHCARE	REGULATORY / COMPLIANCE / PAYOR	Gambro Health Care	1255311585	239	3031 ST MATTHEWS RD ORANGEBURG, SC 29115
GEORGIA MOUNTAIN HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Georgia Mountain Hospice	MULTIPLE	920	PO BOX 580 JASPER, GA 30143
GUARDIAN CARE ROANOKE RAPID HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Guardian Care of Roanoke Rapid	1326009176	1800	305 FOURTEETH ST ROANOKE RAPIDS, NC 27870-4430
GUARDIAN CARE SCOTLAND NECK	REGULATORY / COMPLIANCE / PAYOR	Guardian Care of Scotland Neck	1326009176	1808	PO BOX 450 SCOTLAND NECK, NC 27874
HEALTH NET FEDERAL NC PRIME	REGULATORY / COMPLIANCE / PAYOR	HEALTH NET FEDERAL NC PRIME	MULTIPLE	4009	PO BOX 870140 SURFSIDE BEACH, SC 29587-9740
HEALTH NET NC FEDERAL	REGULATORY / COMPLIANCE / PAYOR	Health Net Federal NC	MULTIPLE	1432	PO BOX 870140 SURFSIDE BEACH, SC 29587-9740
HEALTHMARKETS GA CARE ASSURED	REGULATORY / COMPLIANCE / PAYOR	Healthmarkets Care Assured GA	MULTIPLE	2922	PO BOX 69349 HARRISBURG, PA 17110
HEALTHMARKETS NC CARE ASSURED	REGULATORY / COMPLIANCE / PAYOR	Healthmarkets Care Assured NC	MULTIPLE	2923	PO BOX 69349 HARRISBURG, PA 17110
HEALTHMARKETS SC CARE ASSURED	REGULATORY / COMPLIANCE / PAYOR	Healthmarkets Care Assured SC	MULTIPLE	2935	PO BOX 69349 HARRISBURG, PA 17110

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HEALTHSPRING N GA NATIONAL	REGULATORY / COMPLIANCE / PAYOR	HEALTHSPRING N GA NATIONAL	MULTIPLE		500 GREAT CIRCLE ROAD NASHVILLE, TN 37228
HEALTHSPRING N GA NATIONAL	REGULATORY / COMPLIANCE / PAYOR	HEALTHSPRING N GA NATIONAL	MULTIPLE	4796	PO BOX 981804 EL PASO, TX 79998
HME NATIONAL NETWORK	REGULATORY / COMPLIANCE / PAYOR	HME National Network	MULTIPLE	3657	PO BOX 81520 ROCHESTER, MI 48308
HOMELINK	REGULATORY / COMPLIANCE / PAYOR	Homelink Mailhandlers	MULTIPLE	891	PO BOX 1860 WATERLOO, IA 50704
HOSPICE CARE	REGULATORY / COMPLIANCE / PAYOR	Hospice Care	MULTIPLE	449	1501 DAWSON RD FORREST CITY, AR 72335
HOSPICE CHARLESTON	REGULATORY / COMPLIANCE / PAYOR	Hospice of Charleston	1255311585	913	3600 VINELAND RD ORLANDO, FL 32811
HOSPICE COFFEE REGIONAL	REGULATORY / COMPLIANCE / PAYOR	Hospice of Coffee Regional	MULTIPLE	602	3600 VINELAND RD ORLANDO, FL 32811
HOSPICE GASTON COUNTY	REGULATORY / COMPLIANCE / PAYOR	Hospice of Gaston County	1154391803	1837	258 E GARRISON BLVD GASTONIA, NC 28054
HOSPICE HALIFAX	REGULATORY / COMPLIANCE / PAYOR	Hospice of Halifax	1326009176	1799	3600 VINELAND RD ORLANDO, FL 32811
HOSPICE NC	REGULATORY / COMPLIANCE / PAYOR	Hospice NC	MULTIPLE	1374	107 N CEDAR ST LINCOLNTON, NC 28092

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HOSPICE OCONEE	REGULATORY / COMPLIANCE / PAYOR	Hospice of the Oconee	MULTIPLE	798	3600 VINELAND RD ORLANDO, FL 32811
HOSPICE S GA	REGULATORY / COMPLIANCE / PAYOR	Hospice of South Georgia	1629039466	1784	PO BOX 1727 VALDOSTA, GA 31603
HOSPICE SAVANNAH	REGULATORY / COMPLIANCE / PAYOR	Hospice of Savannah Inc.	MULTIPLE	153	PO BOX 13190 SAVANNAH, GA 31416
HOSPICE SW GA	REGULATORY / COMPLIANCE / PAYOR	Hospice of Southwest GA	MULTIPLE	945	818 GORDON AVE THOMASVILLE, GA 31792
HOSPICE WAKE COUNTY	REGULATORY / COMPLIANCE / PAYOR	Hospice of Wake County	1770563421	1706	250 HOSPICE CIRCLE RALEIGH, NC 27607
HUMANA CHOICECARE	REGULATORY / COMPLIANCE / PAYOR	Humana Choicecare	MULTIPLE	892	AMFIRST INSURANCE PO BOX 16708 JACKSON, MS 39236
HUMANA GA GOLD CHOICE	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice GA	MULTIPLE	1743	PO BOX 14601 LEXINGTON, KY 40512
HUMANA INC.	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice SC	MULTIPLE		ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438
HUMANA INC.	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice GA	MULTIPLE		ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438
HUMANA INC.	REGULATORY / COMPLIANCE / PAYOR	Humana NC Gold Choice	MULTIPLE		ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438

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HUMANA MILITARY GA	REGULATORY / COMPLIANCE / PAYOR	Humana Military GA	MULTIPLE	1137	PO BOX 7031 CAMDEN, SC 29020-7031
HUMANA MILITARY GA ACTIVE DUTY	REGULATORY / COMPLIANCE / PAYOR	Humana Military GA Active Duty	MULTIPLE	4212	PO BOX 7031 CAMDEN, SC 29020-7031
HUMANA MILITARY SC	REGULATORY / COMPLIANCE / PAYOR	Humana Military SC	MULTIPLE	1141	PO BOX 7031 CAMDEN, SC 29020-7031
HUMANA MILITARY SC ACTIVE DUTY	REGULATORY / COMPLIANCE / PAYOR	Humana Military SC Active Duty	MULTIPLE	4245	PO BOX 7031 CAMDEN, SC 29020-7031
HUMANA NATIONAL CONTRACTING	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice GA	MULTIPLE		500 WEST MAIN STREET- 9TH FLOOR LOUISVILLE, KY 40202
HUMANA NATIONAL CONTRACTING	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice SC	MULTIPLE		500 WEST MAIN STREET- 9TH FLOOR LOUISVILLE, KY 40202
HUMANA NATIONAL CONTRACTING	REGULATORY / COMPLIANCE / PAYOR	Humana NC Gold Choice	MULTIPLE		500 WEST MAIN STREET- 9TH FLOOR LOUISVILLE, KY 40202
HUMANA NC GOLD CHOICE	REGULATORY / COMPLIANCE / PAYOR	Humana NC Gold Choice	MULTIPLE	1723	PO BOX 14601 LEXINGTON, KY 40512-4601
HUMANA SC GOLD CHOICE	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice SC	MULTIPLE	1748	PO BOX 14601 LEXINGTON, KY 40512
IHS NURSING HOMES	REGULATORY / COMPLIANCE / PAYOR	IHS Nursing Homes	MULTIPLE	244	39 HANOVER CIRCLE S BIRMINGHAM, AL 35205

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
INSTIL HEALTH GA	REGULATORY / COMPLIANCE / PAYOR	InStil Health GA	MULTIPLE	1471	PO BOX 7061 CAMDEN, SC 29020
INSTIL HEALTH SC	REGULATORY / COMPLIANCE / PAYOR	InStil Health SC	MULTIPLE	1472	PO BOX 7061 CAMDEN, SC 29020
KANAWHA INSURANCE	REGULATORY / COMPLIANCE / PAYOR	Kanawha Insurance	MULTIPLE	268	PO BOX 2000 LANCASTER, SC 29721-2000
MAGNOLIA MANOR HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Magnolia Manor	1255311585	439	2001 S LEE ST AMERICUS, GA 31709
MANAGED CARE MEDICARE PLUS BLUE PFFS	REGULATORY / COMPLIANCE / PAYOR	Medicare Plus Blue PFFS	MULTIPLE	3718	PO BOX 81700 ROCHESTER, MI 48308
MCLEOD HOSPICE PEE DEE	REGULATORY / COMPLIANCE / PAYOR	McLeod Hospice of the Pee Dee	1629048517	2427	PO BOX 100551 FLORENCE, SC 29501
MEDCOST LLC	REGULATORY / COMPLIANCE / PAYOR	Medcost, LLC	MULTIPLE	2871	PO BOX 25307 WINSTON SALEM, NC 27114-5307
MEDICAL MUTUAL HMO	REGULATORY / COMPLIANCE / PAYOR	Medical Mutual HMO	MULTIPLE	1610	PO BOX 6018 CLEVELAND, OH 44101
MEDICAL MUTUAL SUPERMED	REGULATORY / COMPLIANCE / PAYOR	Medical Mutual Supermed	MULTIPLE	1611	PO BOX 94938 CLEVELAND, OH 44101
MEDICARE PLUS BLUE	REGULATORY / COMPLIANCE / PAYOR	ABP Administration Medicare Plus Blue	MULTIPLE	2705	PO BOX 81700 ROCHESTER, MI 48308-1700

HOME MEDICAL SYSTEMS, INC.**Case Number: 13-10788****Exhibit G-3****Regulatory / Compliance / Payor**

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
MERCY HOSPICE HORRY CO	REGULATORY / COMPLIANCE / PAYOR	Mercy Hospice of Horry	1255311585	797	174 WACCAMAW MEDICAL PARK CT CONWAY, SC 29526
NATIONWIDE	REGULATORY / COMPLIANCE / PAYOR	Nationwide	MULTIPLE	616	PO BOX 12467 PENSACOLA, FL 32591-2467
NEIGHBORLY CARE NETWORK	REGULATORY / COMPLIANCE / PAYOR	Medicaid FL (Adult)	MULTIPLE	65	431 EAST SPRUCE STREET TARPON SPRINGS, FL 34689
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administration Participation Agreement	7701266	307	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7704495	327	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7704494	325	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7702077	323	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7701446	321	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7702352	313	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7701898	311	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7701558	310	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7701137	308	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7702807	306	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501

HOME MEDICAL SYSTEMS, INC.

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, MEDICAID EVC CENTER	REGULATORY / COMPLIANCE / PAYOR	Provider Administrative Participation Agreement	7704056	305	2501 MAIL SERVICES CENTER RALEIGH, NC 27699-2501
NORTHWOOD INC AUTO NO FAULT WC	REGULATORY / COMPLIANCE / PAYOR	Northwood Inc Auto No Fault/WC	MULTIPLE	3725	PO BOX 510 WARREN, MI 48090-0510
NORTHWOOD NPN	REGULATORY / COMPLIANCE / PAYOR	Northwood/NPN	MULTIPLE	41	PO BOX 82180 ROCHESTER, MI 48308
PBHN ECTOR COUNTY EMPLOYEE HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Arcadian Health Plan Region C	MULTIPLE	1717	PO BOX 4353 ODESSA, TX 79762
PRIMARY PHYSICIAN CARE	REGULATORY / COMPLIANCE / PAYOR	Primary Physician Care	MULTIPLE	2224	PO BOX 11088 CHARLOTTE, NC 28220
PROGRESSIVE MEDICAL WORKERS COMP	REGULATORY / COMPLIANCE / PAYOR	Progressive National Medical	MULTIPLE	1044	PO BOX 1470 WESTERVILLE, OH 43086
PROGRESSIVE UMWA MEDICAL	REGULATORY / COMPLIANCE / PAYOR	Progressive UMWA Medical	MULTIPLE	1045	PO BOX 1470 ACCOUNTS PAYABLE WESTERVILLE, OH 43086
REGENCY GA HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Regency GA Hospice	MULTIPLE	1504	PO BOX 494 HIAWASSEE, GA 30546
REGENCY SC HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Regency Hospice of SC	1285604165	2839	3600 VINELAND RD ORLANDO, FL 32811

HOME MEDICAL SYSTEMS, INC.

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES	REGULATORY / COMPLIANCE / PAYOR	Participation and Payment Agreement	DM0855	424	DIVISION OF CONTRACTS PO BOX 8206 COLUMBIA, SC 29202-8206
SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES	REGULATORY / COMPLIANCE / PAYOR	Certification Statement	DME753	427	DIVISION OF CONTRACTS PO BOX 8206 COLUMBIA, SC 29202-8206
SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES	REGULATORY / COMPLIANCE / PAYOR	Participation and Payment Agreement	DME747	425	DIVISION OF CONTRACTS PO BOX 8206 COLUMBIA, SC 29202-8206
SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES	REGULATORY / COMPLIANCE / PAYOR	Certification Statement	DME752	426	DIVISION OF CONTRACTS PO BOX 8206 COLUMBIA, SC 29202-8206
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	000818122A	100	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	000796056A	99	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	059812712B	103	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	000810477A	98	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	000907937A	94	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	000814877A	97	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	000799785G	96	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	00364669A	88	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201
STATE OF GEORGIA, DEPARTMENT OF MEDICAL ASSISTANCE	REGULATORY / COMPLIANCE / PAYOR	Statement of Participation	000414081A	89	HP ENTERPRISE SERVICES PO BOX 105201 TUCKER, GA 30085-5201
STATESBORO NURSING HOME	REGULATORY / COMPLIANCE / PAYOR	Statesboro Nursing Home	MULTIPLE	167	3600 VINELAND RD ORLANDO, FL 32811
STERLING GA HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Sterling Health Plan GA	MULTIPLE	2981	PO BOX 269003 PLANO, TX 75026-9003
STERLING NC HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Sterling Health Plan NC	MULTIPLE	2941	PO BOX 269003 PLANO, TX 75026-9003
STERLING SC HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Sterling Health Plan SC	MULTIPLE	2963	PO BOX 269003 PLANO, TX 75026-9003
TODAYS OPTIONS GA PFFS	REGULATORY / COMPLIANCE / PAYOR	Todays Options Pyramid Life Georgia	MULTIPLE	3137	PO BOX 742568 HOUSTON, TX 77274
TODAYS OPTIONS GA PPO	REGULATORY / COMPLIANCE / PAYOR	Todays Options PPO GA	MULTIPLE	3672	PO BOX 742568 HOUSTON, TX 77274

HOME MEDICAL SYSTEMS, INC.

