

**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
FISCHER MEDICAL EQUIPMENT, INC.**

Case No: 13-10777

(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: FISCHER MEDICAL EQUIPMENT, INC.

Case No. 13-10777

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 | 21 | \$7,743,913 | | |
| 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 | 6 | | \$0 | |
| F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS | YES | 21 | | \$37,645 | |
| G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES | YES | 10 | | | |
| 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 | | 74 | | | |
| | | | Total Assets > | \$7,743,913 | |
| | | | | Total Liabilities > | \$560,909,370 |

**UNITED STATES BANKRUPTCY COURT
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FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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: 13-10777

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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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.

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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.

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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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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: **FISCHER MEDICAL EQUIPMENT, INC.**

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DISTRICT OF DELAWARE**

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: FISCHER MEDICAL EQUIPMENT, INC.Case No. 13-10777

**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 | \$361 |
| 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. | X | | |
| 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: FISCHER MEDICAL EQUIPMENT, INC.Case No. 13-10777

**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 | \$7,279,032 |
| 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. | X | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | |
| 20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | |

In re: FISCHER MEDICAL EQUIPMENT, INC.

Case No. 13-10777

**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: **FISCHER MEDICAL EQUIPMENT, INC.**Case No. **13-10777**

**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 | \$1,797 |
| 26. Boats, motors, and accessories | X | | |
| 27. Aircraft and accessories. | X | | |
| 28. Office equipment, furnishings, and supplies. | | See Attached Schedule B-28 | \$20,031 |
| 29. Machinery, fixtures, equipments, and supplies used in business. | | See Attached Schedule B-29 | \$418,915 |
| 30. Inventory | | See Attached Schedule B-30 | \$15,953 |
| 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 | \$7,823 |

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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.

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$279 |
| PETTY CASH | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$82 |
| | | | | \$361 |

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 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit B-16

Accounts receivable

| <u>Description</u> | <u>Amount</u> |
|---|----------------------|
| ACCOUNTS RECEIVABLE-IMBS SYSTEM | \$314,822 |
| ACCOUNTS RECEIVABLE-IMBS SYSTEM | \$151,544 |
| INTERCOMPANY RECEIVABLE - DUE FROM ROTECH HEALTHCARE INC. | \$6,812,666 |
| | <u>\$7,279,032</u> |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 - HOMECARE MEDICAL EQUIPMENT | UNDETERMINED |
| OTHER INTANGIBLES | NON COMPETE AGREEMENTS WITH PRINCIPALS OF ACQUIRED COMPANIES | UNDETERMINED |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 - 2002 CHEVY ASTRO CARGO | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$941 |
| 2000 GMC VAN | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$733 |
| RBLT AUTO TRANSMISSION - 2003 CHVRL ASTRO AWD CA | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$123 |
| | | | | \$1,797 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 | 107410 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$320 |
| COMPUTER EQUIPMENT | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$1,079 |
| COMPUTER SOFTWARE | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$356 |
| EQUIPMENT-OTHER | 107410 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$2,306 |
| EQUIPMENT-OTHER | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$9,206 |
| FURNITURE & FIXTURE | 107410 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$312 |
| FURNITURE & FIXTURE | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS ID | \$1,343 |
| COMPUTER EQUIPMENT | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$1,383 |
| COMPUTER SOFTWARE | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$142 |
| EQUIPMENT-OTHER | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$3,221 |
| FURNITURE & FIXTURE | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$363 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|--------------------------|------------------|------------|-----------------|-----------------------|
| | | | | <u>\$20,031</u> |

