

**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
HOLLAND MEDICAL SERVICES, INC.**

Case No: 13-10785

(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: HOLLAND MEDICAL SERVICES, INC.

Case No. 13-10785

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	27	\$6,566,791		
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	8		\$1,125	
F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS	YES	63		\$90,564,845	
G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES	YES	18			
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		132			
			Total Assets >	\$6,566,791	
				Total Liabilities >	\$651,437,694

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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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Basis of Presentation

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

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

Amendment

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

Confidential or Sensitive Information

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

Causes of Action

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

Recharacterization

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

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Claim Designations

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

Unliquidated Claim Amounts

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

Undetermined Amounts

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

Court Orders

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

Valuation

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

Liabilities

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

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Excluded Assets and Liabilities

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

Leases

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

Contingent Assets

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

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

Receivables and Payables

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

Intercompany Accounts

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

Guarantees and Other Secondary Liability Claims

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

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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: HOLLAND MEDICAL SERVICES, INC.

Case No. 13-10785

**UNITED STATES BANKRUPTCY COURT
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SCHEDULE A - REAL PROPERTY

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

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

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

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

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

In re: HOLLAND MEDICAL SERVICES, INC.Case No. 13-10785

**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	\$2,004
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X		
3. Security deposits with public utilities, telephone companies, landlords, and others.		See Attached Schedule B-3	\$5,438
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: HOLLAND MEDICAL SERVICES, INC.Case No. 13-10785

**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	\$952,599
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: HOLLAND MEDICAL SERVICES, INC.Case No. 13-10785

**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: HOLLAND MEDICAL SERVICES, INC.Case No. 13-10785

**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	\$20,634
26. Boats, motors, and accessories	X		
27. Aircraft and accessories.	X		
28. Office equipment, furnishings, and supplies.		See Attached Schedule B-28	\$166,414
29. Machinery, fixtures, equipments, and supplies used in business.		See Attached Schedule B-29	\$1,359,715
30. Inventory		See Attached Schedule B-30	\$4,040,749
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	\$19,238

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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.

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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	161660	VA INTAKE CENTER	MURRAY	KY	\$500
PETTY CASH	161540	CENTRAL INTAKE CENTER	MURRAY	KY	\$500
PETTY CASH	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY	KY	\$442
PETTY CASH	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$226
PETTY CASH	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$138
PETTY CASH	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$113
PETTY CASH	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH	KY	\$85
					\$2,004

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

Exhibit B-3

Security deposits with public utilities, telephone companies, landlords, and others

<u>Description</u>	<u>Vendor Name</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Amount</u>
RENT DEPOSIT	SEBASTIAN S CHOU	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$3,000
RENT DEPOSIT	THOMAS WRIGHT	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$2,438
						<u>\$5,438</u>

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

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****Exhibit B-16****Accounts receivable**

<u>Description</u>	<u>Amount</u>
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$20,481
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$134,945
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$355,191
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$78,550
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$147,514
ACCOUNTS RECEIVABLE-IMBS SYSTEM	\$215,918
	<u>\$952,599</u>

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****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 - HOLLAND MEDICAL	UNDETERMINED
ASSUMED NAME	TRADE NAME - HOLLAND MEDICAL EQUIPMENT	UNDETERMINED
ASSUMED NAME	TRADE NAME - HOLLAND MEDICAL SERVICES	UNDETERMINED
ASSUMED NAME	TRADE NAME - SLEEP CENTRAL	UNDETERMINED

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
2006 FORD E350	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$2,629
VEHICLES	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$3,492
VEHICLES	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$490
ENGINE - 2003 FORD ECONOLINE	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$2,203
VEHICLES	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$2,324
VEHICLES	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$1,256
VEHICLES	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH	KY	\$4,104
VEHICLES	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH	KY	\$4,135
					\$20,634

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

Exhibit B-28

Office equipment, furnishings, and supplies

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
EQUIPMENT-OTHER	161540	CENTRAL INTAKE CENTER	MURRAY KY	\$1,595
COMPUTER EQUIPMENT	161810	CPAP COMPLIANCE	MURRAY KY	\$586
COMPUTER EQUIPMENT	36910	HOLLAND MEDICAL EQUIPMENT MARION	IL	\$809
COMPUTER SOFTWARE	36910	HOLLAND MEDICAL EQUIPMENT MARION	IL	\$214
EQUIPMENT-OTHER	36910	HOLLAND MEDICAL EQUIPMENT MARION	IL	\$7,005
FURNITURE & FIXTURE	36910	HOLLAND MEDICAL EQUIPMENT MARION	IL	\$1,458
COMPUTER EQUIPMENT	36710	HOLLAND MEDICAL EQUIPMENT MADISONVILLE	KY	\$539
COMPUTER SOFTWARE	36710	HOLLAND MEDICAL EQUIPMENT MADISONVILLE	KY	\$142
EQUIPMENT-OTHER	36710	HOLLAND MEDICAL EQUIPMENT MADISONVILLE	KY	\$4,494
COMPUTER EQUIPMENT	36410	HOLLAND MEDICAL EQUIPMENT MURRAY	KY	\$2,407
COMPUTER SOFTWARE	36410	HOLLAND MEDICAL EQUIPMENT MURRAY	KY	\$427

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****Exhibit B-28****Office equipment, furnishings, and supplies**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
EQUIPMENT-OTHER	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$10,817
LEASEHOLD IMPROVEMENTS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$150
COMPUTER EQUIPMENT	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$1,636
COMPUTER SOFTWARE	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$285
EQUIPMENT-OTHER	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$6,758
FURNITURE & FIXTURE	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$1,233
LEASEHOLD IMPROVEMENTS	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$362
COMPUTER EQUIPMENT	36610	HOLLAND MEDICAL SERVICES	MARION KY	\$1,327
COMPUTER SOFTWARE	36610	HOLLAND MEDICAL SERVICES	MARION KY	\$142
EQUIPMENT-OTHER	36610	HOLLAND MEDICAL SERVICES	MARION KY	\$4,129
COMPUTER EQUIPMENT	161510	SLEEP CENTRAL	MURRAY KY	\$16,699
COMPUTER SOFTWARE	161510	SLEEP CENTRAL	MURRAY KY	\$3,642
EQUIPMENT-OTHER	161510	SLEEP CENTRAL	MURRAY KY	\$95,135

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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	161660	VA INTAKE CENTER	MURRAY KY	\$2,208
COMPUTER SOFTWARE	161660	VA INTAKE CENTER	MURRAY KY	\$1,031
EQUIPMENT-OTHER	161660	VA INTAKE CENTER	MURRAY KY	\$1,185
				<u>\$166,414</u>

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQUIP - OTHER	161810	CPAP COMPLIANCE	MURRAY	KY	\$81
NON SERIALIZED ASSETS - COMPOSITE ASSETS	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$36
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$479
NON SERIALIZED RENTAL EQUIP - OTHER	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$7,008
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	(\$214)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$1,692
NON SERIALIZED RENTAL EQUIP-CYLINDERS	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$1,610
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$617
RENTAL EQUIP-CPAP/BPAP EQUIP	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$51,125
RENTAL EQUIP-CPAP/BPAP/NIPPV	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$8,433
RENTAL EQUIP-DME	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$5,683
RENTAL EQUIP-ENT/PAR/IV SUPP	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$1,923
RENTAL EQUIP-HOSPITAL BEDS	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$23,190
RENTAL EQUIP-LOW/AIR FLUID BED	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$4,562
RENTAL EQUIP-LYMPHEDEMA PUMPS	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$457
RENTAL EQUIP-NEB EQUIPMENT	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$17,170
RENTAL EQUIP-NIPPV/THERAP VENT	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$14,238

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-O2 CONCENTRATOR	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$26,079
RENTAL EQUIP-O2 LIQ STATIONARY	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$106
RENTAL EQUIP-O2 PORTABLE UNITS	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$3,784
RENTAL EQUIP-O2 SUPPLIES	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$13,251
RENTAL EQUIP-OTHER RESP EQUIP	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$492
RENTAL EQUIP-SUCTION PUMPS	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$783
RENTAL EQUIP-SUPPORT SUR/SUPP	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$183
RENTAL EQUIP-WHEELCHAIRS	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$4,967
NON SERIALIZED ASSETS - COMPOSITE ASSETS	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$620
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$17
NON SERIALIZED RENTAL EQUIP - OTHER	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$338
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$1,698
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$932
RENTAL EQUIP-CPAP/BPAP EQUIP	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$10,565
RENTAL EQUIP-CPAP/BPAP/NIPPV	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$2,476
RENTAL EQUIP-DME	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$688
RENTAL EQUIP-ENT/PAR/IV SUPP	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$444
RENTAL EQUIP-HOSPITAL BEDS	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$18,054

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
RENTAL EQUIP-LOW/AIR FLUID BED	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$478
RENTAL EQUIP-NEB EQUIPMENT	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$4,635
RENTAL EQUIP-NIPPV/THERAP VENT	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$5,114
RENTAL EQUIP-O2 CONCENTRATOR	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$12,490
RENTAL EQUIP-O2 SUPPLIES	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$7,288
RENTAL EQUIP-OTHER RESP EQUIP	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$1,147
RENTAL EQUIP-SUCTION PUMPS	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$1,031
RENTAL EQUIP-VENTILATORS	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$2,202
RENTAL EQUIP-WHEELCHAIRS	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE KY	\$7,202
NON SERIALIZED ASSETS - COMPOSITE ASSETS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$269
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$268
NON SERIALIZED RENTAL EQUIP - OTHER	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$1,182
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	(\$108)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$2,110
NON SERIALIZED RENTAL EQUIP- CYLINDERS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$188
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$891
RENTAL EQUIP-CPAP/BPAP EQUIP	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$52,746
RENTAL EQUIP-CPAP/BPAP/NIPPV	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$11,537