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
TODAYS OPTIONS NC PFFS	REGULATORY / COMPLIANCE / PAYOR	Todays Options Pyramid Life North Carolina	MULTIPLE	3149	PO BOX 742568 HOUSTON, TX 77274
TODAYS OPTIONS NC PPO	REGULATORY / COMPLIANCE / PAYOR	Todays Options PPO NC	MULTIPLE	3698	PO BOX 742568 HOUSTON, TX 77274
TODAYS OPTIONS SC PFFS	REGULATORY / COMPLIANCE / PAYOR	Todays Options Pyr & Marq South Carolina	MULTIPLE	3155	PO BOX 742568 HOUSTON, TX 77274
TODAYS OPTIONS SC PPO	REGULATORY / COMPLIANCE / PAYOR	Todays Options PPO SC	MULTIPLE	3705	PO BOX 742568 HOUSTON, TX 77274
TRANSYLVANIA COUNTY HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Transylvania County	1255311585	228	207 S BROAD ST BREVARD, NC 28712
UHC GA SECURE HORIZONS MEDICARE DIRECT	REGULATORY / COMPLIANCE / PAYOR	Secure Horizons MCR Direct GA	MULTIPLE	2265	PO BOX 31353 SALT LAKE CITY, UT 84131-1353
UHC NC SECURE HORIZONS MEDICARE DIRECT	REGULATORY / COMPLIANCE / PAYOR	Secure Horizons MCR Direct NC	MULTIPLE	2266	PO BOX 31353 SALT LAKE CITY, UT 84131-1353
UHC PACIFICARE HMO SECURE HORIZONS	REGULATORY / COMPLIANCE / PAYOR	UHC Pacificare HMO-Secure Hori	MULTIPLE	1394	PO BOX 31353 SALT LAKE CITY, UT 84131
UHC SC COMMUNITY HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	UHC Community Plan SC Formerly Unison SC	MULTIPLE	1496	PO BOX 8207 KINGSTON, NY 12402
UHC SC SECURE HORIZONS MEDICARE DIRECT	REGULATORY / COMPLIANCE / PAYOR	Secure Horizons MCR Direct SC	MULTIPLE	2252	PO BOX 31353 SALT LAKE CITY, UT 84131-1353

HOME MEDICAL SYSTEMS, INC.

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
UNICARE	REGULATORY / COMPLIANCE / PAYOR	UniCare National IL	MULTIPLE	1498	PO BOX 26038 GREENSBORO, NC 27420
UNICARE NC SECURITY CHOICE PFFS	REGULATORY / COMPLIANCE / PAYOR	Unicare SecurityChoice PFFS NC	MULTIPLE	3258	PO BOX 795180 SAN ANTONIO, TX 78279
UNICARE SC SECURITY CHOICE PFFS	REGULATORY / COMPLIANCE / PAYOR	Unicare SecurityChoice PFFS SC	MULTIPLE	3309	PO BOX 795180 SAN ANTONIO, TX 78279
UNITED HOSPICE	REGULATORY / COMPLIANCE / PAYOR	United Hospice GA	MULTIPLE	388	407 COWART AVE VALDOSTA, GA 31602
UNITED HOSPICE E NC	REGULATORY / COMPLIANCE / PAYOR	United Hospice of Eastern Carolina	1558322305	1794	301 S CHURCH ST STE 122 ROCKY MOUNT, NC 27804
UNIVERSAL GA HEALTH CARE	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE GA NATIONAL PPO	MULTIPLE	4917	PO BOX 294 ST PETERSBURG, FL 33731
UNIVERSAL GA HEALTH CARE PFFS	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE PFFS GA	MULTIPLE	4838	PO BOX 3211 ST PETERSBURG, FL 33731
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE PFFS GA	MULTIPLE		100 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG, FL 33701
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE PFFS SC	MULTIPLE		100 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG, FL 33701
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE GA NATIONAL PPO	MULTIPLE		100 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG, FL 33701

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE NC NATIONAL PPO	MULTIPLE		100 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG, FL 33701
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE PFFS NC	MULTIPLE		100 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG, FL 33701
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE SC NATIONAL PPO	MULTIPLE		100 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG, FL 33701
UNIVERSAL NC HEALTH CARE	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE NC NATIONAL PPO	MULTIPLE	4919	PO BOX 294 ST PETERSBURG, FL 33731
UNIVERSAL NC HEALTH CARE PFFS	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE PFFS NC	MULTIPLE	4840	PO BOX 3211 ST PETERSBURG, FL 33731
UNIVERSAL SC HEALTH CARE	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE SC NATIONAL PPO	MULTIPLE	4924	PO BOX 294 ST PETERSBURG, FL 33731
UNIVERSAL SC HEALTH CARE PFFS	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE PFFS SC	MULTIPLE	4846	PO BOX 3211 ST PETERSBURG, FL 33731
USA MANAGED CARE ORGANIZATION	REGULATORY / COMPLIANCE / PAYOR	USA Managed Care Organization	MULTIPLE	1186	PO BOX 10170 AUSTIN, TX 78716
USA MANAGED GA CARE WC	REGULATORY / COMPLIANCE / PAYOR	USA Managed GA Care WC	MULTIPLE	1194	PO BOX 160300 AUSTIN, TX 78716
USA MANAGED NC CARE WC	REGULATORY / COMPLIANCE / PAYOR	USA Managed NC Care WC	MULTIPLE	1289	PO BOX 160300 AUSTIN, TX 78716

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
USA MANAGED SC CARE WC	REGULATORY / COMPLIANCE / PAYOR	USA Managed SC Care WC	1255311585	1294	PO BOX 160300 AUSITN, TX 78716
VISTA HOSPICE CARE	REGULATORY / COMPLIANCE / PAYOR	Vista UT Hospice Care Inc	MULTIPLE	1373	425 E 5350 S 155 OGDEN, UT 84405
W GA HOSPICE	REGULATORY / COMPLIANCE / PAYOR	West GA Hospice	MULTIPLE	796	1510 VERNON ROAD LAGRANGE, GA 30240
WELLCARE GA	REGULATORY / COMPLIANCE / PAYOR	Wellcare of Georgia, Inc	MULTIPLE	1925	PO BOX 31224 TAMPA, FL 33631-3224
WELLPATH HMO	REGULATORY / COMPLIANCE / PAYOR	Wellpath HMO POS PPO	MULTIPLE	1773	PO BOX 7102 LONDON, KY 40742
WINDSOR SC	REGULATORY / COMPLIANCE / PAYOR	WINDSOR SC	MULTIPLE	4942	PO BOX 269025 PLANO, TX 75026-9025

TOTAL NUMBER OF CONTRACTS: 213

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

SPECIFIC NOTES REGARDING SCHEDULE H

Co-Debtors

In the ordinary course of their business, the Debtors pay certain expenses on behalf of their subsidiaries. The Debtors may not have identified certain guarantees that are embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other agreements. Further, certain of the guarantees reflected on Schedule H may have expired or may no longer be enforceable. Thus, the Debtors reserve their rights to amend Schedule H to the extent that additional guarantees are identified or such guarantees are discovered to have expired or become unenforceable.

In the ordinary course of their business, the Debtors may be involved in pending or threatened litigation and claims arising out of certain ordinary course of business transactions. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-claims and counter-claims against other parties. Because such claims are contingent, disputed, and/or unliquidated, such claims have not been set forth individually on Schedule H. However, some such claims may be listed elsewhere in the Schedules and Statements.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

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-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
ROTECH HEALTHCARE INC. PARENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A-1 MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ABBA MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ACADIA HOME CARE OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ALLIED MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ALWAYS MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ANDY BOYD'S INHOME MEDICAL, INC., WEST OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ANDY BOYD'S INHOME MEDICAL/INHOME MEDICAL INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
ANNISTON HEALTH & SICKROOM SUPPLIES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BERKELEY MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BEST CARE HHC ACQUISITION COMPANY LLC OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BETA MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CAMBRIA MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CAMDEN MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CARE MEDICAL SUPPLIES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CENTENNIAL MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHARLOTTE MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COLLINS RENTALS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COMMUNITY HOME OXYGEN, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CONTOUR MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
CORLEY HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CPO 2, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DANIEL MEDICAL SYSTEMS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DISTINCT HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DON PAUL RESPIRATORY SERVICES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DUMED, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EAST TENNESSEE INFUSION & RESPIRATORY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ELLIS COUNTY HOME MEDICAL EQUIPMENT, LLC OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ENCORE HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXCEL MEDICAL OF FORT DODGE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXCEL MEDICAL OF MARSHALLTOWN, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FIRST COMMUNITY CARE OF NIAGARA, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
FIRSTCARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FISCHER MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FOUR RIVERS HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G&G MEDICAL, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GATE CITY MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GEORGIA MEDICAL RESOURCES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GLADWIN AREA HOME CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HAMILTON MEDICAL EQUIPMENT SERVICE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATED OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HOLLAND MEDICAL SERVICES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HOME CARE OXYGEN SERVICE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HOME MEDICAL SYSTEMS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
IHS ACQUISITION XXVII, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
INTEGRATED HEALTH SERVICES AT JEFFERSON HOSPITAL, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
INTENSIVE HOME CARE SERVICES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
IOTA MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAMBDA MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAMS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LOVEJOY MEDICAL, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MAJOR MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MEDCO PROFESSIONAL SERVICES, CORP. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MEDCORP INTERNATIONAL, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MEDIC-AIRE MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MEDICAL ELECTRO- THERAPEUTICS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
MEDICARE RENTAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MICHIGAN MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NATIONAL MEDICAL EQUIPMENT CENTERS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NEIGHBORCARE HOME MEDICAL EQUIPMENT, LLC OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NEIGHBORCARE HOME MEDICAL EQUIPMENT OF MARYLAND, LLC OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NEUMANN'S HOME MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NIGHTINGALE HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NORTH CENTRAL WASHINGTON RESPIRATORY CARE SERVICES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NORTHEAST MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NORTHWEST HOME MEDICAL, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OMICRON MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
OXYGEN OF OKLAHOMA, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OXYGEN PLUS MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OXYGEN PLUS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OXYGEN THERAPY ASSOCIATES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PETERSON'S HOME CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PHI MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PIONEER MEDICAL SERVICES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PREFERENTIAL HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRINCIPAL MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PROFESSIONAL BREATHING ASSOCIATES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PROFESSIONAL RESPIRATORY HOME HEALTHCARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PSI HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
PULMO-DOSE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
QUALICARE HOME MEDICAL, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
QUALITY HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R.C.P.S., INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RCG INFORMATION SERVICES CORPORATION OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REGENCY MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RESP-A-CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RESPIRACARE MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RESPIRATORY MEDICAL EQUIPMENT OF GA., INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RESPITECH HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RESPONSIVE HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RHEMA, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
RITT MEDICAL GROUP, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RN HOME CARE MEDICAL EQUIPMENT COMPANY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROSWELL HOME MEDICAL, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROTECH EMPLOYEE BENEFITS CORPORATION OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROTECH HOME MEDICAL CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROTH MEDICAL, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROTHERT'S HOSPITAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SAMPSON CONVALESCENT MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SELECT HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIGMA MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SOUTHEASTERN HOME HEALTH, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR	TERM LOAN FACILITY(1)	FIRST LIEN NOTES(2)	SECOND LIEN NOTES(3)	PHILIPS MEDICAL CAPITAL
SUN MEDICAL SUPPLY, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SUNSHINE HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
THE KILROY COMPANY OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
THETA HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TUPELO HOME HEALTH, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VALLEY MEDICAL EQUIPMENT, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VALUE CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VITALCARE HEALTH SERVICES, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VITALCARE OF TEXAS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WHITE'S MEDICAL RENTALS, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WICHITA MEDICAL CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ZETA HOME HEALTH CARE, INC. OPERATING SUBSIDIARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NAME OF CODEBTOR TERM LOAN FACILITY(1) FIRST LIEN NOTES(2) SECOND LIEN NOTES(3) PHILIPS MEDICAL CAPITAL

Notes:

(1) A \$25 million term loan facility (the "Term Loan Facility"), governed by a credit agreement (the "Term Loan Credit Agreement") with Silver Point Finance, LLC, as administrative agent and SPCP Group, LLC (an affiliate of Silver Point Finance, LLC), as initial lender. Amounts under the Term Loan Facility bear interest at (i) the LIBOR Rate (as defined in the Term Loan Credit Agreement) plus 10.0% per annum or, at Rotech's option, (ii) a fluctuating rate plus 9.0% per annum. Interest is payable monthly. The Term Loan Facility matures on April 30, 2015 and is (i) secured by a first priority security interest in substantially all of the Company's assets and (ii) unconditionally guaranteed by all of Rotech's subsidiaries.

(2) \$230.0 million in aggregate principal amount of 10.75% Senior Secured Notes due 2015 (the "First Lien Notes"), governed by an indenture among Rotech, its subsidiaries, and The Bank of New York Mellon Trust Company, N.A. ("BONY"), as trustee. The First Lien Notes mature on October 15, 2015 and are (i) secured by a first priority security interest in substantially all of the Company's assets and (ii) unconditionally guaranteed by all of Rotech's subsidiaries. Interest on the First Lien Notes is due bi-annually in the approximate amount of \$24 million per annum.

(3) \$290 million in aggregate principal amount of Senior Second Lien Notes (the "Second Lien Notes"), governed by an indenture among Rotech, its subsidiaries, and Wilmington Trust, National Association as Successor Trustee as trustee. The Second Lien Notes mature on March 15, 2018 and are (i) secured by a second lien on substantially all the Company's assets and (ii) unconditionally guaranteed by all of Rotech's subsidiaries. Interest on the Second Lien Notes is due bi-annually in the approximate amount of \$30 million per annum.

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Authorized Signatory of HOME MEDICAL SYSTEMS, INC., declare under penalty of perjury that I have read the foregoing summary and schedules, and that they are true and correct to the best of my knowledge, information and belief.

Date: June 10, 2013

Signature: /s/ David J. Meador

David J. Meador, Treasurer

Name and Title

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.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

<u>In re</u>)	Chapter 11
)	
ROTECH HEALTHCARE INC., et al.,)	Case No. 13-10741
)	
Debtors.)	(Jointly Administered)
)	

STATEMENT OF FINANCIAL AFFAIRS FOR

HOME MEDICAL SYSTEMS, INC.

Case No: 13-10788

(1) The Debtors in these chapter 11 cases are listed in Exhibit A attached hereto and at <http://dm.epiq11.com/rotech>. The address of the corporate headquarters of the Debtors and the mailing address of each of the Debtors is 2600 Technology Drive, Suite 300, Orlando, FL 32804.