FISCHER MEDICAL EQUIPMENT, INC.**Case Number: 13-10777****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 | 107410 | Homecare Medical Equipment | | | \$368 |
| NON SERIALIZED RENTAL EQUIP - OTHER | 107410 | Homecare Medical Equipment | | | \$127 |
| NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES | 107410 | Homecare Medical Equipment | | | \$26 |
| NON SERIALIZED RENTAL EQUIPMENT-O2 BAKCUP UNITS | 107410 | Homecare Medical Equipment | | | \$2,030 |
| NON SERIALIZED RENTAL EQUIP- CYLINDERS | 107410 | Homecare Medical Equipment | | | \$120,960 |
| RENTAL EQUIP-O2 CONCENTRATOR | 107410 | Homecare Medical Equipment | | | \$3,884 |
| RENTAL EQUIP-O2 PORTABLE UNITS | 107410 | Homecare Medical Equipment | | | \$2,927 |
| RENTAL EQUIP-O2 SUPPLIES | 107410 | Homecare Medical Equipment | | | \$4,211 |
| NON SERIALIZED ASSETS - COMPOSITE ASSETS | 72010 | HEMECARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$21 |
| NON SERIALIZED RENTAL EQ-BED ACCESSORIES | 72010 | HEMECARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$9 |
| NON SERIALIZED RENTAL EQUIP - OTHER | 72010 | HEMECARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$910 |
| NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS | 72010 | HEMECARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | (\$11) |
| NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES | 72010 | HEMECARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$4,531 |
| NON SERIALIZED RENTAL EQUIP- CYLINDERS | 72010 | HEMECARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$15,202 |
| NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES | 72010 | HEMECARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$243 |
| RENTAL EQUIP-APNEA MONITORS | 72010 | HEMECARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$2,875 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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-CPAP/BPAP EQUIP | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$10,693 |
| RENTAL EQUIP-CPAP/BPAP/NIPPV | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$3,150 |
| RENTAL EQUIP-HOSPITAL BEDS | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$3,884 |
| RENTAL EQUIP-NEB EQUIPMENT | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$2,122 |
| RENTAL EQUIP-NIPPV/THERAP VENT | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$5,519 |
| RENTAL EQUIP-O2 CONCENTRATOR | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$120,750 |
| RENTAL EQUIP-O2 PORTABLE UNITS | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$605 |
| RENTAL EQUIP-O2 SUPPLIES | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$15,732 |
| RENTAL EQUIP-OTHER RESP EQUIP | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$351 |
| RENTAL EQUIP-WHEELCHAIRS | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$1,053 |
| NON SERIALIZED ASSETS - COMPOSITE ASSETS | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID | \$381 |
| NON SERIALIZED RENTAL EQ-BED ACCESSORIES | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID | \$44 |
| NON SERIALIZED RENTAL EQUIP - OTHER | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID | \$685 |
| NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID | (\$65) |
| NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID | \$1,385 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$1,030 |
| NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$122 |
| RENTAL EQUIP-CPAP/BPAP EQUIP | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$9,035 |
| RENTAL EQUIP-CPAP/BPAP/NIPPV | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$2,596 |
| RENTAL EQUIP-DME | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$144 |
| RENTAL EQUIP-HOSPITAL BEDS | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$1,997 |
| RENTAL EQUIP-LOW/AIR FLUID BED | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$399 |
| RENTAL EQUIP-NEB EQUIPMENT | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$659 |
| RENTAL EQUIP-NIPPV/THERAP VENT | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$3,260 |
| RENTAL EQUIP-O2 CONCENTRATOR | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$70,124 |
| RENTAL EQUIP-O2 SUPPLIES | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$4,106 |
| RENTAL EQUIP-WHEELCHAIRS | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER ID | \$845 |
| | | | | \$418,915 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit B-30

Inventory

| <u>Asset Description</u> | <u>Net Book Value</u> |
|------------------------------------|------------------------------|
| DME/PHARMACY/PRINTING INVENTORY | \$15,953 |
| | <hr/> <hr/> \$15,953 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$784 |
| PREPAID EXPENSES - PROP TAX | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$2,768 |
| PREPAID JCAHO | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID | \$1,648 |
| PREPAID EXPENSES - PROP TAX | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID | \$835 |
| PREPAID JCAHO | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID | \$1,648 |
| TRADE AP RECEIVABLE - VERIZON BUSINESS | 69337 | VERIZON BUSINESS | DALLAS | TX | \$141 |
| | | | | | \$7,823 |

In re: **FISCHER MEDICAL EQUIPMENT, INC.**

Case No. **13-10777**

**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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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.

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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.: UCC: # 201110994601 | <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: FISCHER MEDICAL EQUIPMENT, INC.Case No. 13-10777

**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: FISCHER MEDICAL EQUIPMENT, INC.

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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 | | Sales Tax | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Undetermined |
| See Attached Schedule E-2 | | Property Tax | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Undetermined |
| See Attached Schedule E-3 | | 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"/> | |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

6 total continuation sheets attached

Total **Undetermined**

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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.

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit E-1

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> |
|---|--------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|--|--|
| IDAHO SALES TAX COMMISSION 800 PARK BLVD PLAZA IV BOISE, ID 83712-7742 ACCOUNT NO.: 15230 | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |
| UTAH STATE TAX COMMISSION SALES TAX DIVISION 210 N 1950 W SALT LAKE CITY, UT 84134-0400 ACCOUNT NO.: 8884 | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |
| WYOMING DEPARTMENT OF REVENUE HERSCHLER BUILDING 122 W 25TH STREET, 2W CHEYENNE, WY 82002-0110 ACCOUNT NO.: 1019 | <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> |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit E-2

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> |
|---|--------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|--|--|
| BANNOCK COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 624 EAST CENTER #208 P.O. BOX 4969 POCATELLO, ID 83205-4969 ACCOUNT NO.: NOT AVAILABLE | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |
| BEAR LAKE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 7 EAST CENTER PO BOX 190 PARIS, ID 83261 ACCOUNT NO.: NOT AVAILABLE | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |
| BINGHAM COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE BINGHAM COUNTY COURTHOUSE 501 N. MAPLE, #305 BLACKFOOT, ID 83221 ACCOUNT NO.: NOT AVAILABLE | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |
| BONNEVILLE COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE BONNEVILLE COUNTY COURTHOUSE 605 N. CAPITAL AVENUE IDAHO FALLS, ID 83402 ACCOUNT NO.: 12533 | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |
| CARIBOU COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE CARIBOU COUNTY COURTHOUSE 159 S. MAIN STREET #208 SODA SPRINGS, ID 83276 ACCOUNT NO.: NOT AVAILABLE | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |
| FREMONT COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE FREMONT COUNTY COURTHOUSE 151 W. 1ST NORTH, SUITE 2 SAINT ANTHONY, ID 83445 ACCOUNT NO.: 2795193 | <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 210 COURTHOUSE WAY SUITE 150 RIGBY, ID 83442 ACCOUNT NO.: NOT AVAILABLE | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit E-2