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
RENTAL EQUIP-DME	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$1,071
RENTAL EQUIP-HOSPITAL BEDS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$18,237
RENTAL EQUIP-NEB EQUIPMENT	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$3,534
RENTAL EQUIP-NIPPV/THERAP VENT	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$12,403
RENTAL EQUIP-O2 CONCENTRATOR	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$20,881
RENTAL EQUIP-O2 PORTABLE UNITS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$26
RENTAL EQUIP-O2 SUPPLIES	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$10,943
RENTAL EQUIP-OTHER RESP EQUIP	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$399
RENTAL EQUIP-SUCTION PUMPS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$194
RENTAL EQUIP-SUPPORT SUR/SUPP	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$356
RENTAL EQUIP-VENTILATORS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$2,202
RENTAL EQUIP-WHEELCHAIRS	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY KY	\$8,016
NON SERIALIZED ASSETS - COMPOSITE ASSETS	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$44
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$303
NON SERIALIZED RENTAL EQUIP - OTHER	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$1,318
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	(\$200)
NON SERIALIZED RENTAL EQUIP- O2 SUPPLIES	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$4,642
NON SERIALIZED RENTAL EQUIPMENT-DME	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$7

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>	<u>Net Book Value</u>
NON SERIALIZED RENTAL EQ- WHEELCHAIR ACCESSORIES	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$2,382
RENTAL EQUIP-CPAP/BPAP EQUIP	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$55,107
RENTAL EQUIP-CPAP/BPAP/NIPPV	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$11,608
RENTAL EQUIP-DME	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$2,814
RENTAL EQUIP-HOSPITAL BEDS	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$22,745
RENTAL EQUIP-LOW/AIR FLUID BED	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$1,142
RENTAL EQUIP-LYMPHEDEMA PUMPS	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$442
RENTAL EQUIP-NEB EQUIPMENT	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$11,290
RENTAL EQUIP-NIPPV/THERAP VENT	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$24,538
RENTAL EQUIP-O2 CONCENTRATOR	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$48,299
RENTAL EQUIP-O2 LIQ STATIONARY	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$106
RENTAL EQUIP-O2 PORTABLE UNITS	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$1,018
RENTAL EQUIP-O2 SUPPLIES	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$22,830
RENTAL EQUIP-OTHER RESP EQUIP	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$2,571
RENTAL EQUIP-SUCTION PUMPS	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$1,112
RENTAL EQUIP-SUPPORT SUR/SUPP	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$44
RENTAL EQUIP-WHEELCHAIRS	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH KY	\$11,128
NON SERIALIZED ASSETS - COMPOSITE ASSETS	36610	HOLLAND MEDICAL SERVICES	MARION KY	\$297

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****Exhibit B-29****Machinery, fixtures, equipment, and supplies used in business**

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
NON SERIALIZED RENTAL EQ-BED ACCESSORIES	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$367
NON SERIALIZED RENTAL EQUIP - OTHER	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$1,358
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	36610	HOLLAND MEDICAL SERVICES	MARION	KY	(\$89)
NON SERIALIZED RENTAL EQUIP-O2 SUPPLIES	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$939
NON SERIALIZED RENTAL EQUIPMENT-DME	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$3
NON SERIALIZED RENTAL EQUIP-CYLINDERS	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$141
NON SERIALIZED RENTAL EQ-WHEELCHAIR ACCESSORIES	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$949
RENTAL EQUIP-CPAP/BPAP EQUIP	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$18,082
RENTAL EQUIP-CPAP/BPAP/NIPPV	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$5,118
RENTAL EQUIP-DME	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$2,718
RENTAL EQUIP-ENT/PAR/IV SUPP	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$1,398
RENTAL EQUIP-HOSPITAL BEDS	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$16,400
RENTAL EQUIP-LOW/AIR FLUID BED	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$446
RENTAL EQUIP-NEB EQUIPMENT	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$3,397
RENTAL EQUIP-NIPPV/THERAP VENT	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$13,701
RENTAL EQUIP-O2 CONCENTRATOR	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$21,075
RENTAL EQUIP-O2 LIQ STATIONARY	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$106
RENTAL EQUIP-O2 PORTABLE UNITS	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$1,151

HOLLAND MEDICAL SERVICES, INC.

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

<u>Asset Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
RENTAL EQUIP-O2 SUPPLIES	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$5,657
RENTAL EQUIP-OTHER RESP EQUIP	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$2,326
RENTAL EQUIP-SUCTION PUMPS	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$1,287
RENTAL EQUIP-WHEELCHAIRS	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$11,263
NON SERIALIZED RENTAL EQUIP - OTHER	161510	SLEEP CENTRAL	MURRAY	KY	\$5,541
NON SERIALIZED RENTAL EQUIP - REBATES & ADJUSTMENTS	161510	SLEEP CENTRAL	MURRAY	KY	(\$373,490)
RENTAL EQUIP-CPAP/BPAP EQUIP	161510	SLEEP CENTRAL	MURRAY	KY	\$895,809
RENTAL EQUIP-CPAP/BPAP/NIPPV	161510	SLEEP CENTRAL	MURRAY	KY	\$50,831
RENTAL EQUIP-DME	161510	SLEEP CENTRAL	MURRAY	KY	\$2,899
RENTAL EQUIP-NIPPV/THERAP VENT	161510	SLEEP CENTRAL	MURRAY	KY	\$18,603
RENTAL EQUIP-VENTILATOR SUPPLIES	161510	SLEEP CENTRAL	MURRAY	KY	\$4,486
RENTAL EQUIP-VENTILATORS	161510	SLEEP CENTRAL	MURRAY	KY	\$8,550
NON SERIALIZED RENTAL EQUIP - OTHER	161660	VA INTAKE CENTER	MURRAY	KY	\$609
					<u>\$1,359,715</u>

HOLLAND MEDICAL SERVICES, INC.

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Exhibit B-30

Inventory

<u>Asset Description</u>	<u>Net Book Value</u>
DME/PHARMACY/PRINTING INVENTORY	\$4,040,749
	<hr/> \$4,040,749 <hr/>

HOLLAND MEDICAL SERVICES, INC.

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Exhibit B-35

Other personal property of any kind not already listed

<u>Description</u>	<u>Lawson No</u>	<u>DBA</u>	<u>Location</u>		<u>Net Book Value</u>
PREPAID JCAHO	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL	\$288
PREPAID EXPENSES - PROP TAX	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$1,614
PREPAID JCAHO	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY	\$41
PREPAID EXPENSES - PROP TAX	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY	KY	\$628
PREPAID EXPENSES - PROP TAX	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY	KY	\$3,045
PREPAID JCAHO	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY	KY	\$41
PREPAID EXPENSES - PROP TAX	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH	KY	\$1,649
PREPAID EXPENSES - PROP TAX	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH	KY	\$2,819
PREPAID JCAHO	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH	KY	\$41
PREPAID EXPENSES - PROP TAX	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$1,505
PREPAID JCAHO	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$41
PREPAID RENT	36610	HOLLAND MEDICAL SERVICES	MARION	KY	\$2,438
PREPAID EXPENSES - PROP TAX	161510	SLEEP CENTRAL	MURRAY	KY	\$1,637
PREPAID EXPENSES - PROP TAX	161510	SLEEP CENTRAL	MURRAY	KY	\$710
PREPAID EXPENSES - SVC CONT	161510	SLEEP CENTRAL	MURRAY	KY	\$1,380
PREPAID JCAHO	161510	SLEEP CENTRAL	MURRAY	KY	\$1,361
					\$19,238

In re: HOLLAND MEDICAL SERVICES, INC.

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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

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

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.) Report the total of all claims listed on the schedules in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

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

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

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

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOLLAND MEDICAL SERVICES, INC.

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SPECIFIC NOTES REGARDING SCHEDULE D

SPECIFIC NOTES REGARDING SCHEDULE D

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

HOLLAND MEDICAL SERVICES, INC.

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Exhibit D-1

Nature of Lien: Long-Term Liabilities

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

In re: HOLLAND MEDICAL SERVICES, INC.Case No. 13-10785

**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.

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State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the filing of the petition. Do not include claims listed in Schedule D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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

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

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

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D	TOTAL AMOUNT OF CLAIMS
See Attached Schedule E-1		Paid Tax Vendors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,125
See Attached Schedule E-2		Sales Tax	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
See Attached Schedule E-3		Property Tax	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
See Attached Schedule E-4		Federal/State Income Tax and Municipal Tax	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
See Attached Schedule E-5		Payroll Tax	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Undetermined
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

8 total continuation sheets attached

Total

\$1,125

**UNITED STATES BANKRUPTCY COURT
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HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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.

HOLLAND MEDICAL SERVICES, INC.

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Exhibit E-1

Consideration For Claim: Paid Tax Vendors

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
KENTUCKY STATE TREASURER DEPARTMENT OF REVENUE FRANKFORT, KY 40619 ACCOUNT NO.: 3992	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,115	UNDETERMINED	UNDETERMINED
TN DEPT OF REVENUE 500 DEADERICK STREET ANDREW JACKSON STATE OFFICE BLDG NASHVILLE, TN 37242 ACCOUNT NO.: 4951	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$10	UNDETERMINED	UNDETERMINED
				<u>\$1,125</u>		

HOLLAND MEDICAL SERVICES, INC.

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Exhibit E-2

Consideration For Claim: Sales Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
ILLINOIS DEPARTMENT OF REVENUE P.O. BOX 19044 SPRINGFIELD, IL 62794-9044 ACCOUNT NO.: 4950	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
KENTUCKY STATE TREASURER DEPARTMENT OF REVENUE FRANKFORT, KY 40619 ACCOUNT NO.: 399214	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
MISSOURI DEPARTMENT OF REVENUE P.O. BOX 840 JEFFERSON CITY, MO 65105-0840 ACCOUNT NO.: 4024	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BUILDING 500 DEADERICK STREET NASHVILLE, TN 37242 ACCOUNT NO.: 4951	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
						<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

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Exhibit E-3

Consideration For Claim: Property Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
CALLOWAY COUNTY PVA ATTN. ASSESSOR'S OFFICE 101 S. 5TH STREET P. O. BOX 547 MURRAY, KY 42071 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
CRITTENDEN COUNTY PVA ATTN. ASSESSOR'S OFFICE 107 SOUTH MAIN STREET SUITE 108 MARION, KY 42064 ACCOUNT NO.: 72772	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
HOPKINS COUNTY PVA ATTN. ASSESSOR'S OFFICE 25 EAST CENTER STREET MADISONVILLE, KY 42431-2077 ACCOUNT NO.: NOT AVAILABLE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	\$0	\$0	\$0
MCCRACKEN COUNTY PVA ATTN. ASSESSOR'S OFFICE 621 WASHINGTON STREET PADUCAH, KY 42003 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>

HOLLAND MEDICAL SERVICES, INC.