Exhibit A

The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, as applicable, are,

A-1 Medical Equipment, Inc. (4401);
 Abba Medical Equipment, Inc. (4117);
 Acadia Home Care (6177);
 Allied Medical Supply, Inc. (3257);
 Always Medical Equipment, Inc. (7512);
 Andy Boyd's InHome Medical, Inc., West (9187);
 Andy Boyd's InHome Medical/InHome Medical Inc. (4360);
 Anniston Health & Sickroom Supplies, Inc. (9873);
 Berkeley Medical Equipment, Inc. (2227);
 Best Care HHC Acquisition Company LLC (2125);
 Beta Medical Equipment, Inc. (4408);
 Cambria Medical Supply, Inc. (0476);
 Camden Medical Supply, Inc. (3186);
 Care Medical Supplies, Inc. (5959);
 Centennial Medical Equipment, Inc. (6826);
 Charlotte Medical Supply, Inc. (8925);
 Collins Rentals, Inc. (2037);
 Community Home Oxygen, Inc. (0456);
 Contour Medical Supply, Inc. (6822);
 Corley Home Health Care, Inc. (9882);
 CPO 2, Inc. (1084);
 Daniel Medical Systems, Inc. (7988);
 Distinct Home Health Care, Inc. (3941);
 Don Paul Respiratory Services, Inc. (7602);
 DuMED, Inc. (6634);
 East Tennessee Infusion & Respiratory, Inc. (7561);
 Ellis County Home Medical Equipment, LLC (9841);
 Encore Home Health Care, Inc. (1477);
 Excel Medical of Fort Dodge, Inc. (4351);
 Excel Medical of Marshalltown, Inc. (6085);
 First Community Care of Niagara, Inc. (1366);
 Firstcare, Inc. (4362);
 Fischer Medical Equipment, Inc. (1262);
 Four Rivers Home Health Care, Inc. (6602);
 G&G Medical, Inc. (3419);
 Gate City Medical Equipment, Inc. (9037);
 Georgia Medical Resources, Inc. (4343);
 Gladwin Area Home Care, Inc. (0154);
 Hamilton Medical Equipment Service, Inc. (9500);
 Health Care Services of Mississippi, Incorporated (3038);
 Holland Medical Services, Inc. (0731);
 Home Care Oxygen Service, Inc. (5036);
 Home Medical Systems, Inc. (4523);
 IHS Acquisition XXVII, Inc. (8938);
 Integrated Health Services at Jefferson Hospital, Inc. (3408);
 Intensive Home Care Services, Inc. (3364);
 IOTA Medical Equipment, Inc. (6769);
 Lambda Medical Equipment, Inc. (4213);
 LAMS, Inc. (3169);
 Lovejoy Medical, Inc. (7284);
 Major Medical Supply, Inc. (3420);
 Medco Professional Services, Corp. (8104);
 MedCorp International, Inc. (1512);
 Medic-Aire Medical Equipment, Inc. (4409);
 Medical Electro-Therapeutics, Inc. (3806);
 Medicare Rental Supply, Inc. (4420);
 Michigan Medical Supply, Inc. (1565);
 National Medical Equipment Centers, Inc. (4381);
 NeighborCare Home Medical Equipment, LLC (4608);
 NeighborCare Home Medical Equipment of Maryland, LLC (7083);
 Neumann's Home Medical Equipment, Inc. (4719);
 Nightingale Home Health Care, Inc. (3784);
 North Central Washington Respiratory Care Services, Inc. (4195);
 Northeast Medical Equipment, Inc. (5262);
 Northwest Home Medical, Inc. (8664);
 OMICRON Medical Equipment, Inc. (4215);
 Oxygen of Oklahoma, Inc. (4965);
 Oxygen Plus Medical Equipment, Inc. (4115);
 Oxygen Plus, Inc. (3534);
 Oxygen Therapy Associates, Inc. (1923);
 Peterson's Home Care, Inc. (9765);
 PHI Medical Equipment, Inc. (6766);
 Pioneer Medical Services, Inc. (9719);
 Preferential Home Health Care, Inc. (5850);
 Principal Medical Equipment, Inc. (7513);
 Professional Breathing Associates, Inc. (1020);
 Professional Respiratory Home Healthcare, Inc. (4111);
 PSI Health Care, Inc. (0287);
 Pulmo-Dose, Inc. (8866);
 Qualicare Home Medical, Inc. (4849);
 Quality Home Health Care, Inc. (4571);
 R.C.P.S., Inc. (9101);
 RCG Information Services Corporation (3052);
 Regency Medical Equipment, Inc. (7515);
 Resp-A-Care, Inc. (6717);
 Respiracare Medical Equipment, Inc. (8640);
 Respiratory Medical Equipment of Ga., Inc. (5258);
 Respitech Home Health Care, Inc. (0603);
 Responsive Home Health Care, Inc. (2438);
 Rhema, Inc. (2932);
 Ritt Medical Group, Inc. (0564);
 RN Home Care Medical Equipment Company, Inc. (2598);
 Roswell Home Medical, Inc. (8647);
 Rotech Healthcare Inc. (8870);
 Rotech Employee Benefits Corporation (8434);
 Rotech Home Medical Care, Inc. (9059);
 Rotech Oxygen and Medical Equipment, Inc. (0889);
 Roth Medical, Inc. (7477);
 Rothert's Hospital Equipment, Inc. (0420);
 Sampson Convalescent Medical Supply, Inc. (0509);
 Select Home Health Care, Inc. (3150);
 Sigma Medical Equipment, Inc. (7143);
 Southeastern Home Health, Inc. (8645);
 Sun Medical Supply, Inc. (4796);
 Sunshine Home Health Care, Inc. (1497);
 The Kilroy Company (3738);
 Theta Home Health Care, Inc. (9824);
 Tupelo Home Health, Inc. (7024);
 Valley Medical Equipment, Inc. (7456);
 Value Care, Inc. (0410);
 VitalCare Health Services, Inc. (3938);
 VitalCare of Texas, Inc. (5707);
 White's Medical Rentals, Inc. (0401);
 Wichita Medical Care, Inc. (6368);
 Zeta Home Health Care, Inc. (0414).

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

General

The Schedules of Assets and Liabilities (collectively, the "Schedules") and the Statements of Financial Affairs (collectively, the "Statements" and, together with the Schedules, the "Schedules and Statements") filed by Rotech Healthcare Inc. ("Rotech" or the "Company") and its title 11 subsidiaries, as chapter 11 debtors and debtors in possession (collectively with Rotech, the "Debtors") pending in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court") were prepared, pursuant to section 521 of title 11 of the United States Code (the "Bankruptcy Code") and Rule 1007 of the Federal Rules of Bankruptcy Procedure, by management of the Debtors, with the assistance of the Debtors' advisors, and are unaudited. While the Debtors' management has made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances, based on information available at the time of preparation, subsequent information or discovery may result in material changes to these Schedules and Statements, and inadvertent errors, inaccuracies, or omissions may have occurred. Because the Schedules and Statements contain unaudited information, which is subject to further review, verification, and potential adjustment, there can be no assurance that these Schedules and Statements are complete. Nothing contained in the Schedules and Statements shall constitute a waiver of any right of the Debtors or an admission with respect to their chapter 11 cases (including, but not limited to, issues involving claims, substantive consolidation, defenses, equitable subordination, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers), and the Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or otherwise assert offsets or defenses to any claim reflected in the Schedules and Statements as to amount, liability, or classification, or to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated."

The Schedules and Statements have been signed by David Meador, Chief Financial Officer of the Debtors. Accordingly, in reviewing and signing the Schedules and Statements, Mr. Meador necessarily relied upon the efforts, statements, and representations of the Debtors' other personnel and professionals. Mr. Meador has not (and could not have) personally verified the accuracy of each such statement and representation, including, but not limited to, statements and representations concerning amounts owed to creditors, classification of such amounts, and their addresses.

These Global Notes and Statement of Limitations, Methodology, and Disclaimer Regarding the Debtors' Schedules and Statements (the "Global Notes") are incorporated by reference in, and comprise an integral part of, all of the Schedules and Statements, and should be referred to and considered in connection with any review of the Schedules and Statements.(1)

(1) These Global Notes supplement and are in addition to any specific notes contained in each Debtor's Schedules or Statements. The fact that the Debtors have prepared a Global Note with respect to any of individual Debtor's Schedules and Statements and not to those of another should not be interpreted as a decision by the Debtors to exclude the applicability of such Global Note to any of the Debtors' other Schedules and Statements, as appropriate. Disclosure of information in one Schedule, one Statement, or an exhibit or attachment to a Schedule or Statement, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit, or attachment.

Description of the Cases and Information Date

On April 8, 2013 (the "Commencement Date"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code in the Bankruptcy Court. The chapter 11 cases are being jointly administered under Case No. 13-10741. The Debtors continue to operate their business and manage their properties as debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The asset information provided herein, except as otherwise noted, represents the asset data of the Debtors as of March 31, 2013 and the liability data of the Debtors as of the close of business on the Commencement Date.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Basis of Presentation

For financial reporting purposes, prior to the Commencement Date, the Debtors prepared financial statements that were annually audited and consolidated by the parent Debtor. Combining the assets and liabilities set forth in the Debtors' Schedules and Statements would result in amounts that would be substantially different from financial information that would be prepared on a consolidated basis under Generally Accepted Accounting Principles ("GAAP"). Therefore, these Schedules and Statements do not purport to represent financial statements prepared in accordance with GAAP nor are they intended to fully reconcile to the financial statements prepared by the Debtors. Unlike the consolidated financial statements, these Schedules and Statements reflect the assets and liabilities of each separate Debtor, except where otherwise indicated. Information contained in the Schedules and Statements has been derived from the Debtors' books and records and historical financial statements.

Moreover, given, among other things, the uncertainty surrounding the collection and ownership of certain assets and the valuation and nature of certain liabilities, to the extent that a Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent as of the Commencement Date or at any time prior to the Commencement Date. Likewise, to the extent a Debtor shows more liabilities than assets, this is not an admission that the Debtor was insolvent at the Commencement Date or any time prior to the Commencement Date.

Amendment

While reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend and/or supplement the Schedules and Statements from time to time as is necessary or appropriate.

Confidential or Sensitive Information

There may be instances in which certain information in the Schedules and Statements intentionally has been redacted due to the nature of an agreement between a Debtor and a third party, concerns about the confidential or commercially sensitive nature of certain information, or concerns for the privacy of an individual. The alterations will be limited to only what is necessary to protect the Debtor or third party and will provide interested parties with sufficient information to discern the nature of the listing.

Causes of Action

Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties as assets in their Schedules and Statements, including, but not limited to, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. The Debtors reserve all of their rights with respect to any claims, causes of action, or avoidance actions they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims, causes of actions, or avoidance actions or in any way prejudice or impair the assertion of such claims.

Recharacterization

The Debtors have made reasonable efforts to correctly characterize, classify, categorize, and designate the claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements. However, due to the complexity and size of the Debtors' businesses, the Debtors may have improperly characterized, classified, categorized, or designated certain items. The Debtors thus reserve all of their rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as necessary or appropriate as additional information becomes available, including, but not limited to, whether contracts herein were executory as of the Commencement Date or remain executory postpetition.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Claim Designations

Any failure to designate a claim in the Schedules and Statements as "contingent," "unliquidated," or "disputed" does not constitute an admission by the Debtors that such claim or amount is not "contingent," "unliquidated," or "disputed." The Debtors reserve all of their rights to dispute, or to assert offsets or defenses to, any claim reflected on their Schedules or Statements on any grounds, including, but not limited to, amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as "contingent," "unliquidated," or "disputed." Moreover, the Debtors reserve all of their rights to amend their Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation. Listing a claim does not constitute an admission of liability by the Debtors.

Unliquidated Claim Amounts

Claim amounts that could not be readily quantified by the Debtors are scheduled as "unliquidated."

Undetermined Amounts

The description of an amount as "undetermined" is not intended to reflect upon the materiality of such amount.

Court Orders

Pursuant to certain orders of the Bankruptcy Court entered in the Debtors' chapter 11 cases entered on or about April 9, 2013 (the "First Day Orders"), the Debtors were authorized (but not directed) to pay, among other things, certain prepetition claims of employees, critical vendors, and taxing authorities. Accordingly, these liabilities may have been or may be satisfied in accordance with such orders. To the extent such claims are paid pursuant to an order of the Bankruptcy Court (including the First Day Orders), the Debtors reserve all rights to amend or supplement their Schedules and Statements as is necessary or appropriate.

Valuation

It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations of all of their assets. Accordingly, unless otherwise indicated, net book values as of the Commencement Date are reflected on the Schedules and Statements. Exceptions to this include operating cash and certain other assets. Operating cash is presented at bank balances as of the Commencement Date. Certain other assets, such as investments in subsidiaries and other intangible assets, are listed at undetermined amounts, as the net book values may differ materially from fair market values. Amounts ultimately realized may vary from net book value (or whatever value was ascribed) and such variance may be material. Accordingly, the Debtors reserve all of their rights to amend or adjust the value of each asset set forth herein. In addition, the amounts shown for total liabilities exclude items identified as "unknown" or "undetermined," and, thus, ultimate liabilities may differ materially from those stated in the Schedules and Statements. Barclays Capital, the Debtors' financial advisor, has conducted a valuation of the Debtors on a consolidated basis and projects a value range of between \$400 million and \$460 million depending upon the method and multiple used. The Barclays valuation was included as exhibit H to the Disclosure Statement [Docket no. 337] and certain additional materials were attached as an exhibit to the Debtors' Motion Requesting Order Disbanding Statutory Committee of Equity Security Holders [Docket No. 142].

Liabilities

The Debtors have sought to allocate liabilities between the prepetition and postpetition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and postpetition periods may change. The Debtors reserve the right to amend the Schedules and Statements as they deem appropriate in this regard.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Excluded Assets and Liabilities

The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including goodwill, deferred compensation, accrued salaries, employee benefit accruals, accrued accounts payable, deferred gains, and certain immaterial assets and liabilities. The Debtors also have excluded rejection damage claims of counterparties to executory contracts and unexpired leases that have been or may be rejected, to the extent such damage claims exist. Pursuant to certain First Day Orders, the Debtors have been granted authority to pay certain prepetition obligations to, among others, employees, critical vendors, and taxing authorities.

Leases

The Debtors have not included in the Schedules and Statements the future obligations of any capital or operating leases. To the extent that there was an amount outstanding as of the Commencement Date, the creditor has been included on Schedule F of the Schedules.

Contingent Assets

The Debtors believe that they may possess certain claims and causes of action against various parties. Additionally, the Debtors may possess contingent claims in the form of various avoidance actions they could commence under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws. The Debtors, despite reasonable efforts, may not have set forth all of their causes of action against third parties as assets in their Schedules and Statements. The Debtors reserve all of their rights with respect to any claims, causes of action, or avoidance actions they may have and nothing contained in these Global Notes or the Schedules and Statements shall be deemed a waiver of any such claims, avoidance actions, or causes of action or in any way prejudice or impair the assertion of such claims.

The Debtors may also possess contingent and unliquidated claims against affiliate Debtor entities for various financial accommodations and similar benefits they have extended from time to time, including contingent and unliquidated claims for contribution, reimbursement, and/or indemnification arising from, among other things, (i) letters of credit, (ii) notes payable and receivable, (iii) surety bonds, (iv) guarantees, (v) indemnities, and (vi) warranties. Additionally, prior to the relevant Commencement Date, each Debtor, as plaintiff, may have commenced various lawsuits in the ordinary course of its business against third parties seeking monetary damages. Refer to each Statement, item 4(a)(i), for lawsuits commenced prior to the relevant Commencement Date in which the Debtor was a plaintiff.

Receivables and Payables

The Debtors have not listed individual customer accounts receivable balance information as the Company considers its customer list to be proprietary and confidential.

Intercompany Accounts

The Debtors record intercompany assets and liabilities through intercompany trade (includes trade and other business-related transactions) accounts. The Debtors have eliminated intra-company activity within each legal entity.

Guarantees and Other Secondary Liability Claims

The Debtors have used reasonable efforts to locate and identify guarantees and other secondary liability claims (collectively, "Guarantees") in each of their executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements. Where such Guarantees have been identified, they have been included in the relevant Schedule H for the Debtor or Debtors affected by such Guarantees. However, certain Guarantees embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements may have been inadvertently omitted. Thus, the Debtors reserve all of their rights to amend the Schedules to the extent that additional Guarantees are identified.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Intellectual Property Rights

Exclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated, or otherwise have expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, have not been terminated, or otherwise have not expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all intellectual property rights.

Estimates

To prepare and file the Schedules as close to the Commencement Date as possible, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. The Debtors reserve all rights to amend the reported amounts of assets and liability to reflect changes in those estimates or assumptions.

Fiscal Year

Each Debtor's fiscal year ends on December 31.

Currency

Unless otherwise indicated, all amounts are reflected in U.S. dollars.

Property and Equipment

Unless otherwise indicated, owned property (including real property) and equipment are stated at net book value. The Debtors may lease furniture, fixtures, and equipment from certain third party lessors. Any such leases are set forth in the Schedules and Statements. Nothing in the Schedules and Statements is or shall be construed as an admission as to the determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all of their rights with respect to same.