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> |
|--|--------------------------|--|---|--------------------------------|--|--|
| LEMHI COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE LEMHI COUNTY COURTHOUSE 206 COURTHOUSE DRIVE SALMON, ID 83467 ACCOUNT NO.: 418158 | <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 MADISON COUNTY COURTHOUSE 134 EAST MAIN REXBURG, ID 83440 ACCOUNT NO.: NOT AVAILABLE | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | \$0 | \$0 | \$0 |
| TETON COUNTY ASSESSOR ATTN. ASSESSOR'S OFFICE 150 COURTHOUSE DR ROOM 212 DRIGGS, ID 83422 ACCOUNT NO.: 2984501 | <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> |

FISCHER MEDICAL EQUIPMENT, INC.

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Exhibit E-3

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 INSURANCE DIVISION 317 MAIN ST BOISE, ID 83735-0760 ACCOUNT NO.: 0001266969 | <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 |
| | | | | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |

In re: **FISCHER MEDICAL EQUIPMENT, INC.**

Case No. **13-10777**

**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"/> | \$3,968 |
| See Attached Schedule F-2 | | Paid Trade Vendors | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$26,993 |
| See Attached Schedule F-3 | | Payor Credit Balance | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | \$6,684 |
| 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"/> | |

20 total continuation sheets attached

Total

\$37,645

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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.

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|--|--------------------------|---|--|----------------------------------|
| AIRGAS CREDIT CARD ONLY VENDOR NO.: 135564 | <input type="checkbox"/> | UNSECURED VENDORS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$692 |
| 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"/> | \$18 |
| 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"/> | \$39 |
| 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"/> | \$57 |
| 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"/> | \$206 |
| 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"/> | \$131 |
| CITY OF IDAHO FALLS UTILITY DEPARTMENT PO BOX 50220 IDAHO FALLS, ID 83405-0220 VENDOR NO.: 13844 | <input type="checkbox"/> | UNSECURED VENDORS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$449 |
| CITY OF MONTPELIER 534 WASHINGTON ST MONTPELIER, ID 83254 VENDOR NO.: 102824 | <input type="checkbox"/> | UNSECURED VENDORS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$71 |