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

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
CITY OF MADISONVILLE FINANCE DIRECTOR P.O. BOX 1270 MADISONVILLE, KY 42431 ACCOUNT NO.: 14702	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
CITY OF MARION, KENTUCKY 217 S MAIN STREET MARION, KY 42064 ACCOUNT NO.: 20660	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
CITY OF PADUCAH P. O. BOX 2697 PADUCAH, KY 42002-2697 ACCOUNT NO.: 15601	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
COMPTROLLER OF MARYLAND REVENUE ADMINISTRATION DIVISION ANNAPOLIS, MD 21411-0001 ACCOUNT NO.: 20040	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
CRITTENDEN COUNTY TREASURER TAX ADMINISTRATOR 107 S MAIN STREET SUITE 208 MARION, KY 42064 ACCOUNT NO.: 27951230	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
KENTUCKY STATE TREASURER KENTUCKY REVENUE CABINET FRANKFORT, KY 40620 ACCOUNT NO.: 399206	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
MCCRACKEN COUNTY TAX ADMINISTRATOR P. O. BOX 2658 PADUCAH, KY 42002-2658 ACCOUNT NO.: 37347	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
TENNESSEE DEPARTMENT OF REVENUE ANDREW JACKSON STATE OFFICE BUILDING 500 DEADERICK STREET NASHVILLE, TN 37242 ACCOUNT NO.: 4951	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0

HOLLAND MEDICAL SERVICES, INC.

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Exhibit E-4

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

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

HOLLAND MEDICAL SERVICES, INC.

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Exhibit E-5

Consideration For Claim: Payroll Tax

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>Date Claim Was Incurred</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount Of Claim</u>	<u>Amount Entitled To Priority</u>	<u>Amount Not Entitled To Priority</u>
CITY OF MADISONVILLE 67 N MAIN ST MADISONVILLE , KY 42431 ACCOUNT NO.: 90274	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
CITY OF MARION CITY HALL MARION, KY 42064 ACCOUNT NO.: 8450	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0	\$0	\$0
CITY OF PADUCAH FINANCE 300 S 5TH ST, 1ST FLOOR PADUCAH, KY 42002-2267 ACCOUNT NO.: 09116	<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
KENTUCKY DEPARTMENT FOR WORKFORCE INVESTMENT OFFICE OF EMPLOYMENT AND TRAINING 275 E MAIN ST, 2ND FL E FRANKFORT, KY 40601 ACCOUNT NO.: 00381018A1	<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: HOLLAND MEDICAL SERVICES, INC.

Case No. 13-10785

**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"/>	\$6,791,789
See Attached Schedule F-2		Paid Trade Vendors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$7,948,925
See Attached Schedule F-3		Payor Credit Balance	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	\$24,527
See Attached Schedule F-4		Intercompany	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$75,799,605
See Attached Schedule F-5		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"/>	

62 total continuation sheets attached

Total **\$90,565,969**

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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.

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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"/>	\$70
AMERIPRIDE SERVICES P.O. BOX 1280 BEMIDJI, MN 56619-1280 VENDOR NO.: 24035	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$158
ANNETTA TERRY 89 COUNTRY ROAD 1025 BARDWELL, KY 42023 VENDOR NO.: 145392	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$75
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"/>	\$69
ARJOHUNTLEIGH INC. P.O. BOX 844746 DALLAS, TX 75284-4746 VENDOR NO.: 2921	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$867
ATLAS EQUIPMENT SERVICES P.O. BOX 554 MAYFIELD, KY 42066 VENDOR NO.: 118456	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,819
ATMOS ENERGY P.O. BOX 790311 ST LOUIS, MO 63179-0311 VENDOR NO.: 35297	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,094
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"/>	\$815

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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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"/>	\$589
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"/>	\$17,890
CINTAS CORPORATION P.O. BOX 635208 ATTN: CHERYL GRIMES G76A CINCINNATI, OH 45263-5208 VENDOR NO.: 146	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,309
CINTAS DOCUMENT MANAGEMENT P.O. BOX 633842 CINCINNATI, OH 45263 VENDOR NO.: 105374	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$132
CITY OF MARION WATER & SEWER DEPARTMENTS 1102 TOWER SQ. PLAZA MARION, IL 62959 VENDOR NO.: 5407	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$159
CRYOTEC INC 1155 N COUNTRY CLUB ROAD INDIANAPOLIS, IN 46234 VENDOR NO.: 20856	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$395
DELMER W. HENNINGER, MD. INC. 39755 DATE ST, #101 MURRIETA, CA 92563 VENDOR NO.: 140416	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$4,550
DEMAC CORP. 684125 NETWORK PLACE CHICAGO, IL 60673-1684 VENDOR NO.: 96143	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,074

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
DEVILBISS HEALTH CARE, INC P.O. BOX 951875 DALLAS, TX 75395-1875 VENDOR NO.: 228	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$10,210
DRIVE MEDICAL DESIGN & MANUFAC PO BOX 798019 ST. LOUIS, MO 63179-8000 VENDOR NO.: 93388	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,349
DWIGHT R. GRIFFITH 1831 WTLO RD. SOMERSET, KY 42503 VENDOR NO.: 80697	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$914
EASYLINK SERVICES CORPORATION P.O. BOX 791247 BALTIMORE, MD 21279-1247 VENDOR NO.: 142162	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,523
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"/>	\$1,213
FEDERAL WAGE AND LABOR LAW INSTITUTE 7001 W. 43RD STREET HOUSTON, TX 77092 VENDOR NO.: 79947	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$42
FIRST-LINE 1333 NORTH 8TH STREET PADUCAH, KY 42001 VENDOR NO.: 3032	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$163
FISHER & PAYKEL HEALTHCARE DEPT CH 16926 PALATINE, IL 60055-6926 VENDOR NO.: 4280	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$332,620

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

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FRONTIER P.O. BOX 20550 ROCHESTER, NY 14602-0550 VENDOR NO.: 4424	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$28
GATEWAY FLORIST 960 HWY 68 EAST BENTON, KY 42025 VENDOR NO.: 51392	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$106
GLENN MEDICAL SYSTEMS INC. PO BOX 20237 CANTON, OH 44701-0237 VENDOR NO.: 1038	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$292
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"/>	\$215
HEALTHLINK, INC. PO BOX 6501 CAROL STREAM, IL 60197-6501 VENDOR NO.: 27032	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,308
INSIGHT DIRECT USA, INC. P.O. BOX 731069 DALLAS, TX 75373-1069 VENDOR NO.: 113231	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$166
INTERSTATE BATTERY SYSTEM OF KENTUCKY 721 SOUTH 12TH ST MURRAY, KY 42071 VENDOR NO.: 1725	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$411
JANITOR & MAINTENANCE SUPPLY P.O. BOX 112 PADUCAH, KY 42002-0112 VENDOR NO.: 129191	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,118

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

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JOEY CRENSHAW P.O. BOX 814 MURRAY, KY 42071 VENDOR NO.: 149603	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$120
KEYSTONE CALIBRATIONS INC 4530 WILLIAM PENN HIGHWAY #650 MURRYSVILLE, PA 15668 VENDOR NO.: 34975	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$99
KU A PPL COMPANY P.O. BOX 9001954 LOUISVILLE, KY 40290-1954 VENDOR NO.: 443	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$148
LAKELAND SPRING WATER CO PO BOX 1062 MURRAY, KY 42071 VENDOR NO.: 4976	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$190
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"/>	\$85
MADISONVILLE MUNICIPAL UTILITIES PO BOX 710 MADISONVILLE, KY 42431-0710 VENDOR NO.: 4340	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$88
MALLINCKRODT, LLC P.O. BOX 223782 PITTSBURGH, PA 15251-2782 VENDOR NO.: 1069	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$28,919
MAPLE HILL VENDING 399 WINGO ROAD WINGO, KY 42088 VENDOR NO.: 140702	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$57

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
MARION WATER & SEWER DEPT. 217 SOUTH MAIN STREET MARION, KY 42064 VENDOR NO.: 81076	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$59
MARSH AFFINITY GROUP PO BOX 10439 DES MOINES, IA 50306-0439 VENDOR NO.: 116373	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$40
MCGEE PEST CONTROL INC 1302 NORTH 12TH STREET PO BOX 328 MURRAY, KY 42071 VENDOR NO.: 4963	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$41
MCGEE PEST CONTROL, INC. 1826 WALNUT ST PO BOX 674 HOPKINSVILLE, KY 42240 VENDOR NO.: 4963	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$30
MEDLINE INDUSTRIES INC DEPT. CH 14400 PALATINE, IL 60055-4400 VENDOR NO.: 522	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,506
MIDWEST WASTE INC. P.O. BOX 1649 MARION, IL 62959 VENDOR NO.: 24900	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$48
MURRAY ELECTRIC SYSTEM PO BOX 1095 401 OLIVE STREET MURRAY, KY 42071 VENDOR NO.: 6339	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$694
MURRAY MUNICIPAL UTILITIES PO BOX 466 MURRAY, KY 42071 VENDOR NO.: 6341	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$341

HOLLAND MEDICAL SERVICES, 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>
NATURS DESIGN INC ACCOUNTS RECEIVABLE 100 W WASHINGTON AVENUE STE 1 JACKSON, MI 49201 VENDOR NO.: 145846	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$42
OLD DOMINION FREIGHT LINE INC. P.O. BOX 198475 ATLANTA, GA 30384-8475 VENDOR NO.: 5054	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$170
PADUCAH POWER SYSTEM P.O. BOX 180 PADUCAH, KY 42002 VENDOR NO.: 619	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$279
PATTERSON MEDICAL PO BOX 93040 CHICAGO, IL 60673-3040 VENDOR NO.: 1073	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$794
PETTER BUSINESS SYSTEMS PO BOX 1120 PADUCAH, KY 42002 VENDOR NO.: 22951	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$108
PHILIP R WESTBROOK 4024 CASCADE BEACH ROAD LUTSEN, MN 55612 VENDOR NO.: 140720	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,000
PREMIER FIRE & SECURITY, INC. P.O. BOX 1037 PADUCAH, KY 42002-1037 VENDOR NO.: 131788	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$243
PRIDE MOBILITY 182 SUSQUEHANNA AVENUE ATTN: SUE HARTMANN EXETER, PA 18643-2694 VENDOR NO.: 1121	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$4,313