Claims of Third-Party Related Entities

While the Debtors have made every effort to properly classify each claim listed in the Schedules as being either disputed or undisputed, liquidated or unliquidated, and contingent or noncontingent, the Debtors have not been able to fully reconcile all payments made to certain third parties and their related entities on account of the Debtors' obligations to same. Therefore, to the extent that the Debtors have classified their estimate of claims of a creditor as disputed, all claims of such creditor's affiliates listed in the Schedules and Statements shall similarly be considered as disputed, whether or not they are designated as such.

Interest in Subsidiaries and Affiliates

Rotech is a publicly held company, and each of the Debtors other than Rotech is a wholly-owned indirect subsidiary of Rotech. Each Debtor's Schedule B14 or Statement 18a contains a listing of the current capital structure of the Debtors and includes ownership interests.

Umbrella Or Master Agreements

Contracts listed in the Schedules and Statements may be umbrella or master agreements that cover relationships with some or all of the Debtors. Where relevant, such agreements have been listed in the Schedules and Statements only of the Debtor that signed the original umbrella or master agreement.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Setoffs and Recoupment

The Debtors reconcile credit balances for payors and patients in the ordinary course of business. As of the Commencement Date, a significant amount of credit balances (which could ultimately result in a refund or offset to the payor or patient) had not been reconciled (some of which are old) and the Debtors cannot determine if, after reconciliation, such amounts would result in a claim against the Debtors. The Debtors are contract counter-party with over 600 payors and cannot reconcile all of the credit balances with certainty in the current time frame. Accordingly, the Debtors have identified all commercial payors (regardless of current stage of reconciliation) with unknown, unliquidated amounts on Schedule F.

The Debtors have over 7,000 patients who may be owed refunds and an additional 42,000 patients that may have small negative credit balances, which remain unreconciled. Given the time allotted and the volume of credit balances, it has not been possible for the Debtors to reconcile every credit balance and determine if a refund is owed. Accordingly, due to the HIPAA Privacy Rule and state confidentiality requirements, the Debtors have not listed on Schedule F the identity or amounts potentially owed to specific individual patients. Rather, each of the Debtors have scheduled a single line item showing the amount of contingent and/or liquidated refund claims which each Debtor has determined to be potentially owed to all patients protected by applicable regulations. All 49,000 patients will be provided with a proof of claim form which will provide the amount of the refund (if known) potentially owed to the patient.

Insiders

The Debtors have attempted to include all payments made over the 12 months preceding the Commencement Date to any individual or entity deemed an "insider." For these purposes, "insider" is defined as (1) an individual or entity owning 5% or more of the voting or equity securities of a Debtor, (2) Board of Directors, (3) the Chief Executive Officer, (4) the Chief Financial Officer, or (5) an entity related to an insider. The listing of a party as an "insider," however, is not intended to be nor should be construed as a legal characterization of such party as an insider and does not act as an admission of any fact, claim, right, or defense, and all such rights, claims, and defenses are hereby expressly reserved. In addition, certain Debtors have made payments to, charged or incurred charges from various affiliated entities during the twelve months preceding the relevant Commencement Date. These transactions have been reflected in the Schedules and Statements as the net change in beginning and ending intercompany trade payables.

Disputed, Contingent and/or Unliquidated Claims

Schedules D, E and F permit each of the Debtors to designate a claim as disputed, contingent and/or unliquidated. A failure to designate a claim on any of these Schedules as disputed, contingent and/or unliquidated does not constitute an admission that such claim is not subject to objection. The Debtors reserve the right to dispute, or assert offsets or defenses to, any claim reflected on these Schedules as to amount, liability or status.

Indemnification

Article IX of Rotech's Certificate of Incorporation (the "Certificate") provides indemnification, on the particular terms set forth in the Bylaws, for persons made a party or threatened to be made a party to any action, suit or proceeding by reason of the fact that he or she is the legal representative or, is or was a director or officer of Rotech, or is or was serving at the request of Rotech as a director, officer, employee or agent of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans maintained or sponsored by Rotech. The Debtors have not reached a determination that certain potentially indemnified persons are ineligible for indemnification under the terms of the Certificate and such persons are therefore listed on Rotech's Schedule F. To the extent that Rotech has entered into separate contracts with certain executives and former executives, agreeing to indemnify them in certain circumstances according to the particular terms and conditions set forth in those contracts, such contracts are listed on Rotech's Schedule G. The Debtors have not reached a determination as to whether the persons who are parties to these contracts are eligible for indemnification. Consequently, the Debtors have separately listed on Schedule G all contracts with such persons, but Debtors reserve all rights with respect thereto, including the right to assert that the individual is not entitled to indemnification and that the provisions do not constitute executory contracts.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY, AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES AND STATEMENTS

Property Held for Others

The Debtors hold property, including medical equipment, for other people. In the ordinary course of their business, pursuant to contracts with the Department of Veterans Affairs ("VA") and certain commercial payors, certain Debtors store and hold in Debtors' facilities medical equipment and supplies owned by the VA and certain other payors, which is used when Debtors provide contracted services to patients of the VA and certain other payors pursuant to the terms and conditions of contracts with those parties. The inventory of medical equipment and supplies so held on consignment for others has been excluded from the Debtors' responses to Question 14 of the Statement of Financial Affairs.

Payments

The financial affairs and business of the Debtors are complex. Prior to the Commencement Date, the Debtors maintained a cash management and disbursement system in the ordinary course of their businesses (the "Cash Management System"). Disbursements under the Cash Management System are controlled primarily by the Debtors' financial personnel located at the Debtors' headquarters. As a result, certain payments in the Schedules and Statements may have been made prepetition by one legal entity on behalf of another legal entity through the operation of the centrally controlled cash management system. Although efforts have been made to attribute open payable amounts to the correct legal entity, the Debtors reserve the right to modify or amend their Schedules and Statements to attribute such payment to a different legal entity, if appropriate.

Totals

All totals that are included in the Schedules and Statements represent totals of all the known amounts included in the Schedules and Statements. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total. The description of an amount as "unknown" or "undetermined" is not intended to reflect upon the materiality of such amount.

STATEMENT OF FINANCIAL AFFAIRS
UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

Chapter 11

In re: HOME MEDICAL SYSTEMS, INC.
Debtor.

Case Number: 13-10788

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 and Fed. R. Bankr. P. 1007(m).

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

DEFINITIONS

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

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

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

See Attachment 1 to the Statement of Financial Affairs

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 year** immediately preceding the commencement of this case. Give particular 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).

See Attachment 2 to the Statement of Financial Affairs

3. Payments to Creditors

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

None *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 if the aggregate value of all property that constitutes or is affected by such transfer is not 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 creditor 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.)

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.)

See Rotech Healthcare Inc. SOFA 3b

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.)

See Rotech Healthcare Inc. SOFA 3c

4. Suits, 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.)

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.)

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.)

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.)

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.)

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.)

See Attachment 7 to the Statement of Financial Affairs

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.)

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, or consultation concerning debt consolidation, relief under the bankruptcy laws, preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

See Rotech Healthcare Inc. SOFA 9

10. Other transfers

None
 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.)

See Attachment 10a to the Statement of Financial Affairs

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

See Attachment 10a to the Statement of Financial Affairs

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.)

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.)

13. Setoffs

None
 List all setoffs made by any creditor, including a bank, against debts 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 either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

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

15. Prior address of debtor

None
 If the debtor has moved within the **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.

See Attachment 15 to the Statement of Financial Affairs

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 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.

17. Environmental Information

For the purposes of this questions, the following definitions apply:

"Environmental Law" means any federal, state, of 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.

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.

None c. List all judicial or administrative proceedings, including settlements or order, 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.

18. Nature, location, and names of business

None a. *If the debtor is an individual,* list the names, addresses and 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, partnership, sole proprietorship, or was a self-employed professional within the **six-years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting of equity securities within the **six-years** immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses and 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 securities, within the **six-years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses and 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 securities, within the **six-years** immediately preceding the commencement of this case.

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.

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 the **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 sold proprietor or otherwise 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 the 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 the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

See Attachment 19a to the Statement of Financial Affairs

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 AND ADDRESS

See Attachment 19b to the Statement of Financial Affairs

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.

See Attachment 19c to the Statement of Financial Affairs

None

d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

Rotech Healthcare Inc. is a publicly traded company. As a result, audited consolidated financial statements were historically filed with the Securities and Exchange Commission (the "SEC"), most recently for the December 31, 2011 year end. Because audited financial statements are of public record, the Debtors do not maintain records of the parties who requested or obtained copies of the financial statements. The Debtors routinely provide financial statements to banks, customers, suppliers, potential investors, and other financial institutions in the ordinary course, as well as in association with its debt restructuring efforts.

20. Inventories

None

a. List the dates of the last two inventories taken of the debtor's property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

See Attachment 20a to the Statement of Financial Affairs

None

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

Branch Manager maintains Inventory records

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

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 of more of the voting or equity securities of the corporation.

See Attachment 21b to the Statement of Financial Affairs

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.

None

b. If the debtor is a corporation, list all officers, or directors whose relationships with the corporation terminated within **one year** immediately preceding the commencement of this case.

See Attachment 22b to the Statement of Financial Affairs

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.

***Please refer to response on Sofa 3c for Rotech Healthcare Inc.**

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 the **six-years** immediately preceding the commencement of this case.

See Attachment 24 to the Statement of Financial Affairs

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 this case.

HOME MEDICAL SYSTEMS, INC.**Attachment 1****Case Number: 13-10788****Income from employment or operation of business**

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.

<u>Source</u>	<u>Amount</u>
OPERATING REVENUE, NET - 2011	\$26,720,713
OPERATING REVENUE, NET - 2012	\$24,301,149
OPERATING REVENUE, NET - MARCH 2013	\$6,032,458

HOME MEDICAL SYSTEMS, INC.

Attachment 2

Case Number: 13-10788

Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case.

<u>Source</u>	<u>Amount</u>
OTHER INCOME - 2011	\$2,288

HOME MEDICAL SYSTEMS, INC.

Attachment 7

Case Number: 13-10788

Gifts

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

<u>Name And Address Of Recipient</u>	<u>Relationship To Debtor, If Any</u>	<u>Date Of Gift</u>	<u>Description And Value Of Gift</u>	
PETTY CASH WHITEVILLE, NC		10/9/2012	CASH	\$100
PETTY CASH WHITEVILLE, NC		4/27/2012	CASH	\$100
			TOTAL	\$200

HOME MEDICAL SYSTEMS, INC.**Attachment 10a****Case Number: 13-10788****Other transfers**

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

<u>Name And Address Transferee, Relationship To Debtor</u>	<u>Date</u>	<u>Describe Property Transferred And Value Received</u>	
WINTHROP DME SERVICES, INC. D/B/A CLEAR CHOICE OXYGEN & MEDICAL SUPPLY ATTN: LAURENCE WILLIAM SZELIGA 1330 MARTHA BERRY BLVD NE ROME, GA 30165	3/21/2012	PURCHASED PROPERTY UNDER ASSET PURCHASE AGREEMENT (APA)	\$25,000
		TOTAL	\$25,000

HOME MEDICAL SYSTEMS, INC.**Attachment 15****Case Number: 13-10788****Prior address of debtor**

If 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

<u>Address</u>	<u>Name Used</u>	<u>Date Vacated</u>
119 COPPER PENNY DR HENDERSONVILLE, NC	HENDERSONVILLE,NC	11/30/2011
1321 C. NORTH CASHUA DR FLORENCE, SC		9/30/2010
1495 KENNEDY ROAD TIFTON, GA		2/28/2012
298 N HWY 16, UNIT E-1SOUTHEAST DVP OFFICE DENVER, NC	SOUTHEAST DVP OFFICE	5/31/2012
3215 FORTUNE DRIVE (PEPPERDAM PLAZA) N. CHARLESTON, SC		7/31/2012
900 WEST MEETING ST LANCASTER, SC	BARNETT MEDICAL SUPPLY	10/31/2011

ROTECH HEALTHCARE INC.
SOFA 18a
2013 Organization Structure

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business
1	ROTECH HEALTHCARE INC.	SHAREHOLDERS - 100%	Delaware	3/15/2002	03-0408870	Debtor	US	Parent
2	A-1 MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334401	Debtor	US	Operating Subsidiary
3	ABBA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344117	Debtor	US	Operating Subsidiary
4	ACADIA HOME CARE	ROTECH HEALTHCARE INC. - 100%	Maine	12/28/1993	01-0486177	Debtor	US	Operating Subsidiary
5	ALLIED MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	7/14/1982	86-0423257	Debtor	US	Operating Subsidiary
6	ALWAYS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387512	Debtor	US	Operating Subsidiary
7	ANDY BOYD'S INHOME MEDICAL, INC., WEST	ROTECH HEALTHCARE INC. - 100%	West Virginia	3/22/1996	55-0749187	Debtor	US	Operating Subsidiary
8	ANDY BOYD'S INHOME MEDICAL/INHOME MEDICAL INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	10/30/1989	55-0744360	Debtor	US	Operating Subsidiary
9	ANNISTON HEALTH & SICKROOM SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Alabama	12/20/1976	63-0719873	Debtor	US	Operating Subsidiary
10	BERKELEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3402227	Debtor	US	Operating Subsidiary
11	BEST CARE HHC ACQUISITION COMPANY LLC	ROTECH HEALTHCARE INC. - 100%	Delaware	2/7/2007	20-8402125	Debtor	US	Operating Subsidiary
12	BETA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334408	Debtor	US	Operating Subsidiary
13	CAMBRIA MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/10/1994	59-3260476	Debtor	US	Operating Subsidiary
14	CAMDEN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/29/1993	59-3203186	Debtor	US	Operating Subsidiary
15	CARE MEDICAL SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	4/29/1985	37-1175959	Debtor	US	Operating Subsidiary
16	CENTENNIAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406826	Debtor	US	Operating Subsidiary
17	CHARLOTTE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1993	59-3208925	Debtor	US	Operating Subsidiary
18	COLLINS RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	2/17/1981	43-1222037	Debtor	US	Operating Subsidiary
19	COMMUNITY HOME OXYGEN, INC.	ROTECH HEALTHCARE INC. - 100%	Montana	3/2/1994	81-0490456	Debtor	US	Operating Subsidiary
20	CONTOUR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406822	Debtor	US	Operating Subsidiary
21	CORLEY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	9/24/1987	58-1729882	Debtor	US	Operating Subsidiary
22	CPO 2, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	8/17/1983	23-2271084	Debtor	US	Operating Subsidiary
23	DANIEL MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	6/25/1964	73-0737988	Debtor	US	Operating Subsidiary
24	DISTINCT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143941	Debtor	US	Operating Subsidiary
25	DON PAUL RESPIRATORY SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	8/26/1991	84-1177602	Debtor	US	Operating Subsidiary
26	DUMED, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/21/1989	42-1336634	Debtor	US	Operating Subsidiary
27	EAST TENNESSEE INFUSION & RESPIRATORY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/25/1990	59-3007561	Debtor	US	Operating Subsidiary
28	ELLIS COUNTY HOME MEDICAL EQUIPMENT, LLC	ROTECH HEALTHCARE INC. - 100%	Texas	6/17/2002	32-0019841	Debtor	US	Operating Subsidiary
29	ENCORE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221477	Debtor	US	Operating Subsidiary
30	EXCEL MEDICAL OF FORT DODGE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	1/1/1989	42-1324351	Debtor	US	Operating Subsidiary
31	EXCEL MEDICAL OF MARSHALLTOWN, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/27/1989	42-1336085	Debtor	US	Operating Subsidiary
32	FIRST COMMUNITY CARE OF NIAGARA, INC.	ROTECH HEALTHCARE INC. - 100%	New York	10/17/1989	16-1361366	Debtor	US	Operating Subsidiary
33	FIRSTCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	9/27/1991	48-1104362	Debtor	US	Operating Subsidiary
34	FISCHER MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	12/27/1991	82-0361262	Debtor	US	Operating Subsidiary
35	FOUR RIVERS HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	6/21/1984	43-1336602	Debtor	US	Operating Subsidiary
36	G&G MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	5/16/1986	84-1033419	Debtor	US	Operating Subsidiary
37	GATE CITY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/25/1995	59-3339037	Debtor	US	Operating Subsidiary
38	GEORGIA MEDICAL RESOURCES, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	8/18/1982	58-1484343	Debtor	US	Operating Subsidiary
39	GLADWIN AREA HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/28/1989	38-2870154	Debtor	US	Operating Subsidiary
40	HAMILTON MEDICAL EQUIPMENT SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	8/20/1979	42-1129500	Debtor	US	Operating Subsidiary
41	HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATED	ROTECH HEALTHCARE INC. - 100%	Florida	4/27/1988	59-2893038	Debtor	US	Operating Subsidiary
42	HOLLAND MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3180731	Debtor	US	Operating Subsidiary
43	HOME CARE OXYGEN SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Minnesota	9/19/1978	41-1335036	Debtor	US	Operating Subsidiary
44	HOME MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	11/30/1992	59-3154523	Debtor	US	Operating Subsidiary
45	IHS ACQUISITION XXVII, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	6/21/1989	52-1748938	Debtor	US	Operating Subsidiary
46	INTEGRATED HEALTH SERVICES AT JEFFERSON HOSPITAL, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	12/28/1992	52-1843408	Debtor	US	Operating Subsidiary
47	INTENSIVE HOME CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/26/1990	75-2323364	Debtor	US	Operating Subsidiary
48	IOTA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366769	Debtor	US	Operating Subsidiary