FISCHER MEDICAL EQUIPMENT, 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> |
|---|--------------------------|---|--|----------------------------------|
| COMMUNITY CARE CHANNING IDAHO 2725 CHANNING WAY IDAHO FALLS, ID 83404 VENDOR NO.: 85191 | <input type="checkbox"/> | UNSECURED VENDORS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$37 |
| 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"/> | \$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"/> | \$106 |
| GREEN ACRES HOME IMPROVEMENT 4020 E 65TH ST. IDAHO FALLS, ID 83406 VENDOR NO.: 82737 | <input type="checkbox"/> | UNSECURED VENDORS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$360 |
| INTERMOUNTAIN GAS CO. P.O. BOX 64 BOISE, ID 83732 VENDOR NO.: 9212 | <input type="checkbox"/> | UNSECURED VENDORS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$182 |
| 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"/> | \$199 |
| 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"/> | \$643 |
| ROCKY MOUNTAIN POWER 1033 NE 6TH AVE PORTLAND, OR 97256-0001 VENDOR NO.: 2784 | <input type="checkbox"/> | UNSECURED VENDORS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$176 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|---|--------------------------|---|--|----------------------------------|
| 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"/> | \$239 |
| 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"/> | \$35 |
| U-HAUL P.O BOX 52128 PHOENIX, AZ 85072 VENDOR NO.: 32390 | <input type="checkbox"/> | UNSECURED VENDORS | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$287 |
| | | | | \$3,968 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|---|--------------------------|--|----------------------------------|
| AIRGAS 6990A SNOWDRIFT RD ALLENTOWN, PA 18106 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$3,258 |
| 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"/> | \$933 |
| 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"/> | \$42 |
| PAID TRADE VENDORS | | | |
| CIGNA HEALTH CARE P.O. BOX 188012 CHATANOOGA, TN 37422-8012 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$88 |
| PAID TRADE VENDORS | | | |
| CULLIGAN P.O. BOX 365 KALISPELL, MT 59903-0365 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$11 |
| PAID TRADE VENDORS | | | |
| DRIVE MEDICAL DESIGN & MANUFAC PO BOX 798019 ST. LOUIS, MO 63179-8000 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$300 |
| 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"/> | \$283 |
| 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"/> | \$10,411 |
| PAID TRADE VENDORS | | | |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|--|--------------------------|--|----------------------------------|
| 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"/> | \$1,176 |
| PAID TRADE VENDORS | | | |
| JERRY THOMPSON CONFIDENTIAL - AVAILABLE UPON REQUEST | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$72 |
| 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"/> | \$956 |
| 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"/> | \$349 |
| PAID TRADE VENDORS | | | |
| PETTY CASH HOMECARE MEDICAL EQUIPMENT 386 WASHINGTON STREET 200-72310 MONTPELIER, ID 83254 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$28 |
| 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"/> | \$628 |
| 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"/> | \$1,588 |
| PAID TRADE VENDORS | | | |
| SALTER LABS 8399 SOLUTIONS CENTER CHICAGO, IL 60677-8003 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$2,875 |
| PAID TRADE VENDORS | | | |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|--|--------------------------|--|----------------------------------|
| SOUTHMEDIC INC 50 ALLIANCE BLVD BARRIE ONTARIO L4M5K3 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$98 |
| 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"/> | \$2,106 |
| PAID TRADE VENDORS | | | |
| SUN PRINT MANAGEMENT 5441 PROVOST DR HOLIDAY, FL 34690 | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$300 |
| 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"/> | \$256 |
| 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"/> | \$927 |
| 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"/> | \$308 |
| PAID TRADE VENDORS | | | |
| | | | \$26,993 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| (1) ESCHEAT PATIENT REFUNDS CONFIDENTIAL - AVAILABLE UPON REQUEST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$30 |
| ESCHEAT PATIENT REFUNDS | | | | | |
| (77) PATIENT REFUNDS CONFIDENTIAL - AVAILABLE UPON REQUEST | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$1,977 |
| 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 | | | | | |
| ACCESS HOMECARE HOSPICE 74 W 100 N LOGAN, UT 84321 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| 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 ADVANTRA FREEDOM ID COVENTRY PFFS PO BOX 7154 LONDON, KY 40742-7154 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| AETNA OPEN PLAN AETNA ID MEDICARE OPEN PLAN PFFS PO BOX 981107 EL PASO, TX 79998-1107 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 KY 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 |
| 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 |
| 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 |
| 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 |
| BC ID TRUE BLUE MEDICARE ADV PO BOX 8406 BOISE, ID 83707 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 ID SECONDARY PAPER CLAIMS PO BOX 7408 BOISE, ID 83707 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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 Claim</u> |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|------------------------|
| BCBS ID* BC ID HMO BLUE POS PO BOX 7408 BOISE, ID 83707 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| BCBS ID* BC ID TRADITIONAL PO BOX 7408 BOISE, ID 83707 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| BCBS UT PO BOX 30272 SALT LAKE CITY, UT 84130 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| BLUE CROSS OF IDAHO PO BOX 7408 BOISE, ID 83707 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| BRANDON J. FREITAS, MS, VA-COR, CHIEF OF PROSTHETICS PROSTHETIC & SENSORY AIDS SERVICE (121) 3687 VETERANS DRIVE FT HARRISON, MT 59636 | <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 | | | | | |
| DESERET MUTUAL CO NON PAR 60 E SOUTH TEMPLE SALT LAKE CITY, UT 84165 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| DESERET MUTUAL DMBA COMMERCIAL PO BOX 45530 SALT LAKE CITY, UT 84145 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| DESERET MUTUAL MEDICARE ADVANTAGE PFFS PO BOX 45530 SALT LAKE CITY, UT 84145-530 | <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 48308-2060 | <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 | | | | | |
| FIRST CHOICE HEALTH NETWORK PO BOX 2289 SEATTLE, WA 98111 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| GE FINANCIAL ASSURANCE PO BOX 7051 BRENTWOOD, TN 37024 | <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 | | | | | |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| 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 | | | | | |
| HEALTHMARKETS ID CARE ASSURED PO BOX 69349 HARRISBURG, PA 17110 | <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 | | | | | |
| 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 GC HUMANA ID 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 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 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 | | | | | |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| IDAHO EYE CENTER 2025 EAST 17TH STREET IDAHO FALLS, ID 83404 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| INTERWEST HEALTH NETWORK PO BOX 950 FORREST HILL, MD 21050 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| INTERWEST HEALTH TRADITIONAL 2809 GREAT NORTHERN LOOP STE 300 MISSOULA, MT 59808 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 |
| MEDICAID IDAHO PO BOX 70084 BOISE, ID 83707 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$2,460 |
| MEDICAID WYOMING PO BOX 547 CHEYENNE, WY 82003 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$428 |
| MEDICARE REGION D NORIDIAN ADMINISTRATION SERVICES – OVERPAYMENT DEPT. 901 40TH STREET SOUTH, SUITE 1 FARGO, ND 58108 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$453 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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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> |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| MMAA ID TEAM CARE ADVANTAGE PO BOX 69314 HARRISBURG, PA 17106-9314 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| MUTUAL OF OMAHA 19255 EVERETT LANE MOKENA, IL 60888 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| MUTUAL OMAHA 1716 N STREET NW WASHINGTON, DC 20036 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| 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 |
| PROGRESSIVE MEDICAL WORKERS COMP PO BOX 1470 WESTERVILLE, OH 43086 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PROGRESSIVE UMWA MEDICAL PO BOX 1470 ACCOUNTS PAYABLE WESTERVILLE, OH 43086 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| REGENCE REGENCE BS ID MEDICARE PO BOX 31603 SALT LAKE CITY, UT 84131-603 PAYOR CREDIT BALANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |