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

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RANDY THORNTON COMPANY, INC 802 CHESTNUT STREET MURRAY, KY 42071 VENDOR NO.: 6067	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$120
RESMED CORP. PO BOX 51054 LOS ANGELES, CA 90051-5354 VENDOR NO.: 3148	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$5,885,760
RESPIRONICS INC. P.O. BOX 405740 ATLANTA, GA 30384-5740 VENDOR NO.: 1212	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$452,267
RITA CHERRY 3771 ST RT 121 SOUTH MURRAY, KY 42071 VENDOR NO.: 154221	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$55
SERVALL LLC-MURRAY 939 ST RT HWY 121 BYPASS MURRAY, KY 42071 VENDOR NO.: 76385	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$45
SIGVARIS INC PO BOX 890807 CHARLOTTE, NC 28289-0807 VENDOR NO.: 3125	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$57
SMITHS MEDICAL ASD, INC. P.O. BOX 7247-7784 PHILADELPHIA, PA 19170-7784 VENDOR NO.: 9327	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$970
SPRING MOUNTAIN WATER LLC 112 POOLE MILL ROAD SEBREE, KY 42455 VENDOR NO.: 795	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$68

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
SQUEAKY CLEAN CONNIE S ROCKNE 1614 WALNUT ST BENTON, KY 42025 VENDOR NO.: 138299	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$912
STEVENSON INDUSTRIES/CPAP PRO 780 CHAMBERS LANE, #200 SIMI VALLEY, CA 93065 VENDOR NO.: 89519	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$17,981
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"/>	\$1,130
SUNRISE MEDICAL HHG, INC. P.O. BOX 933056 ATLANTA, GA 31193-3056 VENDOR NO.: 28498	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$340
SUNSET HEALTHCARE SOLUTIONS 2201 S HALSTED ST SUITE 1344 CHICAGO, IL 60608 VENDOR NO.: 146570	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$996
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"/>	\$72
THE CHERRY TREE FLORIST & GIFT 914 SOUTH 12TH ST BEL-AIR CENTER MURRAY, KY 42071 VENDOR NO.: 105130	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$45
THE MURRAY LEDGER & TIMES PO BOX 1040 1001 WHITNELL AVE MURRAY, KY 42071 VENDOR NO.: 8092	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$85

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
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"/>	\$525
UNIVERSITY SERVICES 10551 DECATUR ROAD SUITE 200 PHILADELPHIA, PA 19154 VENDOR NO.: 146702	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$240
UTILITY PAYMENT CENTER P.O. BOX 2477 PADUCAH WATER PADUCAH, KY 42002-2477 VENDOR NO.: 621	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$69
VERIZON BUSINESS P.O. BOX 660794 DALLAS, TX 75266-0794 VENDOR NO.: 69337	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$511
WILLIAMS LANDSCAPING & LAWN MAINTENANCE, INC. 574 OAK GROVE CHURCH ROAD BENTON, KY 42025 VENDOR NO.: 112039	<input type="checkbox"/>	UNSECURED VENDORS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$385
				<u>\$6,791,789</u>

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
ADECCO EMPLOYMENT SERVICES DEPT CH 14091 PALATINE, IL 60055-4091	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,612
PAID TRADE VENDORS			
AIRGAS 6990A SNOWDRIFT RD ALLENTOWN, PA 18106	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,050
PAID TRADE VENDORS			
ANTHEM BLUE CROSS BLUE SHIELD OF KY PO BOX 24445 LOUISVILLE, KY 40224-0445	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$10
PAID TRADE VENDORS			
APPLIED HOME HEALTHCARE EQUIP. PO BOX 951302 CLEVELAND, OH 44193	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$156
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"/>	\$43,161
PAID TRADE VENDORS			
BLUE CROSS BLUE SHIELD P.O. BOX 1460 LITTLE ROCK, AR 72203-1460	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$158
PAID TRADE VENDORS			
CIGNA HEALTH CARE P.O. BOX 2170 BALA CYNWYDA, PA 19004-6170	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$189
PAID TRADE VENDORS			
DEVILBISS HEALTH CARE, INC P.O. BOX 951875 DALLAS, TX 75395-1875	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,493
PAID TRADE VENDORS			

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

Exhibit F-2

Consideration For Claim: Paid Trade Vendors

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of Claim</u>
DRIVE MEDICAL DESIGN & MANUFAC PO BOX 798019 ST. LOUIS, MO 63179-8000	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$713
PAID TRADE VENDORS			
FISHER & PAYKEL HEALTHCARE DEPT CH 16926 PALATINE, IL 60055-6926	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$626,421
PAID TRADE VENDORS			
HERMAN H. LITCHFIELD CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$54
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"/>	\$18,933
PAID TRADE VENDORS			
INVACARE SUPPLY GROUP 9 INDUSTRIAL ROAD ATTN: FINANCIAL SERVICES MILFORD, MA 01757-3588	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$5,015
PAID TRADE VENDORS			
JOINT COMMISSION PO BOX 92775 CHICAGO, IL 60675-2775	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$1,322
PAID TRADE VENDORS			
KEYSTONE CALIBRATIONS INC 4530 WILLIAM PENN HIGHWAY #650 MURRYSVILLE, PA 15668	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$97
PAID TRADE VENDORS			
LEON ROUSE CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$318
PAID TRADE VENDORS			

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
MAPLE HILL VENDING 399 WINGO ROAD WINGO, KY 42088	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$165
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"/>	\$17,150
PAID TRADE VENDORS			
MEDLINE INDUSTRIES INC DEPT. CH 14400 PALATINE, IL 60055-4400	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,500
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"/>	\$2,984
PAID TRADE VENDORS			
PETTY CASH HOLLAND MEDICAL EQUIPMENT 905 ARCADIA CIRCLE 45-36410 MURRAY, KY 42071	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$218
PAID TRADE VENDORS			
PETTY CASH HOLLAND MEDICAL SERVICES 252 STURGIS ROAD 45-36610 MARION, KY 42064	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$220
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"/>	\$4,413,072
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"/>	\$2,440,514
PAID TRADE VENDORS			

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
SALTER LABS 8399 SOLUTIONS CENTER CHICAGO, IL 60677-8003	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$3,484
PAID TRADE VENDORS			
SPRING MOUNTAIN WATER 928 SHADY LANE LAKE CHARLES, LA 70601	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2
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"/>	\$7,296
PAID TRADE VENDORS			
SUN PRINT MANAGEMENT 5441 PROVOST DR HOLIDAY, FL 34690	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$344
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"/>	\$59,079
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"/>	\$51,141
PAID TRADE VENDORS			
THOMAS N. WRIGHT CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$4,875
PAID TRADE VENDORS			
UNITED HEALTH CARE INSURANCE OF THE RIVER VALLEY 1300 RIVER DR., SUITE 200 MOLINE, IL 61265	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$692
PAID TRADE VENDORS			

HOLLAND MEDICAL SERVICES, INC.

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Exhibit F-2

Consideration For Claim: Paid Trade Vendors

<u>Creditor's Name, Mailing Address</u> <u>Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u> <u>U</u> <u>D</u>	<u>Amount of</u> <u>Claim</u>
UNITED PARCEL SERVICE P.O. BOX 630016 DALLAS, TX 75263-0016	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$237,751
PAID TRADE VENDORS			
VAMC MARION ATTN: PROSTHETICS 950 CAMPBELL AVE. WEST HAVEN, CT 06516	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$2,280
PAID TRADE VENDORS			
VIRTUOX INC 5850 CORAL RIDGE DRIVE STE 304 CORAL SPRINGS, FL 33076	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$454
PAID TRADE VENDORS			
			\$7,948,925

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
(32) ESCHEAT PATIENT REFUNDS CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,636
ESCHEAT PATIENT REFUNDS					
(655) PATIENT REFUNDS CONFIDENTIAL - AVAILABLE UPON REQUEST	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$6,341
PATIENT REFUNDS					
AAG PEABODY COAL COMPANY NON P PO BOX 612989 DALLAS, TX 75261	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AAG PEABODY COAL COMPANY NON PAR PO BOX 612989 DALLAS, TX 75261	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AARP PO BOX 6083 CYPRESS, CA 90630	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AARP SECONDARY PAPER CLAIMS 1909 K ST WASHINGTON, DC 20049	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ACCOUNTABLE CARE MGMT GROUP ACMG PO BOX 903 BUCKEYSTOWN, MD 21717	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ACM UHC 11213 DAVENPORT ST STE 310 OMAHA, NE 68154	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
ADAIR COUNTY VET CLINIC PO BOX 857 KIRKSVILLE, MO 63501	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ADVANTAGE CARE KY 1540 BRIDGEGATE DR DIAMOND BAR, CA 91765	<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 COVENTRY NATL NETWORK PO BOX 8400 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA - COVENTRY AETNA - COVENTRY PO BOX 8402 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA - COVENTRY COVENTRY CARE KY PO BOX 7812 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
AETNA - COVENTRY COVENTRY HEALTH PERSONAL CARE PO BOX 7141 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOLLAND MEDICAL SERVICES, INC.

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AETNA - COVENTRY COVENTRY CARE PO BOX 7803 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA - COVENTRY COVENTRY DME PLUS PO BOX 11620 TUCSON, AZ 85734 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA - COVENTRY ADVANTRA FREEDOM IL COVENTRY PFFS PO BOX 7154 LONDON, KY 40742-7154 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA - COVENTRY ADVANTRA FREEDOM KY COVENTRY PFFS PO BOX 7154 LONDON, KY 40742-7154 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA CHOICE PO BOX 14079 LEXINGTON, KY 40512 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA NATIONAL AETNA NATIONAL PO BOX 14079 LEXINGTON, KY 40512 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOLLAND MEDICAL SERVICES, INC.

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AETNA OPEN PLAN AETNA 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
AETNA OPEN PLAN AETNA IL MEDICARE OPEN PLAN PFFS PO BOX 981107 EL PASO, TX 79998-1107 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA OPEN PLAN AETNA KY MEDICARE OPEN PLAN PFFS PO BOX 981107 EL PASO, TX 79998-1107 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AETNA US HEALTHCARE PO BOX 14079 LEXINGTON, KY 40512 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMA PO BOX 804238 CHICAGO, IL 60680 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERIBEN PO BOX 7159 BOISE, ID 38707 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERICAN CONTINENTAL PO BOX 2368 BRENTWOOD, TN 37024 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOLLAND MEDICAL SERVICES, INC.