ROTECH HEALTHCARE INC.
SOFA 18a
2013 Organization Structure

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business
49	LAMBDA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374213	Debtor	US	Operating Subsidiary
50	LAMS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	11/8/1988	75-2253169	Debtor	US	Operating Subsidiary
51	LOVEJOY MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	7/28/1994	59-3267284	Debtor	US	Operating Subsidiary
52	MAJOR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	2/15/1978	75-1583420	Debtor	US	Operating Subsidiary
53	MEDCO PROFESSIONAL SERVICES, CORP.	ROTECH HEALTHCARE INC. - 100%	Colorado	10/7/1991	84-1188104	Debtor	US	Operating Subsidiary
54	MEDCORP INTERNATIONAL, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	3/4/1988	86-0601512	Debtor	US	Operating Subsidiary
55	MEDIC-AIRE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334409	Debtor	US	Operating Subsidiary
56	MEDICAL ELECTRO-THERAPEUTICS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	10/27/1989	59-2973806	Debtor	US	Operating Subsidiary
57	MEDICARE RENTAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	7/20/1977	55-0574420	Debtor	US	Operating Subsidiary
58	MICHIGAN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/21/1982	38-2401565	Debtor	US	Operating Subsidiary
59	NATIONAL MEDICAL EQUIPMENT CENTERS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1987	59-2874381	Debtor	US	Operating Subsidiary
60	NEIGHBORCARE HOME MEDICAL EQUIPMENT, LLC	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	11/23/2005	23-2464608	Debtor	US	Operating Subsidiary
61	NEIGHBORCARE HOME MEDICAL EQUIPMENT OF MARYLAND, LLC	ROTECH HEALTHCARE INC. - 100%	Maryland	7/11/1997	52-2047083	Debtor	US	Operating Subsidiary
62	NEUMANN'S HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	2/29/1964	36-2534719	Debtor	US	Operating Subsidiary
63	NIGHTINGALE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	10/27/1989	59-2973784	Debtor	US	Operating Subsidiary
64	NORTH CENTRAL WASHINGTON RESPIRATORY CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Washington	12/22/1986	91-1364195	Debtor	US	Operating Subsidiary
65	NORTHEAST MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	12/4/1995	59-3345262	Debtor	US	Operating Subsidiary
66	NORTHWEST HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	3/21/1984	82-0388664	Debtor	US	Operating Subsidiary
67	OMICRON MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374215	Debtor	US	Operating Subsidiary
68	OXYGEN OF OKLAHOMA, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	1/7/1982	73-1144965	Debtor	US	Operating Subsidiary
69	OXYGEN PLUS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344115	Debtor	US	Operating Subsidiary
70	OXYGEN PLUS, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	4/24/1990	84-1143534	Debtor	US	Operating Subsidiary
71	OXYGEN THERAPY ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	1/11/1993	75-2461923	Debtor	US	Operating Subsidiary
72	PETERSON'S HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	California	8/16/1990	33-0439765	Debtor	US	Operating Subsidiary
73	PHI MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366766	Debtor	US	Operating Subsidiary
74	PIONEER MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	5/3/1989	55-0689719	Debtor	US	Operating Subsidiary
75	PREFERENTIAL HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/7/1992	59-3155850	Debtor	US	Operating Subsidiary
76	PRINCIPAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387513	Debtor	US	Operating Subsidiary
77	PROFESSIONAL BREATHING ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/14/1978	38-2201020	Debtor	US	Operating Subsidiary
78	PROFESSIONAL RESPIRATORY HOME HEALTHCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344111	Debtor	US	Operating Subsidiary
79	PSI HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	South Dakota	1/12/1981	46-0360287	Debtor	US	Operating Subsidiary
80	PULMO-DOSE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/3/1991	59-3098866	Debtor	US	Operating Subsidiary
81	QUALICARE HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	2/9/2004	75-3144849	Debtor	US	Operating Subsidiary
82	QUALITY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/21/1989	59-2954571	Debtor	US	Operating Subsidiary
83	R.C.P.S., INC.	ROTECH HEALTHCARE INC. - 100%	California	7/1/1990	33-0429101	Debtor	US	Operating Subsidiary
84	RCG INFORMATION SERVICES CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida	2/2/1994	59-3223052	Debtor	US	Operating Subsidiary
85	REGENCY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387515	Debtor	US	Operating Subsidiary
86	RESP-A-CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	11/1/1976	61-0906717	Debtor	US	Operating Subsidiary
87	RESPIRACARE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358640	Debtor	US	Operating Subsidiary
88	RESPIRATORY MEDICAL EQUIPMENT OF GA., INC.	ROTECH HEALTHCARE INC. - 100%	Florida	12/4/1995	59-3345258	Debtor	US	Operating Subsidiary
89	RESPITECH HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Wyoming	1/26/1995	83-0310603	Debtor	US	Operating Subsidiary
90	RESPONSIVE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3182438	Debtor	US	Operating Subsidiary
91	RHEMA, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	12/1/1995	75-2622932	Debtor	US	Operating Subsidiary
92	RITT MEDICAL GROUP, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	1/11/1978	86-0340564	Debtor	US	Operating Subsidiary
93	RN HOME CARE MEDICAL EQUIPMENT COMPANY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	2/24/1989	59-2932598	Debtor	US	Operating Subsidiary
94	ROSWELL HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358647	Debtor	US	Operating Subsidiary
95	ROTECH EMPLOYEE BENEFITS CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida	9/3/1991	59-3098434	Debtor	US	Operating Subsidiary
96	ROTECH HOME MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/16/1988	59-2919059	Debtor	US	Operating Subsidiary

ROTECH HEALTHCARE INC.
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2013 Organization Structure

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business
97	ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/13/1973	59-1450889	Debtor	US	Operating Subsidiary
98	ROTH MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	6/1/1989	84-1117477	Debtor	US	Operating Subsidiary
99	ROTHERT'S HOSPITAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	10/6/1994	59-3270420	Debtor	US	Operating Subsidiary
100	SAMPSON CONVALESCENT MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/2/1989	56-1660509	Debtor	US	Operating Subsidiary
101	SELECT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	2/1/1994	59-3223150	Debtor	US	Operating Subsidiary
102	SIGMA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3367143	Debtor	US	Operating Subsidiary
103	SOUTHEASTERN HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358645	Debtor	US	Operating Subsidiary
104	SUN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/4/1987	56-1574796	Debtor	US	Operating Subsidiary
105	SUNSHINE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221497	Debtor	US	Operating Subsidiary
106	THE KILROY COMPANY	ROTECH HEALTHCARE INC. - 100%	North Carolina	1/7/1985	56-1453738	Debtor	US	Operating Subsidiary
107	THETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/30/1994	59-3279824	Debtor	US	Operating Subsidiary
108	TUPELO HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1989	59-2957024	Debtor	US	Operating Subsidiary
109	VALLEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Utah	7/26/1995	87-0547456	Debtor	US	Operating Subsidiary
110	VALUE CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250410	Debtor	US	Operating Subsidiary
111	VITALCARE HEALTH SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143938	Debtor	US	Operating Subsidiary
112	VITALCARE OF TEXAS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/2/1988	76-0245707	Debtor	US	Operating Subsidiary
113	WHITE'S MEDICAL RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	12/29/1993	57-0770401	Debtor	US	Operating Subsidiary
114	WICHITA MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	6/24/1994	48-1156368	Debtor	US	Operating Subsidiary
115	ZETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250414	Debtor	US	Operating Subsidiary

ROTECH HEALTHCARE INC.
 SOFA 18a
 2011-12 Organization Structure

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business	Comments
1	ROTECH HEALTHCARE INC.	SHAREHOLDERS - 100%	Delaware	3/15/2002	03-0408870	Debtor	US	Parent	
2	A-1 MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334401	Debtor	US	Operating Subsidiary	
3	ABBA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344117	Debtor	US	Operating Subsidiary	
4	ACADIA HOME CARE	ROTECH HEALTHCARE INC. - 100%	Maine	12/28/1993	01-0486177	Debtor	US	Operating Subsidiary	
5	ALLIED MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	7/14/1982	86-0423257	Debtor	US	Operating Subsidiary	
6	ALWAYS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387512	Debtor	US	Operating Subsidiary	
7	ANDY BOYD'S INHOME MEDICAL, INC., WEST	ROTECH HEALTHCARE INC. - 100%	West Virginia	3/22/1996	55-0749187	Debtor	US	Operating Subsidiary	
8	ANDY BOYD'S INHOME MEDICAL/INHOME MEDICAL INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	10/30/1989	55-0744360	Debtor	US	Operating Subsidiary	
9	ANNISTON HEALTH & SICKROOM SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Alabama	12/20/1976	63-0719873	Debtor	US	Operating Subsidiary	
10	BERKELEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3402227	Debtor	US	Operating Subsidiary	
11	BEST CARE HHC ACQUISITION COMPANY LLC	ROTECH HEALTHCARE INC. - 100%	Delaware	2/7/2007	20-8402125	Debtor	US	Operating Subsidiary	acquired on 12/15/2011
12	BETA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334408	Debtor	US	Operating Subsidiary	
13	CAMBRIA MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/10/1994	59-3260476	Debtor	US	Operating Subsidiary	
14	CAMDEN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/29/1993	59-3203186	Debtor	US	Operating Subsidiary	
15	CARE MEDICAL SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	4/29/1985	37-1175959	Debtor	US	Operating Subsidiary	
16	CENTENNIAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406826	Debtor	US	Operating Subsidiary	
17	CHARLOTTE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1993	59-3208925	Debtor	US	Operating Subsidiary	
18	COLLINS RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	2/17/1981	43-1222037	Debtor	US	Operating Subsidiary	
19	COMMUNITY HOME OXYGEN, INC.	ROTECH HEALTHCARE INC. - 100%	Montana	3/2/1994	81-0490456	Debtor	US	Operating Subsidiary	
20	CONTOUR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406822	Debtor	US	Operating Subsidiary	
21	CORLEY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	9/24/1987	58-1729882	Debtor	US	Operating Subsidiary	
22	CPO 2, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	8/17/1983	23-2271084	Debtor	US	Operating Subsidiary	
	CYNTHIANA HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250409	Non-Debtor	US	Operating Subsidiary	merged into Rothert's Hospital Equipment, Inc. (KY) on 7/31/2012
23	DANIEL MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	6/25/1964	73-0737988	Debtor	US	Operating Subsidiary	
24	DISTINCT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143941	Debtor	US	Operating Subsidiary	
25	DON PAUL RESPIRATORY SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	8/26/1991	84-1177602	Debtor	US	Operating Subsidiary	
26	DUMED, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/21/1989	42-1336634	Debtor	US	Operating Subsidiary	
27	EAST TENNESSEE INFUSION & RESPIRATORY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/25/1990	59-3007561	Debtor	US	Operating Subsidiary	
28	ELLIS COUNTY HOME MEDICAL EQUIPMENT, LLC	ROTECH HEALTHCARE INC. - 100%	Texas	6/17/2002	32-0019841	Debtor	US	Operating Subsidiary	acquired on 7/1/2011
29	ENCORE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221477	Debtor	US	Operating Subsidiary	
30	EXCEL MEDICAL OF FORT DODGE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	1/1/1989	42-1324351	Debtor	US	Operating Subsidiary	
31	EXCEL MEDICAL OF MARSHALLTOWN, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/27/1989	42-1336085	Debtor	US	Operating Subsidiary	
32	FIRST COMMUNITY CARE OF NIAGARA, INC.	ROTECH HEALTHCARE INC. - 100%	New York	10/17/1989	16-1361366	Debtor	US	Operating Subsidiary	
33	FIRSTCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	9/27/1991	48-1104362	Debtor	US	Operating Subsidiary	
34	FISCHER MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	12/27/1991	82-0361262	Debtor	US	Operating Subsidiary	
35	FOUR RIVERS HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	6/21/1984	43-1336602	Debtor	US	Operating Subsidiary	
36	G&G MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	5/16/1986	84-1033419	Debtor	US	Operating Subsidiary	
37	GATE CITY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/25/1995	59-3339037	Debtor	US	Operating Subsidiary	
38	GEORGIA MEDICAL RESOURCES, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	8/18/1982	58-1484343	Debtor	US	Operating Subsidiary	
39	GLADWIN AREA HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/28/1989	38-2870154	Debtor	US	Operating Subsidiary	
40	HAMILTON MEDICAL EQUIPMENT SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	8/20/1979	42-1129500	Debtor	US	Operating Subsidiary	
41	HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATED	ROTECH HEALTHCARE INC. - 100%	Florida	4/27/1988	59-2893038	Debtor	US	Operating Subsidiary	
42	HOLLAND MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3180731	Debtor	US	Operating Subsidiary	
43	HOME CARE OXYGEN SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Minnesota	9/19/1978	41-1335036	Debtor	US	Operating Subsidiary	
44	HOME MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	11/30/1992	59-3154523	Debtor	US	Operating Subsidiary	
45	IHS ACQUISITION XXVII, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	6/21/1989	52-1748938	Debtor	US	Operating Subsidiary	
46	INTEGRATED HEALTH SERVICES AT JEFFERSON HOSPITAL, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	12/28/1992	52-1843408	Debtor	US	Operating Subsidiary	
47	INTENSIVE HOME CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/26/1990	75-2323364	Debtor	US	Operating Subsidiary	
48	IOTA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366769	Debtor	US	Operating Subsidiary	
49	LAMBDA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374213	Debtor	US	Operating Subsidiary	
50	LAMS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	11/8/1988	75-2253169	Debtor	US	Operating Subsidiary	
	LAWRENCE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	3/22/1989	48-1066529	Non-Debtor	US	Operating Subsidiary	merged into Value Care, Inc. (FL) on 8/31/2012