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Case Number: 13-10777

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> |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| REGENCE BS ID PO BOX 31603 SALT LAKE CITY, UT 84131 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| REV LT200 909 KENTON STATION DR MAYSVILLE, KY 41056 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| RURAL HEALTH PLAN PO BOX 7404 LONDON, KY 40742 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| ST JOHNS LIVING HOSPICE CTR PO BOX 428 JACKSON, WY 83001 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| STERLING ID 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 | | | | | |
| TODAYS OPTIONS ID 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 ID 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 | | | | | |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| 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 WEST PULMODOSE ONLY PO BOX 77028 MADISON, WI 53707 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| TRIWEST REGION D ID NON ACTIVE DUTY MILITARY PO BOX 77028 MADISON, WI 53707-7028 | <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 | | | | | |
| 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 ID 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 | | | | | |

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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> |
|--|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| 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 | | | | | |
| 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 | | | | | |
| UNICARE ID 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 | | | | | |
| 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 MILITARY AZ PO BOX 7064 CAMDEN, SC 29020-7064 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| UNITED MILITARY ID PO BOX 7064 CAMDEN, SC 29020-7064 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| UPREHS UNION RAILROAD HEALTH I PO BOX 161020 SALT LAKE CITY, UT 84116 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|
| USA MANAGED CARE ORGANIZATION PO BOX 10170 AUSTIN, TX 78716 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| USA MANAGED ID CARE WC PO BOX 160300 AUSTIN, TX 78716 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| VAMC SALT LAKE CITY O2 500 FOOTHILL BLVD SALT LAKE CITY, UT 84148 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$1,335 |
| PAYOR CREDIT BALANCE | | | | | |
| WISE PROVIDER NETWORK TPA PO BOX 10357 DES MOINES, IA 50306-357 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | UNKNOWN |
| PAYOR CREDIT BALANCE | | | | | |
| | | | | | \$6,684 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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> |
|---|--------------------------|---|---|----------------------------------|
| ANDERSON, CRAIG L 2155 ALAN ST. IDAHO FALLS, ID 83404 ACCOUNT NO.: WC0109 WORKERS COMPENSATION CLAIMANT | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | UNKNOWN |
| CRANE, STEPHEN J 66 NORTH 2ND EAST MONTPELIER, ID 83254 ACCOUNT NO.: WC0150 WORKERS COMPENSATION CLAIMANT | <input type="checkbox"/> | UNKNOWN | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | UNKNOWN |
| | | | | <u>UNKNOWN</u> |

In re: **FISCHER MEDICAL EQUIPMENT, INC.**

Case No. 13-10777

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

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

Check this box if debtor has no executory contracts and/or unexpired leases to report on this Schedule G.

| | |
|---------------------------|---------------------------------|
| See Attached Schedule G-1 | Real Property Lease |
| See Attached Schedule G-2 | Regulatory / Compliance / Payor |
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2 total continuation sheets attached

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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.

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit G-1

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> |
|-------------------------|---|--------------------|-----------------|-----------------|------------------|--------------------|---|
| CUSTOM LAND DEVELOPMENT | REAL PROPERTY LEASE EXPIRING ON 2/29/2016 | 2275 Channing Way- | Idaho Falls, ID | | 107410/72010 | 2036 | 3920 EAST SUNNYSIDE ROAD IDAHO FALLS, ID 83406 |
| LONNIE MCCULLOCH | REAL PROPERTY LEASE EXPIRING ON 2/28/2018 | 386 Washington- | Montpelier, ID | | 72310 | 2030 | P.O. BOX 3892 LOGAN, UT 84323 |