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
AMERICAN CONTINENTAL INSURANCE 101 CONTINENTAL PLACE BRENTWOOD, TN 37027 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERICAN HEALTH GROUP PO BOX 1500 MAUMEE, OH 43537 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERICAN REPUBLIC PO BOX 21670 EAGAN, MN 55121 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERICAN REPUBLIC INSURANCE PO BOX 10 DES MOINES, IA 50301 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AMERIHEALTH ADMINISTRATORS 720 BLAIR MILL RD HORSHAM, PA 19044 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

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
ANTHEM BCBS IN ANTHEM BCBS IN SECONDARY PAPER PO BOX 105187 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ANTHEM BCBS KY ANTHEM BCBS KY MCR PFFS SMART VALUE PLAN PO BOX 105187 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ANTHEM BCBS KY ANTHEM BCBS KY PO BOX 105187 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ANTHEM BCBS KY ANTHEM BCBS KY MEDICARE PO BOX 105187 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ANTHEM BCBS KY ANTHEM KY MCR ADVANTAGE HMOPPO PO BOX 105187 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ANTHEM BCBS KY ANTHEM BCBS KY SECONDARY PAPER PO BOX 105187 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOLLAND MEDICAL SERVICES, INC.

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Exhibit F-3

Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
ANTHEM BCBS MO ANTHEM BCBS MO PO BOX 419104 ST LOUIS, MO 63141 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM BCBS OH ANTHEM BCBS OH BLUE INDEMNITY PO BOX 105187 ATLANTA, GA 30348 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM INSURANCE COMPANIES D/B/A ANTHEM BLUE CROSS AND BLUE SHIELD 2221 EDWARD HOLLAND DR. RICHMOND, VA 23230 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM LIFE PO BOX 410 INDIANAPOLIS, IN 46206 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM NE ANTHEM BCBS NE MEDS PO BOX 3248 OMAHA, NE 68180 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ANTHEM VA ANTHEM BCBS VA HMO PO BOX 27401 RICHMOND, VA 23261 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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ANTHEM WI ANTHEM BCBS WI PO BOX 105187 ATLANTA, GA 30348 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ASSOCIATED DOCTORS PO BOX 10487 BIRMINGHAM, AL 35289 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
ASSURANT HEALTH NON PAR PO BOX 2877 CLINTON, IA 52733 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
AULTRA PO BOX 35276 CANTON, OH 44735 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
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 FEDERAL COLORADO PO BOX 105187 ATLANTA, GA 30348 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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BCBS IL 300 E RANDOLPH CHICAGO, IL 60601	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS IL SECONDARY PAPER CLAIMS PO BOX 805107 CHICAGO, IL 60680	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS MN COMMERCIAL SECONDARY P PO BOX 64338 ST PAUL, MN 55164	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS MO PPO PO BOX 105187 ATLANTA, GA 30348	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS TENNESSEE* BCBS TN 1 CAMERON HILL CIR STE 0002 CHATTANOOGA, TN 37402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BCBS TN SECONDARY PAPER CLAIMS 1 CAMERON HILL CIR STE 0002 CHATTANOOGA, TN 37402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
BLUEGRASS FAMILY HEALTH PO BOX 22701 LEXINGTON, KY 40522	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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BLUEGRASS FAMILY HEALTH INC PO BOX 21875 LEXINGTON, KY 40522 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BOILERMAKERS NATIONAL PO BOX 182223 CHATTANOOGA, TN 37422 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BROADSPIRE PO BOX 10900 OVERLAND PARK, KS 66225 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
BROADSPIRE CIGA PO BOX 29066 GLENDALE, CA 91209 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CAPITAL CARDIOLOGY NON PAR 1001 LEAWOOD DR FRANKFORT, KY 40601 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CARBONDALE HOSPICE NURSING REHAB 120 NORTH TOWER RD CARBONDALE, IL 62901 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CARBONDALE MEMORIAL HOSPICE HOSP 405 W JACKSON CARBONDALE, IL 62901 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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CATERPILLAR PO BOX 6298 LAFAYETTE, IN 47905	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CBCA ADMIN PO BOX 1339 MINNEAPOLIS, MN 55440	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CCN KY PO BOX 346 SIMSONVILLE, KY 40067	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CENTRAL PENN TEAMSTERS HEALTH PO BOX 15224 READING, PA 19612	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CENTRAL RESERVE LIFE PO BOX 26580 AUSTIN, TX 78755	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CENTRAL STATES INDEMNITY OF OM PO BOX 10815 CLEARWATER, FL 33757	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHA HEALTH PO BOX 269009 PLANO, TX 75026-9009	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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CHAMPUS TRICARE KY PO BOX 7031 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHAMPUS TRICARE SECONDARY PAPE PO BOX 870128 SURFSIDE BEACH, SC 29587	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHAMPVA PO BOX 469063 DENVER, CO 80246	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHAMPVA SECONDARY PO BOX 469064 DENVER, CO 80246	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CHOATE MENTAL HEALTH NON PAR 5707 N 22ND STREET TAMPA, FL 33610	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CIGNA PO BOX 10367 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CIGNA CA SECONDARY PAPER CLAIM PO BOX 182223 CHATTANOOGA, TN 37422	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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CIGNA FL PFFS MEDICARE ACCESS PO BOX 182223 CHATTANOOGA, TN 37422 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CIGNA HEALTH PLAN PO BOX 2100 BOURBONNAIS, IL 60614 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CIGNA HEALTH PLANS SECONDARY P PO BOX 182223 CHATTANOOGA, TN 37422 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CIGNA MIDLANDS CHOICE PO BOX 15050 WILMINGTON, DE 19850 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CIGNA OPEN ACCESS PLUS NON PAR PO BOX 182223 CHATTANOOGA, TN 37422 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CIGNA SECONDARY PAYOR PO BOX 182223 CHATTANOOGA, TN 37422 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CLINTON HICKMAN 366 S WASHINGTON ST CLINTON, KY 42031 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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COLONIAL PENN INSURANCE 1818 MARKET ST 19TH FL PHILADELPHIA, PA 19103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
COMBINED INSURANCE PO BOX 638 BELLINGHAM, WA 98227	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONNECTICUT GENERAL NON PAR PO BOX 696018 SAN ANTONIO, TX 78269	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONNECTICUT GENERAL SECONDARY PO BOX 182223 CHATTANOOGA, TN 37422	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONSECO HEALTH INSURANCE SECON PO BOX 1919 CARMEL, IN 46082	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONSECO NON PAR PO BOX 2034 CARMEL, IN 46082	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
CONSOLIDATED SVCS GROUP NON PAR PO BOX 6130 TEMPLE, TX 76503	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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CONTINENTAL AMERICAN PO BOX 2086 FORT MILL, SC 29716 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CORE SOURCE NON PAR PO BOX 2920 CLINTON, IA 52733 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
CORVEL CORPORATION 100 W TOWN AND COUNTRY RD STE 400 ORANGE, CA 92868 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
COVENTRY IA HEALTH CARE NON PA PO BOX 7404 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
DEPT OF LABOR PO BOX 8304 LONDON, KY 40742 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
DIALYSIS SPECIALISTS NON PAR 222 PHILLIP STONE WAY CENTRAL CITY, KY 42330 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
DMENSION BENEFIT MANAGEMENT PO BOX 82060 ROCHESTER, MI 48308-2060 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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DOL ENERGY EMPLOYEES EEOICP PO BOX 8304 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
DR DAN MILLER MD NON PAR 312 S 8TH ST MURRAY, KY 42071-2428	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
EQUITABLE LIFE CASUALTY PO BOX 2460 SALT LAKE CITY, UT 84110	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FAMILY LIFE INSURANCE 10700 NORTH WEST FREEWAY HOUSTON, TX 77092	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FAMILY LIFE INSURANCE COMPANY PO BOX 925568 HOUSTON, TX 77292	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FEDERAL BLACK LUNG PO BOX 8302 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
FRESEMIUS MEDICAL CTR 900 SKYLINE DR STE 200 MARION, IL 62959	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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GEHA PO BOX 289 INDEPENDENCE, MO 64051 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GILSBAR PO BOX 2947 COVINGTON, LA 70434 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GREEN RIVER CENT CITY 2 HOSPICE 3600 VINELAND RD ORLANDO, FL 32811 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GREEN RIVER HOSPICE 418 N SCOTT ST MADISONVILLE, KY 42431 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
GUARANTEE TRUST LIFE PO BOX 1144 GLENVIEW, IL 60025 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HARRINGTON BENEFITS NON PAR PO BOX 30781 SALT LAKE CITY, UT 84130 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HARTLAND EMPLOYEE BENEFITS PO BOX 400 KINSTON, NC 28502 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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HCH ADMINISTRATION NON PAR PO BOX 1986 PEORIA, IL 61656	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTH ALLIANCE MEDICAL PLANS 301 S VINE ST URBANA, IL 61801	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTH NET IL FEDERAL PO BOX 870140 SURFSIDE BEACH, SC 29587-9740	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTH NET KY FEDERAL PO BOX 870140 SURFSIDE BEACH, SC 29587	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTH NET TN FEDERAL PO BOX 870140 SURFSIDE BEACH, SC 29587	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTH SCOPE BENEFITS INC PO BOX 2860 LITTLE ROCK, AR 72203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTHLINK PO BOX 419104 ST LOUIS, MO 63141	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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HEALTHLINK HMO CONAGRA PO BOX 419104 ST LOUIS, MO 63141	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTHLINK IL EMPLOYEE GROUP PO BOX 411580 ST LOUIS, MO 63141	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTHLINK PPO PO BOX 410980 ST LOUIS, MO 63141-980	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTHMARKETS IL 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					
HEALTHNET HEALTH NET FEDERAL IL PRIME PO BOX 870140 SURFSIDE BEACH, SC 29587-9740	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTHNET HEALTH NET FEDERAL KY PRIME PO BOX 870140 SURFSIDE BEACH, SC 29587-9740	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTHSCOPE BENEFITS INC PO BOX 619055 DALLAS, TX 75261	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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HEALTHSPAN INC 3737 W FORK RD CINCINNATI, OH 45247-7548	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTHSPAN PRICING SVCS PO BOX 5088 TROY, MI 48007-5088	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEALTHSPRING IL NATIONAL PO BOX 981804 EL PASO, TX 79998	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HEARTLAND VET HOSPITAL NON PAR 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HENRY COUNTY HOSPICE 311 E WOOD ST PARIS, TN 38242	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HICKMAN COUNTY HIGH SCHOOL NON PAR 416 WATERFIELD DR N CLINTON, KY 42031	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HICKMAN COUNTY ICF NURSING HOME 366 S WASHINGTON STREET CLINTON, KY 42031	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
HME NATIONAL NETWORK PO BOX 81520 ROCHESTER, MI 48308 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HOMELINK PO BOX 2817 WATERLOO, IA 50704 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HOSPICE CARE PLUS INC 210 ST GEORGE ST RICHMOND, KY 40475 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HOSPICE GOOD SAMARITAN 3600 VINELAND RD ORLANDO, FL 32811 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HOSPICE N KY 2312 ALEXANDRIA DR LEXINGTON, KY 40504 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HOSPICE OF HOPE 1 W MCDONALD WAY MAYSVILLE, KY 41056 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
HOSPICE PIKE COUNTY PO BOX 3457 PIKEVILLE, KY 41502 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOLLAND MEDICAL SERVICES, INC.