ROTECH HEALTHCARE INC.
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LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business	Comments
51	LOVEJOY MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	7/28/1994	59-3267284	Debtor	US	Operating Subsidiary	
52	MAJOR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	2/15/1978	75-1583420	Debtor	US	Operating Subsidiary	
53	MEDCO PROFESSIONAL SERVICES, CORP.	ROTECH HEALTHCARE INC. - 100%	Colorado	10/7/1991	84-1188104	Debtor	US	Operating Subsidiary	
54	MEDCORP INTERNATIONAL, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	3/4/1988	86-0601512	Debtor	US	Operating Subsidiary	
55	MEDIC-AIRE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334409	Debtor	US	Operating Subsidiary	
56	MEDICAL ELECTRO-THERAPEUTICS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	10/27/1989	59-2973806	Debtor	US	Operating Subsidiary	
57	MEDICARE RENTAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	7/20/1977	55-0574420	Debtor	US	Operating Subsidiary	
58	MICHIGAN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/21/1982	38-2401565	Debtor	US	Operating Subsidiary	
59	NATIONAL MEDICAL EQUIPMENT CENTERS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1987	59-2874381	Debtor	US	Operating Subsidiary	
60	NEIGHBORCARE HOME MEDICAL EQUIPMENT, LLC	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	11/23/2005	23-2464608	Debtor	US	Operating Subsidiary	acquired on 12/15/2011
61	NEIGHBORCARE HOME MEDICAL EQUIPMENT OF MARYLAND, LLC	ROTECH HEALTHCARE INC. - 100%	Maryland	7/11/1997	52-2047083	Debtor	US	Operating Subsidiary	acquired on 12/15/2011
62	NEUMANN'S HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	2/29/1964	36-2534719	Debtor	US	Operating Subsidiary	
63	NIGHTINGALE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	10/27/1989	59-2973784	Debtor	US	Operating Subsidiary	
64	NORTH CENTRAL WASHINGTON RESPIRATORY CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Washington	12/22/1986	91-1364195	Debtor	US	Operating Subsidiary	
65	NORTHEAST MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	12/4/1995	59-3345262	Debtor	US	Operating Subsidiary	
66	NORTHWEST HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	3/21/1984	82-0388664	Debtor	US	Operating Subsidiary	
67	OMICRON MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374215	Debtor	US	Operating Subsidiary	
68	OXYGEN OF OKLAHOMA, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	1/7/1982	73-1144965	Debtor	US	Operating Subsidiary	
69	OXYGEN PLUS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344115	Debtor	US	Operating Subsidiary	
70	OXYGEN PLUS, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	4/24/1990	84-1143534	Debtor	US	Operating Subsidiary	
71	OXYGEN THERAPY ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	1/11/1993	75-2461923	Debtor	US	Operating Subsidiary	
72	PETERSON'S HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	California	8/16/1990	33-0439765	Debtor	US	Operating Subsidiary	
73	PHI MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366766	Debtor	US	Operating Subsidiary	
74	PIONEER MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	5/3/1989	55-0689719	Debtor	US	Operating Subsidiary	
75	PREFERENTIAL HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/7/1992	59-3155850	Debtor	US	Operating Subsidiary	
76	PRINCIPAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387513	Debtor	US	Operating Subsidiary	
77	PROFESSIONAL BREATHING ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/14/1978	38-2201020	Debtor	US	Operating Subsidiary	
78	PROFESSIONAL RESPIRATORY HOME HEALTHCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344111	Debtor	US	Operating Subsidiary	
79	PSI HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	South Dakota	1/12/1981	46-0360287	Debtor	US	Operating Subsidiary	
80	PULMO-DOSE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/3/1991	59-3098866	Debtor	US	Operating Subsidiary	
	PULMONARY HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	New Jersey	11/15/1983	22-2476666	Non-Debtor	US	Operating Subsidiary	merged into Contour Medical Supply, Inc. (FL) on 12/7/2012
81	QUALICARE HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	2/9/2004	75-3144849	Debtor	US	Operating Subsidiary	acquired 9/9/2011
82	QUALITY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/21/1989	59-2954571	Debtor	US	Operating Subsidiary	
83	R.C.P.S., INC.	ROTECH HEALTHCARE INC. - 100%	California	7/1/1990	33-0429101	Debtor	US	Operating Subsidiary	
84	RCG INFORMATION SERVICES CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida	2/2/1994	59-3223052	Debtor	US	Operating Subsidiary	
	RCI MEDICAL CORP.	ROTECH HEALTHCARE INC. - 100%	New Jersey	1/22/1993	22-3214474	Non-Debtor	US	Operating Subsidiary	merged into Contour Medical Supply, Inc. (FL) on 12/7/2012
85	REGENCY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387515	Debtor	US	Operating Subsidiary	
86	RESP-A-CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	11/1/1976	61-0906717	Debtor	US	Operating Subsidiary	
87	RESPIRACARE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358640	Debtor	US	Operating Subsidiary	
88	RESPIRATORY MEDICAL EQUIPMENT OF GA., INC.	ROTECH HEALTHCARE INC. - 100%	Florida	12/4/1995	59-3345258	Debtor	US	Operating Subsidiary	
89	RESPITECH HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Wyoming	1/26/1995	83-0310603	Debtor	US	Operating Subsidiary	
90	RESPONSIVE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3182438	Debtor	US	Operating Subsidiary	
91	RHEMA, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	12/1/1995	75-2622932	Debtor	US	Operating Subsidiary	
92	RITT MEDICAL GROUP, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	1/11/1978	86-0340564	Debtor	US	Operating Subsidiary	
93	RN HOME CARE MEDICAL EQUIPMENT COMPANY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	2/24/1989	59-2932598	Debtor	US	Operating Subsidiary	
94	ROSWELL HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358647	Debtor	US	Operating Subsidiary	
95	ROTECH EMPLOYEE BENEFITS CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida	9/3/1991	59-3098434	Debtor	US	Operating Subsidiary	
96	ROTECH HOME MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/16/1988	59-2919059	Debtor	US	Operating Subsidiary	
97	ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/13/1973	59-1450889	Debtor	US	Operating Subsidiary	
98	ROTH MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	6/1/1989	84-1117477	Debtor	US	Operating Subsidiary	
99	ROTHERT'S HOSPITAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	10/6/1994	59-3270420	Debtor	US	Operating Subsidiary	

ROTECH HEALTHCARE INC.
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2011-12 Organization Structure

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business	Comments
100	SAMPSON CONVALESCENT MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/2/1989	56-1660509	Debtor	US	Operating Subsidiary	
101	SELECT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	2/1/1994	59-3223150	Debtor	US	Operating Subsidiary	
102	SIGMA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3367143	Debtor	US	Operating Subsidiary	
103	SOUTHEASTERN HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358645	Debtor	US	Operating Subsidiary	
104	SUN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/4/1987	56-1574796	Debtor	US	Operating Subsidiary	
105	SUNSHINE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221497	Debtor	US	Operating Subsidiary	
106	THE KILROY COMPANY	ROTECH HEALTHCARE INC. - 100%	North Carolina	1/7/1985	56-1453738	Debtor	US	Operating Subsidiary	
107	THETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/30/1994	59-3279824	Debtor	US	Operating Subsidiary	
108	TUPELO HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1989	59-2957024	Debtor	US	Operating Subsidiary	
109	VALLEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Utah	7/26/1995	87-0547456	Debtor	US	Operating Subsidiary	
110	VALUE CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250410	Debtor	US	Operating Subsidiary	
111	VITALCARE HEALTH SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143938	Debtor	US	Operating Subsidiary	
	VITALCARE OF PENNSYLVANIA, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	3/4/1988	23-2505962	Non-Debtor	US	Operating Subsidiary	merged into Contour Medical Supply, Inc. (FL) on 12/7/2012
112	VITALCARE OF TEXAS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/2/1988	76-0245707	Debtor	US	Operating Subsidiary	
113	WHITE'S MEDICAL RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	12/29/1993	57-0770401	Debtor	US	Operating Subsidiary	
114	WICHITA MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	6/24/1994	48-1156368	Debtor	US	Operating Subsidiary	
115	ZETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250414	Debtor	US	Operating Subsidiary	

ROTECH HEALTHCARE INC.
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LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-		Nature of Business	Comments
						Debtor	Location		
1	ROTECH HEALTHCARE INC.	SHAREHOLDERS - 100%	Delaware	3/15/2002	03-0408870	Debtor	US	Parent	
2	A-1 MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334401	Debtor	US	Operating Subsidiary	
3	ABBA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344117	Debtor	US	Operating Subsidiary	
4	ACADIA HOME CARE	ROTECH HEALTHCARE INC. - 100%	Maine	12/28/1993	01-0486177	Debtor	US	Operating Subsidiary	
5	ALLIED MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	7/14/1982	86-0423257	Debtor	US	Operating Subsidiary	
6	ALWAYS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387512	Debtor	US	Operating Subsidiary	
7	ANDY BOYD'S INHOME MEDICAL, INC., WEST	ROTECH HEALTHCARE INC. - 100%	West Virginia	3/22/1996	55-0749187	Debtor	US	Operating Subsidiary	
8	ANDY BOYD'S INHOME MEDICAL/INHOME MEDICAL INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	10/30/1989	55-0744360	Debtor	US	Operating Subsidiary	
9	ANNISTON HEALTH & SICKROOM SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Alabama	12/20/1976	63-0719873	Debtor	US	Operating Subsidiary	
10	BERKELEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3402227	Debtor	US	Operating Subsidiary	
	BEST CARE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	1/31/1990	38-2918055	Non-Debtor	US	Operating Subsidiary	dissolved on 9/3/2010
12	BETA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334408	Debtor	US	Operating Subsidiary	
13	CAMBRIA MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/10/1994	59-3260476	Debtor	US	Operating Subsidiary	
14	CAMDEN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/29/1993	59-3203186	Debtor	US	Operating Subsidiary	
15	CARE MEDICAL SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	4/29/1985	37-1175959	Debtor	US	Operating Subsidiary	
16	CENTENNIAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406826	Debtor	US	Operating Subsidiary	
17	CHARLOTTE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1993	59-3208925	Debtor	US	Operating Subsidiary	
18	COLLINS RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	2/17/1981	43-1222037	Debtor	US	Operating Subsidiary	
19	COMMUNITY HOME OXYGEN, INC.	ROTECH HEALTHCARE INC. - 100%	Montana	3/2/1994	81-0490456	Debtor	US	Operating Subsidiary	
20	CONTOUR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406822	Debtor	US	Operating Subsidiary	
21	CORLEY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	9/24/1987	58-1729882	Debtor	US	Operating Subsidiary	
22	CPO 2, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	8/17/1983	23-2271084	Debtor	US	Operating Subsidiary	
	CYNTHIANA HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250409	Non-Debtor	US	Operating Subsidiary	
23	DANIEL MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	6/25/1964	73-0737988	Debtor	US	Operating Subsidiary	
24	DISTINCT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143941	Debtor	US	Operating Subsidiary	
25	DON PAUL RESPIRATORY SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	8/26/1991	84-1177602	Debtor	US	Operating Subsidiary	
26	DUMED, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/21/1989	42-1336634	Debtor	US	Operating Subsidiary	
27	EAST TENNESSEE INFUSION & RESPIRATORY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/25/1990	59-3007561	Debtor	US	Operating Subsidiary	
29	ENCORE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221477	Debtor	US	Operating Subsidiary	
	EPSILON HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250417	Non-Debtor	US	Operating Subsidiary	dissolved on 10/18/2010
30	EXCEL MEDICAL OF FORT DODGE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	1/1/1989	42-1324351	Debtor	US	Operating Subsidiary	
31	EXCEL MEDICAL OF MARSHALLTOWN, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/27/1989	42-1336085	Debtor	US	Operating Subsidiary	
32	FIRST COMMUNITY CARE OF NIAGARA, INC.	ROTECH HEALTHCARE INC. - 100%	New York	10/17/1989	16-1361366	Debtor	US	Operating Subsidiary	
33	FIRSTCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	9/27/1991	48-1104362	Debtor	US	Operating Subsidiary	
34	FISCHER MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	12/27/1991	82-0361262	Debtor	US	Operating Subsidiary	
35	FOUR RIVERS HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	6/21/1984	43-1336602	Debtor	US	Operating Subsidiary	
36	G&G MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	5/16/1986	84-1033419	Debtor	US	Operating Subsidiary	
37	GATE CITY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/25/1995	59-3339037	Debtor	US	Operating Subsidiary	
38	GEORGIA MEDICAL RESOURCES, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	8/18/1982	58-1484343	Debtor	US	Operating Subsidiary	
39	GLADWIN AREA HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/28/1989	38-2870154	Debtor	US	Operating Subsidiary	
40	HAMILTON MEDICAL EQUIPMENT SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	8/20/1979	42-1129500	Debtor	US	Operating Subsidiary	
41	HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATED	ROTECH HEALTHCARE INC. - 100%	Florida	4/27/1988	59-2893038	Debtor	US	Operating Subsidiary	
42	HOLLAND MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3180731	Debtor	US	Operating Subsidiary	
43	HOME CARE OXYGEN SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Minnesota	9/19/1978	41-1335036	Debtor	US	Operating Subsidiary	
44	HOME MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	11/30/1992	59-3154523	Debtor	US	Operating Subsidiary	
45	IHS ACQUISITION XXVII, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	6/21/1989	52-1748938	Debtor	US	Operating Subsidiary	
46	INTEGRATED HEALTH SERVICES AT JEFFERSON HOSPITAL, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	12/28/1992	52-1843408	Debtor	US	Operating Subsidiary	
	INTEGRATED OF GARDEN TERRANCE, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	1/29/1992	52-1843387	Non-Debtor	US	Operating Subsidiary	dissolved on 10/15/2010
47	INTENSIVE HOME CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/26/1990	75-2323364	Debtor	US	Operating Subsidiary	
48	IOTA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366769	Debtor	US	Operating Subsidiary	
49	LAMBDA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374213	Debtor	US	Operating Subsidiary	
50	LAMS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	11/8/1988	75-2253169	Debtor	US	Operating Subsidiary	
	LAWRENCE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	3/22/1989	48-1066529	Non-Debtor	US	Operating Subsidiary	
	LIBERTY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/7/1992	59-3172251	Non-Debtor	US	Operating Subsidiary	dissolved on 10/18/2010
51	LOVEJOY MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	7/28/1994	59-3267284	Debtor	US	Operating Subsidiary	