TOTAL NUMBER OF CONTRACTS: 2

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit G-2**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> |
|--|------------------------------------|---|------------------------------------|---------------------------|---|
| ACCESS HOMECARE HOSPICE | REGULATORY / COMPLIANCE / PAYOR | Access Homecare and Hospice | 1033199922 | 2062 | 74 W 100 N LOGAN, UT 84321 |
| ADVANTRA FREEDOM ID COVENTRY PFFS | REGULATORY / COMPLIANCE / PAYOR | Advantra Freedom PFFS ID | MULTIPLE | 2214 | PO BOX 7154 LONDON, KY 40742-7154 |
| AETNA ID MEDICARE OPEN PLAN PFFS | REGULATORY / COMPLIANCE / PAYOR | Aetna Medicare Idaho | MULTIPLE | 1983 | PO BOX 981107 EL PASO, TX 79998-1107 |
| ANCILLARY CARE SVCS | REGULATORY / COMPLIANCE / PAYOR | Ancillary Care Services | MULTIPLE | 1319 | 5429 LYNDON B JOHNSON FWY SUITE 850 DALLAS, TX 75240 |
| BC ID HMO BLUE POS | REGULATORY / COMPLIANCE / PAYOR | BC Idaho Traditional HMO Blue POS | MULTIPLE | 1152 | PO BOX 7408 BOISE, ID 83707 |
| BC ID TRADITIONAL | REGULATORY / COMPLIANCE / PAYOR | BC ID Traditional | MULTIPLE | 3538 | PO BOX 7408 BOISE, ID 83707 |
| BC ID TRUE BLUE MEDICARE ADV | REGULATORY / COMPLIANCE / PAYOR | BC of Idaho True Blue Secure Blue Medicare Adv | MULTIPLE | 1512 | PO BOX 8406 BOISE, ID 83707 |
| BLUE CROSS OF IDAHO | REGULATORY / COMPLIANCE / PAYOR | BC Idaho Preferred PPO FEP Bluecard | MULTIPLE | 1150 | PO BOX 7408 BOISE, ID 83707 |
| BRANDON J. FREITAS, MS, VA-COR, CHIEF OF PROSTHETICS | REGULATORY / COMPLIANCE / PAYOR | Fee Basis FT Harrison VA Non Par | MULTIPLE | 2494 | PROSTHETIC & SENSORY AIDS SERVICE (121) 3687 VETERANS DRIVE FT. HARRISON, MT 59636 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit G-2**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> |
|--|------------------------------------|--|------------------------------------|---------------------------|---|
| CENTERS FOR MEDICARE & MEDICAID SERVICES | REGULATORY / COMPLIANCE / PAYOR | Provider Enrollment Paper Application 855S Form | 0267400001 | 936 | 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 | 0267400003 | 937 | NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020 |
| DESERET MUTUAL DMBA COMMERCIAL | REGULATORY / COMPLIANCE / PAYOR | DMBA Utah | MULTIPLE | 2018 | PO BOX 45530 SALT LAKE CITY, UT 84145 |
| DESERET MUTUAL MEDICARE ADVANTAGE PFFS | REGULATORY / COMPLIANCE / PAYOR | DMBA Medicare Advantage | MULTIPLE | 2449 | PO BOX 45530 SALT LAKE CITY, UT 84145-5530 |
| DMENSION BENEFIT MANAGEMENT | REGULATORY / COMPLIANCE / PAYOR | Dmension Benefit Management | MULTIPLE | 1660 | PO BOX 82060 ROCHESTER, MI 48308-2060 |
| FIRST CHOICE HEALTH NETWORK | REGULATORY / COMPLIANCE / PAYOR | First Choice Health Network | MULTIPLE | 1454 | PO BOX 2289 SEATTLE, WA 98111 |
| HEALTHMARKETS ID CARE ASSURED | REGULATORY / COMPLIANCE / PAYOR | Healthmarkets Care Assured ID | MULTIPLE | 2890 | PO BOX 69349 HARRISBURG, PA 17110 |
| HME NATIONAL NETWORK | REGULATORY / COMPLIANCE / PAYOR | HME National Network | MULTIPLE | 3657 | PO BOX 81520 ROCHESTER, MI 48308 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit G-2**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> |
|--|---------------------------------|--------------------------------------|------------------------------------|---------------------------|--|
| HOSPICE HOPE | REGULATORY / COMPLIANCE / PAYOR | Hospice of Eastern Idaho | MULTIPLE | 687 | 909 KENTON STATION DR MAYSVILLE, KY 41056 |
| HUMANA CHOICECARE | REGULATORY / COMPLIANCE / PAYOR | Humana Choicecare | MULTIPLE | 892 | AMFIRST INSURANCE PO BOX 16708 JACKSON, MS 39236 |
| HUMANA ID GOLD CHOICE | REGULATORY / COMPLIANCE / PAYOR | Humana Gold Choice ID | MULTIPLE | 1747 | PO BOX 14601 LEXINGTON, KY 40512 |
| HUMANA INC. | REGULATORY / COMPLIANCE / PAYOR | Humana Gold Choice ID | MULTIPLE | | ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438 |