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
HUMANA PO BOX 14600 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA CHOICE CARE PO BOX 14601 ATTN CLAIMS OFFICE LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA CLAIM CTR PO BOX 2180 LOUISVILLE, KY 40201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA GC ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA GC HUMANA IL GOLD CHOICE ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA GOLD CHOICE ALL PRODUCT PO BOX 14601 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
HUMANA LEXINGTON NON PAR PO BOX 14601 LEXINGTON, KY 40512	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
ILLINICARE HEALTH PLAN INC PO BOX 4020 FARMINGTON, MO 63640-4402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
INACTIVATE CARRIER 3600 VINELAND RD. ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
INOGEN 326 BOLLAY DR ATTN GENE ROMERO GOLETA, CA 93117	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
INSURANCE MANAGEMENT 10451 GULF BLVD TREASURE ISLAND, FL 33706	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
JENNIFER ALEXANDER PA NON PAR 200 HAWKINS DRIVE IOWA CITY, IA 52242	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
KENTUCKY SPIRIT HEALTH PLAN PO BOX 4001 FARMINGTON, MO 63640	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
KY ACCESS PO BOX 33707 INDIANAPOLIS, IN 46203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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Consideration For Claim: Payor Credit Balance

<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
LINE CONSTRUCTION BENEFIT 2000 SPRINGER DR LOMBARD, IL 60148 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
LIVINGSTON COUNTY HOSPITAL NON PAR 131 HOSPITAL DR SALEM, KY 42078 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
LOURDES HOSPICE CONTRACT 4871 I 49 S OPELOUSAS, LA 70570 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MADISONVILLE DIALYSIS 1020 WATERFALL CT STORE 6001 MADISONVILLE, KY 42431 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MED BEN PO BOX 21756 LEXINGTON, KY 40522 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MEDICAID ILLINOIS PO BOX 19126 SPRINGFIELD, IL 62794 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$2,841
MEDICAID INDIANA PO BOX 7269 INDIANAPOLIS, IN 46207 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
MEDICAID KENTUCKY PO BOX 2101 FRANKFORT, KY 40602 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MEDICAID MICHIGAN PO BOX 30043 LANSING, MI 48909 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MEDICAL MUTUAL OHIO HMO PO BOX 6018 CLEVELAND, OH 44101 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MEDICARE REGION B ADMINISTAR FEDERAL 8115 KNEW ROAD INDIANAPOLIS, IN 46207 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$9,495
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"/>	\$163
MERITAIN HEALTH 18444 N 25TH AVE SUITE 410 PHOENIX, AZ 85023 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MERITAIN HEALTH WISE PROVIDER PO BOX 27267 MINNEAPOLIS, MN 55427 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
MERITAIN INS AETNA PO BOX 853921 RICHARDSON, TX 75085	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MMAA IL TEAM CARE ADVANTAGE PO BOX 69314 HARRISBURG, PA 17106-9314	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MONUMENTAL LIFE INSURANCE PO BOX 97 SCRANTON, PA 18504	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MONUMENTAL LIFE RETIREE ME PO BOX 10439 DES MOINES, IA 50306	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MURRAY CALLOWAY HOSPICE HOSPIT 300 S 8TH ST MURRAY, KY 42071	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MURRAY CALLOWAY HOSPICE HOSPITAL 300 S 8TH ST MURRAY, KY 42071	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
MURRAY CALLOWAY HOSPICE LONG TERM CARE 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
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 OF OMAHA SECONDARY PAPE MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 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
MUTUAL OMAHA NON PAR MUTUAL OF OMAHA PLAZA INDIVIDUAL CLAIMS OMAHA, NE 68175 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MUTUAL OMAHA PPO OMAHA HEALTHCARE SERVICE CTR F MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
MUTUAL OMAHA SECONDARY PAPER C PO BOX 31670 OMAHA, NE 68131 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
NALC HEALTH BENEFIT PLAN 20547 WAVERLY CT ASHBURN, VA 20149 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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NATIONAL ASBESTOS WORKERS 7130 COLUMBIA GATEWAY DR STE A COLUMBIA, MD 21046	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NEW ERA LIFE PO BOX 4884 HOUSTON, TX 77210	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NGS CORESOURCE PO BOX 7676 ST CLAIR SHORES, MI 48080	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NORTH AMERICA ADMINISTRATORS PO BOX 1984 NASHVILLE, TN 37202	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NORTHWOOD PO BOX 82180 ROCHESTER, MI 48308	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
NORTHWOOD INC AUTO NO FAULT WC PO BOX 510 WARREN, MI 48090-510	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ONE NET PPO PO BOX 934 FREDERICK, MD 21705	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
PALLIATIVE CARE CTR HOSPICE 2115 W WRANGLE BLVD SEMINOLE, OK 74868	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PASSPORT HEALTH PLAN PO BOX 7114 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PEIA WELLS FARGO TPA PO BOX 2451 CHARLESTON, WV 25329	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PHYSICIANS MUTUAL PO BOX 2018 OMAHA, NE 68103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PIPE TRADES HEALTH WELFARE PO BOX 3040 TERRE HAUTE, IN 47803	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PITTMAN ASSOCIATES NON PAR PO BOX 111047 MEMPHIS, TN 38111	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PLUMBERS PIPE FITTERS LOCAL 39 1228 CENTRAL PKWY CINCINNATI, OH 45202	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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<u>Creditor's Name, Mailing Address Including Zip Code And Account Number</u>	<u>Codebtor</u>	<u>C</u>	<u>U</u>	<u>D</u>	<u>Amount of Claim</u>
PMOA INC CO 104 NON PAR 676 S UNIVERSITY BLVD MOBILE, AL 36609 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PMSI PO BOX 31340 TAMPA, FL 33631 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
POSTMATERS BENEFIT PLAN PO BOX 9554 SALT LAKE CITY, UT 84109 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PREMIER COMP SOLUTIONS NON PAR 100 HIGHTOWER BLVD STE 300 PITTSBURGH, PA 15205 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PRIMARY CARE MEDICAL NON PAR 1000 S 12TH ST MURRAY, KY 42071 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PRINCIPAL LIFE NON PAR PO BOX 10357 DES MOINES, IA 50306 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PROGRESSIVE CARE MERIDIAN PLAN 777 WOODWARD AVE STE 600 DETROIT, MI 48226 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

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PROGRESSIVE MEDICAL PO BOX 1470 WESTERVILLE, OH 43086	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PROGRESSIVE MEDICAL WORKERS CO PO BOX 1470 WESTERVILLE, OH 43086	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PROGRESSIVE MEDICAL WORKERS COMP PO BOX 1470 WESTERVILLE, OH 43086	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PROGRESSIVE UMWA MEDICAL PO BOX 1470 ACCOUNTS PAYABLE WESTERVILLE, OH 43086	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PULMODOSE PYRAMID LIFE NON PAR PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
PYRAMID LIFE INSURANCE COMPANY PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
RESERVE NATIONAL PO BOX 138801 OKLAHOMA CITY, OK 73113	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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REV LT200 PO BOX 269009 PLANO, TX 75026-9009	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
RURAL CARRIER BENEFIT 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					
RUTGERS CASUALTY 2250 W CHAPEL AVE CHERRY HILL, NJ 80002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
RX30 LOB2 PO BOX 533411 ORLANDO, FL 32853	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50
PAYOR CREDIT BALANCE					
SAGAMORE HEALTH NETWORK PO BOX 6051 INDIANAPOLIS, IN 46206	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
SHEET METAL WORKERS 8124 42ND ST W ROCK ISLAND, IL 61201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
SHENANDOAH LIFE INSURANCE PO BOX 10854 CLEATWATER, FL 33757	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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SIHO NON PAR PO BOX 1787 417 WASHINGTON ST COLUMBUS, IN 47202-1787	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
SMW SHEET METAL WORKERS PO BOX 1449 GOODLETTSVILLE, TN 37070	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
SPRINGCREEK NURSING HOME 1401 S 16TH ST MURRAY, KY 42071	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ST ELIZABETH HOSPICE 3600 VINELAND RD ORLANDO, FL 32811	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
ST LAWRENCE LEWIS INSURANCE PO BOX 697 CANTON, NY 13617	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STANDARD LIFE CASUALTY PO BOX 696800 SAN ANTONIO, TX 78269	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STARMARK HEALTHLINK NON PAR PO BOX 2942 CLINTON, IA 52733	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