ROTECH HEALTHCARE INC.
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LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business	Comments
52	MAJOR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	2/15/1978	75-1583420	Debtor	US	Operating Subsidiary	
53	MEDCO PROFESSIONAL SERVICES, CORP.	ROTECH HEALTHCARE INC. - 100%	Colorado	10/7/1991	84-1188104	Debtor	US	Operating Subsidiary	
54	MEDCORP INTERNATIONAL, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	3/4/1988	86-0601512	Debtor	US	Operating Subsidiary	
55	MEDIC-AIRE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334409	Debtor	US	Operating Subsidiary	
56	MEDICAL ELECTRO-THERAPEUTICS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	10/27/1989	59-2973806	Debtor	US	Operating Subsidiary	
57	MEDICARE RENTAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	7/20/1977	55-0574420	Debtor	US	Operating Subsidiary	
58	MICHIGAN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/21/1982	38-2401565	Debtor	US	Operating Subsidiary	
59	NATIONAL MEDICAL EQUIPMENT CENTERS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1987	59-2874381	Debtor	US	Operating Subsidiary	
62	NEUMANN'S HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	2/29/1964	36-2534719	Debtor	US	Operating Subsidiary	
63	NIGHTINGALE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	10/27/1989	59-2973784	Debtor	US	Operating Subsidiary	
64	NORTH CENTRAL WASHINGTON RESPIRATORY CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Washington	12/22/1986	91-1364195	Debtor	US	Operating Subsidiary	
65	NORTHEAST MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	12/4/1995	59-3345262	Debtor	US	Operating Subsidiary	
66	NORTHWEST HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	3/21/1984	82-0388664	Debtor	US	Operating Subsidiary	
	OMEGA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366772	Non-Debtor	US	Operating Subsidiary	dissolved on 10/18/2010
67	OMICRON MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374215	Debtor	US	Operating Subsidiary	
68	OXYGEN OF OKLAHOMA, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	1/7/1982	73-1144965	Debtor	US	Operating Subsidiary	
69	OXYGEN PLUS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344115	Debtor	US	Operating Subsidiary	
70	OXYGEN PLUS, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	4/24/1990	84-1143534	Debtor	US	Operating Subsidiary	
71	OXYGEN THERAPY ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	1/11/1993	75-2461923	Debtor	US	Operating Subsidiary	
72	PETERSON'S HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	California	8/16/1990	33-0439765	Debtor	US	Operating Subsidiary	
73	PHI MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366766	Debtor	US	Operating Subsidiary	
74	PIONEER MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	5/3/1989	55-0689719	Debtor	US	Operating Subsidiary	
75	PREFERENTIAL HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/7/1992	59-3155850	Debtor	US	Operating Subsidiary	
	PREMIER MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	New Mexico	11/16/1995	85-0436331	Non-Debtor	US	Operating Subsidiary	dissolved on 10/15/2010
76	PRINCIPAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387513	Debtor	US	Operating Subsidiary	
77	PROFESSIONAL BREATHING ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/14/1978	38-2201020	Debtor	US	Operating Subsidiary	
78	PROFESSIONAL RESPIRATORY HOME HEALTHCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344111	Debtor	US	Operating Subsidiary	
79	PSI HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	South Dakota	1/12/1981	46-0360287	Debtor	US	Operating Subsidiary	
80	PULMO-DOSE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/3/1991	59-3098866	Debtor	US	Operating Subsidiary	
	PULMONARY HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	New Jersey	11/15/1983	22-2476666	Non-Debtor	US	Operating Subsidiary	
82	QUALITY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/21/1989	59-2954571	Debtor	US	Operating Subsidiary	
83	R.C.P.S., INC.	ROTECH HEALTHCARE INC. - 100%	California	7/1/1990	33-0429101	Debtor	US	Operating Subsidiary	
84	RCG INFORMATION SERVICES CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida	2/2/1994	59-3223052	Debtor	US	Operating Subsidiary	
	RCI MEDICAL CORP.	ROTECH HEALTHCARE INC. - 100%	New Jersey	1/22/1993	22-3214474	Non-Debtor	US	Operating Subsidiary	
85	REGENCY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387515	Debtor	US	Operating Subsidiary	
86	RESP-A-CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	11/1/1976	61-0906717	Debtor	US	Operating Subsidiary	
87	RESPIRACARE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358640	Debtor	US	Operating Subsidiary	
88	RESPIRATORY MEDICAL EQUIPMENT OF GA., INC.	ROTECH HEALTHCARE INC. - 100%	Florida	12/4/1995	59-3345258	Debtor	US	Operating Subsidiary	
89	RESPITECH HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Wyoming	1/26/1995	83-0310603	Debtor	US	Operating Subsidiary	
90	RESPONSIVE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3182438	Debtor	US	Operating Subsidiary	
91	RHEMA, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	12/1/1995	75-2622932	Debtor	US	Operating Subsidiary	
92	RITT MEDICAL GROUP, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	1/11/1978	86-0340564	Debtor	US	Operating Subsidiary	
93	RN HOME CARE MEDICAL EQUIPMENT COMPANY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	2/24/1989	59-2932598	Debtor	US	Operating Subsidiary	
94	ROSWELL HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358647	Debtor	US	Operating Subsidiary	
95	ROTECH EMPLOYEE BENEFITS CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida	9/3/1991	59-3098434	Debtor	US	Operating Subsidiary	
96	ROTECH HOME MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/16/1988	59-2919059	Debtor	US	Operating Subsidiary	
97	ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/13/1973	59-1450889	Debtor	US	Operating Subsidiary	
98	ROTH MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	6/1/1989	84-1117477	Debtor	US	Operating Subsidiary	
99	ROTHERT'S HOSPITAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky	10/6/1994	59-3270420	Debtor	US	Operating Subsidiary	
100	SAMPSON CONVALESCENT MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/2/1989	56-1660509	Debtor	US	Operating Subsidiary	
101	SELECT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	2/1/1994	59-3223150	Debtor	US	Operating Subsidiary	
102	SIGMA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3367143	Debtor	US	Operating Subsidiary	
	SIGNATURE HOME CARE OF KANSAS, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	5/20/1992	48-1124109	Non-Debtor	US	Operating Subsidiary	dissolved on 7/19/2010
103	SOUTHEASTERN HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/15/1996	59-3358645	Debtor	US	Operating Subsidiary	
	STAT MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	7/28/1995	59-3334411	Non-Debtor	US	Operating Subsidiary	dissolved on 10/18/2010

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LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business	Comments
104	SUN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/4/1987	56-1574796	Debtor	US	Operating Subsidiary	
105	SUNSHINE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221497	Debtor	US	Operating Subsidiary	
106	THE KILROY COMPANY	ROTECH HEALTHCARE INC. - 100%	North Carolina	1/7/1985	56-1453738	Debtor	US	Operating Subsidiary	
107	THETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/30/1994	59-3279824	Debtor	US	Operating Subsidiary	
108	TUPELO HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1989	59-2957024	Debtor	US	Operating Subsidiary	
109	VALLEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Utah	7/26/1995	87-0547456	Debtor	US	Operating Subsidiary	
110	VALUE CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250410	Debtor	US	Operating Subsidiary	
111	VITALCARE HEALTH SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143938	Debtor	US	Operating Subsidiary	
	VITALCARE OF PENNSYLVANIA, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	3/4/1988	23-2505962	Non-Debtor	US	Operating Subsidiary	
112	VITALCARE OF TEXAS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/2/1988	76-0245707	Debtor	US	Operating Subsidiary	
113	WHITE'S MEDICAL RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	12/29/1993	57-0770401	Debtor	US	Operating Subsidiary	
114	WICHITA MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	6/24/1994	48-1156368	Debtor	US	Operating Subsidiary	
115	ZETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250414	Debtor	US	Operating Subsidiary	

ROTECH HEALTHCARE INC.
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 2007 Organization Structure

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business	Comments
1	ROTECH HEALTHCARE INC.	SHAREHOLDERS - 100%	Delaware	3/15/2002	03-0408870	Debtor	US	Parent	
2	A-1 MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334401	Debtor	US	Operating Subsidiary	
3	ABBA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1995	59-3344117	Debtor	US	Operating Subsidiary	
4	ACADIA HOME CARE	ROTECH HEALTHCARE INC. - 100%	Maine	12/28/1993	01-0486177	Debtor	US	Operating Subsidiary	
5	ALLIED MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	7/14/1982	86-0423257	Debtor	US	Operating Subsidiary	
6	ALWAYS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3387512	Debtor	US	Operating Subsidiary	
7	ANDY BOYD'S INHOME MEDICAL, INC., WEST	ROTECH HEALTHCARE INC. - 100%	West Virginia	3/22/1996	55-0749187	Debtor	US	Operating Subsidiary	
8	ANDY BOYD'S INHOME MEDICAL/INHOME MEDICAL INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia	10/30/1989	55-0744360	Debtor	US	Operating Subsidiary	
9	ANNISTON HEALTH & SICKROOM SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Alabama	12/20/1976	63-0719873	Debtor	US	Operating Subsidiary	
10	BERKELEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3402227	Debtor	US	Operating Subsidiary	
	BEST CARE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	1/31/1990	38-2918055	Non-Debtor	US	Operating Subsidiary	
12	BETA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334408	Debtor	US	Operating Subsidiary	
13	CAMBRIA MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/10/1994	59-3260476	Debtor	US	Operating Subsidiary	
14	CAMDEN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/29/1993	59-3203186	Debtor	US	Operating Subsidiary	
	CANYON STATE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	6/1/1989	86-0627468	Non-Debtor	US	Operating Subsidiary	dissolved on 1/10/2007
15	CARE MEDICAL SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	4/29/1985	37-1175959	Debtor	US	Operating Subsidiary	
16	CENTENNIAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406826	Debtor	US	Operating Subsidiary	
17	CHARLOTTE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1993	59-3208925	Debtor	US	Operating Subsidiary	
18	COLLINS RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	2/17/1981	43-1222037	Debtor	US	Operating Subsidiary	
19	COMMUNITY HOME OXYGEN, INC.	ROTECH HEALTHCARE INC. - 100%	Montana	3/2/1994	81-0490456	Debtor	US	Operating Subsidiary	
20	CONTOUR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406822	Debtor	US	Operating Subsidiary	
21	CORLEY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	9/24/1987	58-1729882	Debtor	US	Operating Subsidiary	
22	CPO 2, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	8/17/1983	23-2271084	Debtor	US	Operating Subsidiary	
	CYNTHIANA HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250409	Non-Debtor	US	Operating Subsidiary	
23	DANIEL MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	6/25/1964	73-0737988	Debtor	US	Operating Subsidiary	
24	DISTINCT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143941	Debtor	US	Operating Subsidiary	
25	DON PAUL RESPIRATORY SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	8/26/1991	84-1177602	Debtor	US	Operating Subsidiary	
26	DUMED, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/21/1989	42-1336634	Debtor	US	Operating Subsidiary	
27	EAST TENNESSEE INFUSION & RESPIRATORY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/25/1990	59-3007561	Debtor	US	Operating Subsidiary	
29	ENCORE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221477	Debtor	US	Operating Subsidiary	
	EPSILON HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250417	Non-Debtor	US	Operating Subsidiary	
30	EXCEL MEDICAL OF FORT DODGE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	1/1/1989	42-1324351	Debtor	US	Operating Subsidiary	
31	EXCEL MEDICAL OF MARSHALLTOWN, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/27/1989	42-1336085	Debtor	US	Operating Subsidiary	
32	FIRST COMMUNITY CARE OF NIAGARA, INC.	ROTECH HEALTHCARE INC. - 100%	New York	10/17/1989	16-1361366	Debtor	US	Operating Subsidiary	
33	FIRSTCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	9/27/1991	48-1104362	Debtor	US	Operating Subsidiary	
34	FISCHER MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	12/27/1991	82-0361262	Debtor	US	Operating Subsidiary	
35	FOUR RIVERS HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	6/21/1984	43-1336602	Debtor	US	Operating Subsidiary	
36	G&G MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	5/16/1986	84-1033419	Debtor	US	Operating Subsidiary	
37	GATE CITY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/25/1995	59-3339037	Debtor	US	Operating Subsidiary	
38	GEORGIA MEDICAL RESOURCES, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	8/18/1982	58-1484343	Debtor	US	Operating Subsidiary	
39	GLADWIN AREA HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/28/1989	38-2870154	Debtor	US	Operating Subsidiary	
40	HAMILTON MEDICAL EQUIPMENT SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	8/20/1979	42-1129500	Debtor	US	Operating Subsidiary	
41	HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATED	ROTECH HEALTHCARE INC. - 100%	Florida	4/27/1988	59-2893038	Debtor	US	Operating Subsidiary	
42	HOLLAND MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3180731	Debtor	US	Operating Subsidiary	
43	HOME CARE OXYGEN SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Minnesota	9/19/1978	41-1335036	Debtor	US	Operating Subsidiary	
44	HOME MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	11/30/1992	59-3154523	Debtor	US	Operating Subsidiary	
45	IHS ACQUISITION XXVII, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	6/21/1989	52-1748938	Debtor	US	Operating Subsidiary	
46	INTEGRATED HEALTH SERVICES AT JEFFERSON HOSPITAL, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	12/28/1992	52-1843408	Debtor	US	Operating Subsidiary	
	INTEGRATED OF GARDEN TERRANCE, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	1/29/1992	52-1843387	Non-Debtor	US	Operating Subsidiary	
47	INTENSIVE HOME CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/26/1990	75-2323364	Debtor	US	Operating Subsidiary	
48	IOTA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366769	Debtor	US	Operating Subsidiary	
49	LAMBDA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374213	Debtor	US	Operating Subsidiary	
50	LAMS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	11/8/1988	75-2253169	Debtor	US	Operating Subsidiary	
	LAWRENCE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	3/22/1989	48-1066529	Non-Debtor	US	Operating Subsidiary	
	LIBERTY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/7/1992	59-3172251	Non-Debtor	US	Operating Subsidiary	