| HUMANA NATIONAL CONTRACTING | REGULATORY / COMPLIANCE / PAYOR | Humana Gold Choice ID | MULTIPLE | | 500 WEST MAIN STREET- 9TH FLOOR LOUISVILLE, KY 40202 |
| IDAHO DEPARTMENT OF HEALTH AND WELFARE | REGULATORY / COMPLIANCE / PAYOR | Medicaid Provider Agreement | 1033199922 | 107 | MOLINA MEDICAID SERVICES PO BOX 70082 BOISE, ID 83707 |
| IDAHO DEPARTMENT OF HEALTH AND WELFARE | REGULATORY / COMPLIANCE / PAYOR | Medicaid Provider Agreement | 1285614172 | 105 | MOLINA MEDICAID SERVICES PO BOX 70082 BOISE, ID 83707 |
| IDAHO EYE CENTER | REGULATORY / COMPLIANCE / PAYOR | IDAHO EYE CENTER | 1285614172 | 5056 | 2025 EAST 17TH STREET IDAHO FALLS, ID 83404 |
| INTERWEST HEALTH NETWORK | REGULATORY / COMPLIANCE / PAYOR | Interwest Health PPO Network | MULTIPLE | 2422 | PO BOX 950 FORREST HILL, MD 21050 |
| INTERWEST HEALTH TRADITIONAL | REGULATORY / COMPLIANCE / PAYOR | Interwst Health Traditional | MULTIPLE | 2419 | 2809 GREAT NORTHERN LOOP STE 300 MISSOULA, MT 59808 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit G-2**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> |
|--|------------------------------------|---------------------------------------|------------------------------------|---------------------------|---|
| MANAGED CARE MEDICARE PLUS BLUE PFFS | REGULATORY / COMPLIANCE / PAYOR | Medicare Plus Blue PFFS | MULTIPLE | 3718 | PO BOX 81700 ROCHESTER, MI 48308 |
| MEDICARE PLUS BLUE | REGULATORY / COMPLIANCE / PAYOR | ABP Administration Medicare Plus Blue | MULTIPLE | 2705 | PO BOX 81700 ROCHESTER, MI 48308-1700 |
| MMAA ID TEAM CARE ADVANTAGE | REGULATORY / COMPLIANCE / PAYOR | MMAA Team Care Advantage ID | MULTIPLE | 2948 | PO BOX 69314 HARRISBURG, PA 17106-9314 |
| NORTHWOOD NPN | REGULATORY / COMPLIANCE / PAYOR | Northwood/NPN | MULTIPLE | 41 | PO BOX 82180 ROCHESTER, MI 48308 |
| 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 |
| REGENCE BS ID | REGULATORY / COMPLIANCE / PAYOR | Regence Blue Shield of Idaho | MULTIPLE | 1154 | PO BOX 31603 SALT LAKE CITY, UT 84131-1603 |
| REGENCE BS ID MEDICARE | REGULATORY / COMPLIANCE / PAYOR | Regence BS of Idaho Medicare | MULTIPLE | 139 | PO BOX 31603 SALT LAKE CITY, UT 84131-1603 |
| ST JOHNS LIVING HOSPICE CTR | REGULATORY / COMPLIANCE / PAYOR | ST Johns Living CTR | 1285614172 | 2398 | PO BOX 428 JACKSON, WY 83001 |
| STATE OF WYOMING, DEPARTMNET OF HEALTH, EQUALITYCARE | REGULATORY / COMPLIANCE / PAYOR | Provider Agreement | | 106 | 6101 YELLOWSTONE ROAD, SUITE 210 CHEYENNE, WY 82002 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit G-2**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> |
|--|---------------------------------|--|------------------------------------|---------------------------|---|
| STERLING ID HEALTH PLAN | REGULATORY / COMPLIANCE / PAYOR | Serling Health Plan Idaho | MULTIPLE | 2982 | PO BOX 269003 PLANO, TX 75026-9003 |
| TODAYS OPTIONS ID PFFS | REGULATORY / COMPLIANCE / PAYOR | Todays Options Pyramid Life Idaho | MULTIPLE | 3152 | PO BOX 742568 HOUSTON, TX 77274 |
| TODAYS OPTIONS ID PPO | REGULATORY / COMPLIANCE / PAYOR | Todays Options PPO ID | MULTIPLE | 3674 | PO BOX 742568 HOUSTON, TX 77274 |
| TRIWEST REGION D ID NON ACTIVE DUTY MILITARY | REGULATORY / COMPLIANCE / PAYOR | TRIWEST REGION D ID NON ACTIVE DUTY MILITARY | MULTIPLE | 4086 | PO BOX 77028 MADISON, WI 53707-7028 |
| UHC ID SECURE HORIZONS MEDICARE DIRECT | REGULATORY / COMPLIANCE / PAYOR | Secure Horizons MCR Direct ID | MULTIPLE | 2291 | 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 |
| UNICARE | REGULATORY / COMPLIANCE / PAYOR | UniCare National IL | MULTIPLE | 1498 | PO BOX 26038 GREENSBORO, NC 27420 |
| UNICARE ID SECURITY CHOICE PFFS | REGULATORY / COMPLIANCE / PAYOR | Unicare SecurityChoice PFFS ID | MULTIPLE | 3329 | PO BOX 795180 SAN ANTONIO, TX 78279 |
| UNITED MILITARY AZ | REGULATORY / COMPLIANCE / PAYOR | Triwest AZ | MULTIPLE | 1649 | PO BOX 7064 CAMDEN, SC 29020-7064 |
| UNITED MILITARY ID | REGULATORY / COMPLIANCE / PAYOR | Triwest ID | MULTIPLE | 3597 | PO BOX 7064 CAMDEN, SC 29020-7064 |