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STATE FARM HEALTH INS 11350 JOHNS CREEK PKWY DULUTH, GA 30198	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STERLING IL HEALTH PLAN PO BOX 269003 PLANO, TX 75026-9003	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STERLING INVESTORS NON PAR PO BOX 10844 CLEARWATER, FL 33757	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
STERLING KY 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 IL 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 IL PPO PO BOX 742568 HOUSTON, TX 77274	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TODAYS OPTIONS KY 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					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
TODAYS OPTIONS KY 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					
TRAVELERS INSURANCE SECONDARY PO BOX 3205 NAPERVILLE, IL 60566	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRI COUNTY HOSPICE PO BOX 2328 LONDON, KY 40743	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE TRICARE IL PO BOX 7031 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE - TERM PO BOX 7890 MADISON, WI 53707	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE FOR LIFE SECONDARY PAP PO BOX 7890 MADISON, WI 53707	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE NORTH PO BOX 870140 SURFSIDE BEACH, SC 29587	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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 PRIME PO BOX 77028 MADISON, WI 53707	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE SOUTH REGION PO BOX 7031 CAMDEN, SC 29020-7031	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE SOUTH REGION CLAIMS DE PO BOX 7031 CAMDEN, SC 29020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE SOUTH REGION CLAIMS DEPT PO BOX 7031 CAMDEN, SC 29020-7031	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
TRICARE STANDARD PO BOX 870140 SURFSIDE BEACH, SC 29587	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UAW RETIREE MEDICAL BENEFIT PO BOX 81520 ROCHESTER, MI 48309	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC UHC GA SECURE HORIZONS MEDICAR PO BOX 31353 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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 PO BOX 30555 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC UHC KY SECURE HORIZONS MEDICAR PO BOX 31353 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC AARP HEALTHCARE OPTIONS SE PO BOX 740819 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC 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 GROUP MCR ADVANTAGE PPO PO BOX 30883 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UHC IL 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					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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 KY SECURE HORIZONS MEDICARE DIRECT PO BOX 31353 SALT LAKE CITY, UT 84131-353 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UHC MEDICARE PO BOX 31362 SALT LAKE CITY, UT 84131 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UHC PACIFICARE HMO SECURE HORIZONS PO BOX 31353 SALT LAKE CITY, UT 84131 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UHC PULMODOSE GA PO BOX 740800 ATLANTA, GA 30374 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UMR PO BOX 145804 CINCINNATI, OH 45250 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UMR KRS HEALTH PLAN PO BOX 30541 SALT LAKE CITY, UT 84130 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
UMR KY NON PAR PO BOX 30541 SALT LAKE CITY, UT 84130 PAYOR CREDIT BALANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
UMR MCR SUPPLEMENT PO BOX 30548 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR UHC UNITED MEDICAL RESOURC PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMR WAUSAU PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UMWA HEALTH RETIREMENT PO BOX 99002 LUBBOCK, TX 79490-9002	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNDERWRITERS INC NON PAR PO BOX 23790 LOUISVILLE, KY 40223	<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 IL 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					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
UNICARE NATIONAL PO BOX 60099 LOS ANGELES, CA 90060	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED AMERICAN INC NON PAR PO BOX 8080 MCKINNEY, TX 75070	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED AMERICAN INSURANCE SECO 3101 W 41ST ST SIOUX FALLS, SD 57105	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED FOOD COMMERICAL WORKERS 600 D STREET STE 250 SOUTH CHARLESTON, WV 25303	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTH CARE PO BOX 1600 KINGSTON, NY 12402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTH INTEGRATED PO BOX 30783 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE EMPLOYER & I PO BOX 740802 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
UNITED HEALTHCARE NM SECONDARY PO BOX 31350 SALT LAKE CITY, UT 84131	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE PLAN B PO BOX 30304 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE SECONDARY PO BOX 740803 ATLANTA, GA 30374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED HEALTHCARE SECONDARY PA PO BOX 2074 AURORA, IL 60507	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNITED TEACHERS ASSOC PO BOX 29010 AUSTIN, TX 78755	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNIVERSAL AMERICAN NON PAR PO BOX 130 ATTN CLAIMS DEPT PENSACOLA, FL 32591	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNIVERSAL IL HEALTH CARE PO BOX 294 ST PETERSBURG, FL 33731	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
UNIVERSAL IL HEALTH CARE PFFS PO BOX 3211 ST PETERSBURG, FL 33731	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNIVERSITY LOUISVILLE CARE 530 S JACKSON ST ATTN CARE COORDINATION LOUISVILLE, KY 40202	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
UNIVERSITY MO COVENTRY HEALTHCARE MO PO BOX 7799 LONDON, KY 40742	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
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 IL 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					
USA MANAGED KY 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 DEPARTMENT OF VETERAN AFF 3400 LEBANNON PIKE ASC VISN 9 MURFREESBORO, TN 37129	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0
PAYOR CREDIT BALANCE					

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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>
WASHINGTON NATIONAL PO BOX 2034 CARMEL, IN 46082	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WAUSAU BENEFITS PO BOX 30541 SALT LAKE CITY, UT 84130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLCARE KY HEALTH PLANS INC C PO BOX 31372 TAMPA, FL 33631	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLCARE KY MEDICAID PO BOX 31372 TAMPA, FL 33631	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WELLS FARGO TPA WV PO BOX 3262 CHARLESTON, WV 25332	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
WPS PO BOX 8190 MADISON, WI 53708-8190	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNKNOWN
PAYOR CREDIT BALANCE					
					<u>\$24,527</u>

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

Exhibit F-4

Consideration For Claim: Intercompany

<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>
ROTECH HEALTHCARE INC. 2600 TECHNOLOGY DR., STE. 300 ORLANDO, FL 32804	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$75,799,605
ACCOUNT NO.: NOT AVAILABLE			
INTERCOMPANY PAYABLE - DUE TO ROTECH HEALTHCARE INC.			
			\$75,799,605

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

Exhibit F-5

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>
SALONE, BRIAN C/O BRIAN MCGARRY 500 N MARKET ST MARION, IL 62959	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN
ACCOUNT NO.: WC0140				
WORKERS COMPENSATION CLAIMANT				
SIVILS, DENNIS 515 SCANFIELD DRIVE	<input type="checkbox"/>	UNKNOWN	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UNKNOWN
MADISONVILLE, KY 42431				
ACCOUNT NO.: WC0068				
WORKERS COMPENSATION CLAIMANT				
				<u>UNKNOWN</u>

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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.

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

Exhibit G-1

Capital Leases / Other Financing Transactions

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
IBM CREDIT LLC	CAPITAL LEASES / OTHER FINANCING TRANSACTIONS	Service Agreement		1279	ATTN: JULIANA M. TREIGER PO BOX 981825 EL PASO, TX 79998

TOTAL NUMBER OF CONTRACTS: 1

HOLLAND MEDICAL SERVICES, INC.

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Exhibit G-2**Real Property Lease**

<u>Name</u>	<u>Description</u>	<u>Contract</u>	<u>Review</u>	<u>Comments</u>	<u>Lawson No</u>	<u>Contract No</u>	<u>Address</u>
DR. WILLIAM H. CULBERTSON & DR. JEFFREY S. CLARKE	REAL PROPERTY LEASE EXPIRING ON 8/31/2015	1914 Broadway-		Paducah, KY	36310	2091	1920 BROADWAY PADUCAH, KY 42001
HAL T. KEMP & LESLIE F. KEMP	REAL PROPERTY LEASE EXPIRING ON 8/31/2013	905 Arcadia Circle-		Murray, KY	36410/160910	1416	144 GLOVER RD MURRAY, KY 42071
ROBERT F. DUNN & CINDY F. DUNN	REAL PROPERTY LEASE EXPIRING ON 8/31/2013	905 Arcadia Circle-		Murray, KY	36410/160910	1416	1067 CROSSLAND ROAD MURRAY, KY 42071
ROBERT WAYNE KIRBY JR.	REAL PROPERTY LEASE EXPIRING ON 5/31/2013	252 Sturgis Road-		Marion, KY	36610A	1331	1698 CHAPEL HILL ROAD MARION, KY 42064
SUMMIT ENTERPRISE SERVICE, INC	REAL PROPERTY LEASE EXPIRING ON 5/31/2015	3907 W. Ernestine Dr-		Marion, IL	36910	2095	SEBASTIAN CHOU P.O. BOX 3388 CARBONDALE, IL 62902-3388
THOMAS N. WRIGHT	REAL PROPERTY LEASE EXPIRING ON 5/31/2013	707 S Main St -		Marion, KY	36610A	1331	3631 US 60 WEST MARION, KY 42064
TROVER CLINIC FOUNDATION, INC D/B/A REGIONAL MEDICAL CENTER	REAL PROPERTY LEASE EXPIRING ON 12/31/2013	215 Clinic Dr-		Madisonville, KY	36710	1317	ATTN: STEPHANIE OAKLEY, ACCTG P.O. BOX 1170 MADISONVILLE, KY 42431
TROVER HEALTH SYSTEM, INC.	REAL PROPERTY LEASE EXPIRING ON 12/31/2013	215 Clinic Dr-		Madisonville, KY	36710	1317	900 HOSPITAL DR. MADISONVILLE, KY 42431

TOTAL NUMBER OF CONTRACTS: 8

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
ACCOUNTABLE CARE MGMT GROUP ACMG	REGULATORY / COMPLIANCE / PAYOR	Cumberland Healthcare Inc	MULTIPLE	1636	PO BOX 903 BUCKEYSTOWN, MD 21717
ADAIR COUNTY VET CLINIC	REGULATORY / COMPLIANCE / PAYOR	ACM UHC KY	MULTIPLE	257	PO BOX 857 KIRKSVILLE, MO 63501
ADVANTAGE CARE KY	REGULATORY / COMPLIANCE / PAYOR	Advantage Care KY	MULTIPLE	1210	1540 BRIDGEGATE DR DIAMOND BAR, CA 91765
ADVANTRA FREEDOM IL COVENTRY PFFS	REGULATORY / COMPLIANCE / PAYOR	Advantra Freedom PFFS IL	1346220118	2187	PO BOX 7154 LONDON, KY 40742-7154
ADVANTRA FREEDOM KY COVENTRY PFFS	REGULATORY / COMPLIANCE / PAYOR	Advantra Freedom PFFS KY	MULTIPLE	2191	PO BOX 7154 LONDON, KY 40742-7154
AETNA IL MEDICARE OPEN PLAN PFFS	REGULATORY / COMPLIANCE / PAYOR	Aetna Medicare Illinois	MULTIPLE	1943	PO BOX 981107 EL PASO, TX 79998-1107
AETNA KY MEDICARE OPEN PLAN PFFS	REGULATORY / COMPLIANCE / PAYOR	Aetna Medicare Kentucky	MULTIPLE	1964	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
ANTHEM BCBS KY MCR PFFS SMART VALUE PLAN	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS KY MCR PFFS	MULTIPLE	3643	PO BOX 105187 ATLANTA, GA 30348
ANTHEM BCBS KY MEDICARE	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS KY Medicare	MULTIPLE	2434	PO BOX 105187 ATLANTA, GA 30348