ROTECH HEALTHCARE INC.
 SOFA 18a
 2007 Organization Structure

LID	Legal Entity Name	Parent	Jurisdiction of		Date of	Federal Tax ID No	Debtor/Non-			Comments
			Incorporation	Incorporation			Debtor	Location	Nature of Business	
51	LOVEJOY MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky		7/28/1994	59-3267284	Debtor	US	Operating Subsidiary	
52	MAJOR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Texas		2/15/1978	75-1583420	Debtor	US	Operating Subsidiary	
53	MEDCO PROFESSIONAL SERVICES, CORP.	ROTECH HEALTHCARE INC. - 100%	Colorado		10/7/1991	84-1188104	Debtor	US	Operating Subsidiary	
54	MEDCORP INTERNATIONAL, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona		3/4/1988	86-0601512	Debtor	US	Operating Subsidiary	
55	MEDIC-AIRE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		9/8/1995	59-3334409	Debtor	US	Operating Subsidiary	
56	MEDICAL ELECTRO-THERAPEUTICS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		10/27/1989	59-2973806	Debtor	US	Operating Subsidiary	
57	MEDICARE RENTAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia		7/20/1977	55-0574420	Debtor	US	Operating Subsidiary	
58	MICHIGAN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan		4/21/1982	38-2401565	Debtor	US	Operating Subsidiary	
59	NATIONAL MEDICAL EQUIPMENT CENTERS, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		6/26/1987	59-2874381	Debtor	US	Operating Subsidiary	
62	NEUMANN'S HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois		2/29/1964	36-2534719	Debtor	US	Operating Subsidiary	
63	NIGHTINGALE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		10/27/1989	59-2973784	Debtor	US	Operating Subsidiary	
64	NORTH CENTRAL WASHINGTON RESPIRATORY CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Washington		12/22/1986	91-1364195	Debtor	US	Operating Subsidiary	
65	NORTHEAST MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		12/4/1995	59-3345262	Debtor	US	Operating Subsidiary	
66	NORTHWEST HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho		3/21/1984	82-0388664	Debtor	US	Operating Subsidiary	
	OMEGA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		1/24/1996	59-3366772	Non-Debtor	US	Operating Subsidiary	
67	OMICRON MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		1/24/1996	59-3374215	Debtor	US	Operating Subsidiary	
68	OXYGEN OF OKLAHOMA, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma		1/7/1982	73-1144965	Debtor	US	Operating Subsidiary	
69	OXYGEN PLUS MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		11/1/1995	59-3344115	Debtor	US	Operating Subsidiary	
70	OXYGEN PLUS, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado		4/24/1990	84-1143534	Debtor	US	Operating Subsidiary	
71	OXYGEN THERAPY ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas		1/11/1993	75-2461923	Debtor	US	Operating Subsidiary	
72	PETERSON'S HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	California		8/16/1990	33-0439765	Debtor	US	Operating Subsidiary	
73	PHI MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		1/24/1996	59-3366766	Debtor	US	Operating Subsidiary	
74	PIONEER MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	West Virginia		5/3/1989	55-0689719	Debtor	US	Operating Subsidiary	
75	PREFERENTIAL HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		5/7/1992	59-3155850	Debtor	US	Operating Subsidiary	
	PREMIER MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	New Mexico		11/16/1995	85-0436331	Non-Debtor	US	Operating Subsidiary	
76	PRINCIPAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		5/28/1996	59-3387513	Debtor	US	Operating Subsidiary	
77	PROFESSIONAL BREATHING ASSOCIATES, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan		4/14/1978	38-2201020	Debtor	US	Operating Subsidiary	
78	PROFESSIONAL RESPIRATORY HOME HEALTHCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		11/1/1995	59-3344111	Debtor	US	Operating Subsidiary	
79	PSI HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	South Dakota		1/12/1981	46-0360287	Debtor	US	Operating Subsidiary	
80	PULMO-DOSE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		9/3/1991	59-3098866	Debtor	US	Operating Subsidiary	
	PULMONARY HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	New Jersey		11/15/1983	22-2476666	Non-Debtor	US	Operating Subsidiary	
82	QUALITY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		6/21/1989	59-2954571	Debtor	US	Operating Subsidiary	
83	R.C.P.S., INC.	ROTECH HEALTHCARE INC. - 100%	California		7/1/1990	33-0429101	Debtor	US	Operating Subsidiary	
84	RCG INFORMATION SERVICES CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida		2/2/1994	59-3223052	Debtor	US	Operating Subsidiary	
	RCI MEDICAL CORP.	ROTECH HEALTHCARE INC. - 100%	New Jersey		1/22/1993	22-3214474	Non-Debtor	US	Operating Subsidiary	
85	REGENCY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		5/28/1996	59-3387515	Debtor	US	Operating Subsidiary	
86	RESP-A-CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky		11/1/1976	61-0906717	Debtor	US	Operating Subsidiary	
87	RESPIRACARE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		1/15/1996	59-3358640	Debtor	US	Operating Subsidiary	
88	RESPIRATORY MEDICAL EQUIPMENT OF GA., INC.	ROTECH HEALTHCARE INC. - 100%	Florida		12/4/1995	59-3345258	Debtor	US	Operating Subsidiary	
89	RESPITECH HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Wyoming		1/26/1995	83-0310603	Debtor	US	Operating Subsidiary	
90	RESPONSIVE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		4/29/1993	59-3182438	Debtor	US	Operating Subsidiary	
91	RHEMA, INC.	ROTECH HEALTHCARE INC. - 100%	Texas		12/1/1995	75-2622932	Debtor	US	Operating Subsidiary	
92	RITT MEDICAL GROUP, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona		1/11/1978	86-0340564	Debtor	US	Operating Subsidiary	
93	RN HOME CARE MEDICAL EQUIPMENT COMPANY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		2/24/1989	59-2932598	Debtor	US	Operating Subsidiary	
94	ROSWELL HOME MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		1/15/1996	59-3358647	Debtor	US	Operating Subsidiary	
95	ROTECH EMPLOYEE BENEFITS CORPORATION	ROTECH HEALTHCARE INC. - 100%	Florida		9/3/1991	59-3098434	Debtor	US	Operating Subsidiary	
96	ROTECH HOME MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		11/16/1988	59-2919059	Debtor	US	Operating Subsidiary	
97	ROTECH OXYGEN AND MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		4/13/1973	59-1450889	Debtor	US	Operating Subsidiary	
98	ROTH MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado		6/1/1989	84-1117477	Debtor	US	Operating Subsidiary	
99	ROTHERT'S HOSPITAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kentucky		10/6/1994	59-3270420	Debtor	US	Operating Subsidiary	
100	SAMPSON CONVALESCENT MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina		8/2/1989	56-1660509	Debtor	US	Operating Subsidiary	
101	SELECT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		2/1/1994	59-3223150	Debtor	US	Operating Subsidiary	
102	SIGMA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		1/24/1996	59-3367143	Debtor	US	Operating Subsidiary	
	SIGNATURE HOME CARE OF KANSAS, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas		5/20/1992	48-1124109	Non-Debtor	US	Operating Subsidiary	
103	SOUTHEASTERN HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida		1/15/1996	59-3358645	Debtor	US	Operating Subsidiary	

ROTECH HEALTHCARE INC.
SOFA 18a
2007 Organization Structure

LID	Legal Entity Name	Parent	Jurisdiction of Incorporation	Date of Incorporation	Federal Tax ID No	Debtor/Non-Debtor	Location	Nature of Business	Comments
	STAT MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	7/28/1995	59-3334411	Non-Debtor	US	Operating Subsidiary	
104	SUN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	North Carolina	8/4/1987	56-1574796	Debtor	US	Operating Subsidiary	
105	SUNSHINE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221497	Debtor	US	Operating Subsidiary	
106	THE KILROY COMPANY	ROTECH HEALTHCARE INC. - 100%	North Carolina	1/7/1985	56-1453738	Debtor	US	Operating Subsidiary	
107	THETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/30/1994	59-3279824	Debtor	US	Operating Subsidiary	
108	TUPELO HOME HEALTH, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	6/26/1989	59-2957024	Debtor	US	Operating Subsidiary	
109	VALLEY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Utah	7/26/1995	87-0547456	Debtor	US	Operating Subsidiary	
110	VALUE CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250410	Debtor	US	Operating Subsidiary	
111	VITALCARE HEALTH SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143938	Debtor	US	Operating Subsidiary	
	VITALCARE OF PENNSYLVANIA, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	3/4/1988	23-2505962	Non-Debtor	US	Operating Subsidiary	
112	VITALCARE OF TEXAS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/2/1988	76-0245707	Debtor	US	Operating Subsidiary	
113	WHITE'S MEDICAL RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	12/29/1993	57-0770401	Debtor	US	Operating Subsidiary	
114	WICHITA MEDICAL CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	6/24/1994	48-1156368	Debtor	US	Operating Subsidiary	
115	ZETA HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250414	Debtor	US	Operating Subsidiary	

HOME MEDICAL SYSTEMS, INC.**Attachment 19a****Case Number: 13-10788****Books, records and financial statements**

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

<u>Name And Address</u>	<u>Dates Services Rendered</u>
JOYCE KELLY, FORMER VP OF FINANCE/CONTROLLER 2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	4/2011 - 4/2012
PHILIP PASTORE, VP OF FINANCE 2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	4/2012 - 4/2013
SARAH JACKSON, CONTROLLER (FORMER ACCOUNTING MANAGER) 2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	4/2011 - 4/2013
DAVID J. MEADOR, TREASURER & CHIEF FINANCIAL OFFICER 2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	8/2012 - 4/2013
STEVEN P. ALSENE, PRESIDENT, CEO & DIRECTOR (FORMER COO AND CFO) 2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	4/2011 - 4/2013

HOME MEDICAL SYSTEMS, INC.**Attachment 19b****Case Number: 13-10788****Books, records and financial statements**

List all firms or individuals who within 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

<u>Name</u>	<u>Address</u>	<u>Dates Services Rendered</u>
JOYCE KELLY, FORMER VP OF FINANCE/CONTROLLER	2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	4/2011 - 4/2012
SARAH JACKSON, CONTROLLER (FORMER ACCOUNTING MANAGER)	2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	4/2011 - 4/2013
PHILIP PASTORE, VP OF FINANCE	2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	4/2012 - 4/2013
DELOITTE & TOUCHE LLP	LOREEN SPENCER 201 E KENNEDY BLVD, SUITE 1200 TAMPA, FL 33602	4/2011 - 4/2013

HOME MEDICAL SYSTEMS, INC.

Attachment 19c

Case Number: 13-10788

Books, records and financial statements

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.

<u>Name</u>	<u>Address</u>
SARAH JACKSON, CONTROLLER (FORMER ACCOUNTING MANAGER)	2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804

HOME MEDICAL SYSTEMS, INC.
Case Number: 13-10788

Attachment 20a

Inventories

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.

<u>Date Of Inventory</u>	<u>Inventory Superviso</u>	<u>Dollar Amount Of Inventory</u>	<u>Lawson No.</u>	<u>DBA</u>	<u>Location</u>	
3/31/2013	BRANCH MGR	\$11,181.28	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMEN	THOMSON	GA
3/31/2013	C SNIPES	\$8,888.30	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC
3/31/2013	C DEBUTY	\$10,157.73	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA
3/31/2013	S HUTSON	\$6,105.09	23610	PICKENS MEDICAL SUPPLY	JASPER	GA
3/31/2013	M JUMPER	\$187.05	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC
3/31/2013	T RENFROE	\$10,600.74	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA
3/31/2013	R CLAXTON	\$13,205.74	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA
3/31/2013	T COKER	\$9,138.44	16810	ROTECH	COLUMBIA	SC
3/31/2013	S KING	\$6,417.49	13910	NORCARE MEDICAL	JACKSONVILLE	NC
3/31/2013	BRANCH MGR	\$7,095.57	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC
3/31/2013	C MARRINER	\$15,497.03	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC
3/31/2013	T HARRIS	\$5,160.15	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA
3/31/2013	BRANCH MGR	\$13,599.86	25310	SHELL MEDICAL EQUIPMENT	ROME	GA
12/31/2012	C SNIPES	\$8,854.44	18210	BARNETT MEDICAL SUPPLY	LANCASTER	SC
3/31/2013	BRANCH MGR	\$11,276.14	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC
3/31/2013	T WASHINGTON	\$8,376.84	16110	MONROE HOME MEDICAL	MONROE	NC
3/31/2013	BRANCH MGR	\$13,959.85	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC
3/31/2013	J MOODY	\$18,041.52	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC
3/31/2013	J COX	\$6,509.62	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC
3/31/2013	D POPE	\$21,676.81	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC
3/31/2013	R ASHWORTH	\$16,572.83	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA

HOME MEDICAL SYSTEMS, INC.
Case Number: 13-10788

Attachment 20a

Inventories

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.

<u>Date Of Inventory</u>	<u>Inventory Superviso</u>	<u>Dollar Amount Of Inventory</u>	<u>Lawson No.</u>	<u>DBA</u>	<u>Location</u>	
3/31/2013	J JENKINS JR	\$22,054.03	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC
3/31/2013	J MILLER	\$4,278.01	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC
3/31/2013	S THOMPSON	\$5,820.49	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC
3/31/2013	J MOSLEY	\$14,468.22	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC
12/31/2012	BRANCH MGR	\$11,940.20	20810	TIMMERMAN OXYGEN & MEDICAL EQUIPMEN	THOMSON	GA
12/31/2012	J SUGGS	\$7,981.95	22010	1ST CHOICE HOME MEDICAL	ADEL	GA
12/31/2012	C DEBUTY	\$10,927.14	24310	HOME MEDICAL SYSTEMS	LAWRENCEVILLE	GA
12/31/2012	S HUTSON	\$5,946.52	23610	PICKENS MEDICAL SUPPLY	JASPER	GA
12/31/2012	M JUMPER	\$0.00	17110	HOME MEDICAL SYSTEMS	COLUMBIA	SC
12/31/2012	T RENFROE	\$9,969.24	25110	GEORGIA MED-CARE	DOUGLASVILLE	GA
12/31/2012	R CLAXTON	\$19,285.20	21010	MEDICAL EQUIPMENT PROFESSIONALS	STATESBORO	GA
12/31/2012	T COKER	\$11,245.15	16810	ROTECH	COLUMBIA	SC
12/31/2012	S KING	\$6,643.73	13910	NORCARE MEDICAL	JACKSONVILLE	NC
12/31/2012	BRANCH MGR	\$9,269.99	70410	IDEAL HOME MEDICAL	ROANOKE RAPIDS	NC
12/31/2012	C MARRINER	\$15,816.33	14010	AMERICAN HEALTH SERVICES	MORRISVILLE	NC
3/31/2013	J SUGGS	\$8,757.63	22010	1ST CHOICE HOME MEDICAL	ADEL	GA
12/31/2012	BRANCH MGR	\$11,600.94	25310	SHELL MEDICAL EQUIPMENT	ROME	GA
12/31/2012	T HARRIS	\$3,082.84	24110	MED-SERVICES INTERNATIONAL	ALBANY	GA
12/31/2012	BRANCH MGR	\$13,773.23	17210	AMERICAN HEALTH SERVICES	GREENVILLE	SC
12/31/2012	T WASHINGTON	\$8,527.69	16110	MONROE HOME MEDICAL	MONROE	NC
12/31/2012	BRANCH MGR	\$12,458.44	14510	AMERICAN HEALTH SERVICES	MOORESVILLE	NC
12/31/2012	J MOODY	\$17,154.05	16710	IDEAL HOME MEDICAL	ROCKY MOUNT	NC

HOME MEDICAL SYSTEMS, INC.**Attachment 20a****Case Number: 13-10788****Inventories**

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.

<u>Date Of Inventory</u>	<u>Inventory Superviso</u>	<u>Dollar Amount Of Inventory</u>	<u>Lawson No.</u>	<u>DBA</u>	<u>Location</u>	
12/31/2012	J COX	\$6,931.87	17510	AMERICAN HEALTH SERVICES	MURRELLS INLET	SC
12/31/2012	D POPE	\$25,460.71	13510	HEALTH & MEDICATIONS AT HOME	CONOVER	NC
12/31/2012	R ASHWORTH	\$15,396.18	137910	GEORGIA EXTENDED MEDICAL	CARTERSVILLE	GA
12/31/2012	J JENKINS JR	\$22,268.54	14410	AMERICAN HEALTH SERVICES	LINCOLNTON	NC
12/31/2012	J MILLER	\$4,549.24	14210	AMERICAN HEALTH SERVICES	FAYETTEVILLE	NC
12/31/2012	S THOMPSON	\$6,280.20	14110	HOME MEDICAL SYSTEMS	WHITEVILLE	NC
12/31/2012	J MOSLEY	\$15,478.79	15810	HIGH POINT MEDICAL SUPPLY	HIGH POINT	NC

HOME MEDICAL SYSTEMS, INC.**Attachment 21b****Case Number: 13-10788****Current Partners, Officers, Directors and Shareholders**

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.

<u>Name And Address</u>	<u>Title</u>	<u>Nature And Percentage Of Stock Ownership</u>
ROTECH HEALTHCARE INC. 2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	OWNER	COMMON STOCK 100.00%
DAVID J. MEADOR, TREASURER 2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	OFFICER	
STEVEN P. ALSENE, PRESIDENT & DIRECTOR 2600 TECHNOLOGY DRIVE STE 300 ORLANDO, FL 32804	OFFICER	

HOME MEDICAL SYSTEMS, INC.**Attachment 22b****Case Number: 13-10788****Former partners, officers, directors and shareholders**

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

<u>Name And Address</u>	<u>Title</u>	<u>Date Of Termination</u>
PHILIP L. CARTER (RETIRED AS PRESIDENT & CEO ON 12/31/2012) CONFIDENTIAL - AVAILABLE UPON REQUEST	OFFICER	12/31/2012

HOME MEDICAL SYSTEMS, INC.

Attachment 24

Case Number: 13-10788

Tax Consolidation Group

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)

ROTECH HEALTHCARE INC.

03-0408870

HOME MEDICAL SYSTEMS, INC.

Case Number: 13-10788

DECLARATION CONCERNING DEBTOR'S STATEMENT OF FINANCIAL AFFAIRS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

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

Date: June 10, 2013

Signature: /s/ David J. Meador

David J. Meador, Treasurer

Name and Title

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