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

Exhibit G-2

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> |
|-------------------------------|---------------------------------|-------------------------------|-----------------------------|--------------------|---|
| USA MANAGED CARE ORGANIZATION | REGULATORY / COMPLIANCE / PAYOR | USA Managed Care Organization | MULTIPLE | 1186 | PO BOX 10170 AUSTIN, TX 78716 |
| USA MANAGED ID CARE WC | REGULATORY / COMPLIANCE / PAYOR | USA Managed ID Care WC | MULTIPLE | 1195 | PO BOX 160300 AUSTIN, TX 78716 |
| WISE PROVIDER NETWORK TPA | REGULATORY / COMPLIANCE / PAYOR | Wise Provider Network TPA | MULTIPLE | 3161 | PO BOX 10357 DES MOINES, IA 50306-0357 |

TOTAL NUMBER OF CONTRACTS: 50

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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.

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

DECLARATION CONCERNING DEBTOR'S SCHEDULES

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

I, the Authorized Signatory of FISCHER MEDICAL EQUIPMENT, 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

FISCHER MEDICAL EQUIPMENT, INC.

Case No: 13-10777

(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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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**

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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: FISCHER MEDICAL EQUIPMENT, INC.
Debtor.

Case Number: 13-10777

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).

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.)

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.

FISCHER MEDICAL EQUIPMENT, INC.**Attachment 1****Case Number: 13-10777****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 | \$2,235,833 |
| OPERATING REVENUE, NET - 2012 | \$2,094,781 |
| OPERATING REVENUE, NET - MARCH 2013 | \$508,268 |

FISCHER MEDICAL EQUIPMENT, INC.**Attachment 10a****Case Number: 13-10777****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> | |
|---|-------------|--|-------------------------------|
| VALLEY HOME OXYGEN, INC. ATTN: HAROLD OR LEANDRA OLSON 762 WASHINGTON MONTPELIER, ID 83254 | 12/30/2011 | PURCHASED PROPERTY UNDER ASSET PURCHASE AGREEMENT (APA) | \$91,886 |
| | | TOTAL | <u><u>\$91,886</u></u> |

FISCHER MEDICAL EQUIPMENT, INC.

Attachment 15

Case Number: 13-10777

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> |
|--------------------------------|------------------|---------------------|
| 44 NORTH PINE BLACKFOOT, ID | | 7/31/2012 |

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.
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 |
|-----|---|-------------------------------|-------------------------------|-----------------------|-------------------|-------------------|----------|----------------------|
| 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.
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 |
|-----|--|-------------------------------|-------------------------------|-----------------------|-------------------|-------------------|----------|----------------------|--|
| 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.
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 |
|-----|---|-------------------------------|-------------------------------|-----------------------|-------------------|-------------------|----------|----------------------|--|
| 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.
SOFA 18a
2008-10 Organization Structure

| 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.
SOFA 18a
2008-10 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 |
|-----|--|-------------------------------|-------------------------------|-----------------------|-------------------|-------------------|----------|----------------------|-------------------------|
| 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 |

ROTECH HEALTHCARE INC.
SOFA 18a
2008-10 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 |
|-----|---------------------------------|-------------------------------|-------------------------------|-----------------------|-------------------|-------------------|----------|----------------------|----------|
| 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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| 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.
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| 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.
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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 |
|-----|---------------------------------|-------------------------------|-------------------------------|-----------------------|-------------------|-------------------|----------|----------------------|----------|
| | 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 | |

FISCHER MEDICAL EQUIPMENT, INC.**Attachment 19a****Case Number: 13-10777****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 |

FISCHER MEDICAL EQUIPMENT, INC.**Attachment 19b****Case Number: 13-10777****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 |

FISCHER MEDICAL EQUIPMENT, INC.

Attachment 19c

Case Number: 13-10777

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 |

FISCHER MEDICAL EQUIPMENT, INC.**Attachment 20a****Case Number: 13-10777****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 | D BUNDERSON | \$3,642.86 | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID |
| 12/31/2012 | C IMMROTH | \$16,436.97 | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID |
| 3/31/2013 | D BUNDERSON | \$3,856.22 | 72310 | HEMOCARE MEDICAL EQUIPMENT | MONTPELIER | ID |
| 3/31/2013 | C IMMROTH | \$12,096.71 | 72010 | HEMOCARE MEDICAL EQUIPMENT | IDAHO FALLS | ID |

FISCHER MEDICAL EQUIPMENT, INC.**Attachment 21b****Case Number: 13-10777****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 | |

FISCHER MEDICAL EQUIPMENT, INC.**Attachment 22b****Case Number: 13-10777****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 |

FISCHER MEDICAL EQUIPMENT, INC.

Attachment 24

Case Number: 13-10777

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

FISCHER MEDICAL EQUIPMENT, INC.

Case Number: 13-10777

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