HOLLAND MEDICAL SERVICES, INC.**Case Number: 13-10785****Exhibit G-3****Regulatory / Compliance / Payor**

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
ANTHEM BCBS NE MEDS	REGULATORY / COMPLIANCE / PAYOR	Anthem BC BS Neb Meds	MULTIPLE	964	PO BOX 3248 OMAHA, NE 68180
ANTHEM BCBS OH BLUE INDEMNITY	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS OH Blue Indemnity	MULTIPLE	1959	PO BOX 105187 ATLANTA, GA 30348
ANTHEM BCBS VA HMO	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS HMO PPO	MULTIPLE	982	PO BOX 27401 RICHMOND, VA 23261
ANTHEM BCBS WI	REGULATORY / COMPLIANCE / PAYOR	BCBS of WI PPO	MULTIPLE	690	PO BOX 105187 ATLANTA, GA 30348
ANTHEM INSURANCE COMPANIES D/B/A ANTHEM BLUE CROSS AND BLUE SHIELD	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS OH HMO PPO POS	MULTIPLE	1961	2221 EDWARD HOLLAND DR. RICHMOND, VA 23230
ANTHEM INSURANCE COMPANIES D/B/A ANTHEM BLUE CROSS AND BLUE SHIELD	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS OH	MULTIPLE	3721	2221 EDWARD HOLLAND DR. RICHMOND, VA 23230
ANTHEM INSURANCE COMPANIES D/B/A ANTHEM BLUE CROSS AND BLUE SHIELD	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS Indiana	MULTIPLE	1170	2221 EDWARD HOLLAND DR. RICHMOND, VA 23230
ANTHEM INSURANCE COMPANIES D/B/A ANTHEM BLUE CROSS AND BLUE SHIELD	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS KY	MULTIPLE	652	2221 EDWARD HOLLAND DR. RICHMOND, VA 23230
ANTHEM KY MCR ADVANTAGE HMOPPO	REGULATORY / COMPLIANCE / PAYOR	Anthem KY MCR Advantage HMO PPO	MULTIPLE	2068	PO BOX 105187 ATLANTA, GA 30348

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
BCBS IL PPO	REGULATORY / COMPLIANCE / PAYOR	BCBS Illinois PPO	MULTIPLE	1624	PO BOX 805107 CHICAGO, IL 60680-4112
BCBS MO PPO	REGULATORY / COMPLIANCE / PAYOR	Anthem BCBS Missouri PPO	MULTIPLE	1156	PO BOX 105187 ATLANTA, GA 30348
BLUEGRASS FAMILY HEALTH INC	REGULATORY / COMPLIANCE / PAYOR	Bluegrass Family Health Inc	MULTIPLE	2445	PO BOX 21875 LEXINGTON, KY 40522-2738
CARBONDALE HOSPICE NURSING REHAB	REGULATORY / COMPLIANCE / PAYOR	Carbondale Nursing Rehab Non Par	1215998232	2655	120 NORTH TOWER RD CARBONDALE, IL 62901
CARBONDALE MEMORIAL HOSPICE HOSP	REGULATORY / COMPLIANCE / PAYOR	Carbondale Memorial Hospital Non Par	1215998232	2600	405 W JACKSON CARBONDALE, IL 62901
CATERPILLAR	REGULATORY / COMPLIANCE / PAYOR	Caterpillar	1447230156	164	PO BOX 6298 LAFAYETTE, IN 47905
CCN KY	REGULATORY / COMPLIANCE / PAYOR	CCN - KY	MULTIPLE	675	PO BOX 346 SIMSONVILLE, KY 40067
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0235970007	959	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
CENTERS FOR MEDICARE & MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Enrollment Paper Application 855S Form	0235970005	958	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	0235970004	957	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	0235970001	955	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	0235970003	956	NATIONAL SUPPLIER CLEARINGHOUSE PALMETTO GBA, AG-495 2300 SPRINGDALE DRIVE, BLDG. 1 CAMDEN, AR 29020
CHA HEALTH	REGULATORY / COMPLIANCE / PAYOR	CHA Health	MULTIPLE	269	PO BOX 269009 PLANO, TX 75026-9009
CHA PROVIDER NETWORK	REGULATORY / COMPLIANCE / PAYOR	CHA Provider Net	MULTIPLE	632	PO BOX 269009 PLANO, TX 75026-9009
CHAMPUS TRICARE KY	REGULATORY / COMPLIANCE / PAYOR	Champus / Tricare	MULTIPLE	252	PO BOX 7031 CAMDEN, SC 29020

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
CORVEL CORPORATION	REGULATORY / COMPLIANCE / PAYOR	Corvel Corporation	MULTIPLE	53	100 W TOWN AND COUNTRY RD STE 400 ORANGE, CA 92868
COVENTRY CARE KY	REGULATORY / COMPLIANCE / PAYOR	COVENTRY CARE KY	MULTIPLE	4891	PO BOX 7812 LONDON, KY 40742
COVENTRY HEALTH PERSONAL CARE	REGULATORY / COMPLIANCE / PAYOR	Coventry OF Illinois (FORMERLY PERSONAL CARE INS)	1255311585	1115	PO BOX 7141 LONDON, KY 40742
DMENSION BENEFIT MANAGEMENT	REGULATORY / COMPLIANCE / PAYOR	Dmension Benefit Management	MULTIPLE	1660	PO BOX 82060 ROCHESTER, MI 48308-2060
GREEN RIVER CENT CITY 2 HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Green River Hospice Cent City 2 Hospice	MULTIPLE	1464	3600 VINELAND RD ORLANDO, FL 32811
GREEN RIVER HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Green River Hospice	MULTIPLE	157	418 N SCOTT ST MADISONVILLE, KY 42431
HEALTH ALLIANCE MEDICAL PLANS	REGULATORY / COMPLIANCE / PAYOR	Health Alliance Medical Plans	1710967013	605	301 S VINE ST URBANA, IL 61801-3347
HEALTH NET FEDERAL IL PRIME	REGULATORY / COMPLIANCE / PAYOR	HEALTH NET FEDERAL IL PRIME	1871573592	4062	PO BOX 870140 SURFSIDE BEACH, SC 29587-9740
HEALTH NET FEDERAL KY PRIME	REGULATORY / COMPLIANCE / PAYOR	HEALTH NET FEDERAL KY PRIME	MULTIPLE	4063	PO BOX 870140 SURFSIDE BEACH, SC 29587-9740
HEALTH NET IL FEDERAL	REGULATORY / COMPLIANCE / PAYOR	Health Net Federal IL	1467411868	1439	PO BOX 870140 SURFSIDE BEACH, SC 29587-9740

HOLLAND MEDICAL SERVICES, INC.

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

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
HEALTH NET KY FEDERAL	REGULATORY / COMPLIANCE / PAYOR	Health Net Federal KY	MULTIPLE	1442	PO BOX 870140 SURFSIDE BEACH, SC 29587-9740
HEALTHLINK	REGULATORY / COMPLIANCE / PAYOR	Healthlink	MULTIPLE	713	PO BOX 419104 ST LOUIS, MO 63141
HEALTHLINK HMO	REGULATORY / COMPLIANCE / PAYOR	Healthlink HMO	MULTIPLE	596	PO BOX 419104 ST LOUIS, MO 63141
HEALTHLINK IL EMPLOYEE GROUP	REGULATORY / COMPLIANCE / PAYOR	Healthlink Illinois Employee Group	1922088814	2875	PO BOX 411580 ST LOUIS, MO 63141
HEALTHLINK PPO	REGULATORY / COMPLIANCE / PAYOR	HealthLink PPO/WC	MULTIPLE	672	PO BOX 410980 ST LOUIS, MO 63141-0980
HEALTHLINK PPO NETWORK	REGULATORY / COMPLIANCE / PAYOR	Healthlink KY	MULTIPLE	679	PO BOX 419104 ST LOUIS, MO 63141
HEALTHMARKETS IL CARE ASSURED	REGULATORY / COMPLIANCE / PAYOR	Healthmarkets Care Assured IL	1689654485	2908	PO BOX 69349 HARRISBURG, PA 17110
HEALTHSPAN INC	REGULATORY / COMPLIANCE / PAYOR	Healthspan, Inc	MULTIPLE	254	3737 W FORK RD CINCINNATI, OH 45247-7548
HEALTHSPAN PRICING SVCS	REGULATORY / COMPLIANCE / PAYOR	Health Span	MULTIPLE	955	PO BOX 5088 TROY, MI 48007-5088
HEALTHSPRING IL NATIONAL	REGULATORY / COMPLIANCE / PAYOR	HEALTHSPRING IL NATIONAL	1710967013		500 GREAT CIRCLE ROAD NASHVILLE, TN 37228

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
HEALTHSPRING IL NATIONAL	REGULATORY / COMPLIANCE / PAYOR	HEALTHSPRING IL NATIONAL	1710967013	4797	PO BOX 981804 EL PASO, TX 79998
HENRY COUNTY HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Henry County Hospice	1245292747	1713	311 E WOOD ST PARIS, TN 38242
HICKMAN COUNTY ICF NURSING HOME	REGULATORY / COMPLIANCE / PAYOR	Hickman County ICF Non Par	1245292747	2598	366 S WASHINGTON STREET CLINTON, KY 42031
HME NATIONAL NETWORK	REGULATORY / COMPLIANCE / PAYOR	HME National Network	MULTIPLE	3657	PO BOX 81520 ROCHESTER, MI 48308
HOSPICE BLUEGRASS	REGULATORY / COMPLIANCE / PAYOR	Hospice of the Bluegrass	MULTIPLE	601	2312 ALEXANDRIA DR LEXINGTON, KY 40504
HOSPICE CARE PLUS INC	REGULATORY / COMPLIANCE / PAYOR	Hospice Care Plus Inc	MULTIPLE	248	210 ST GEORGE ST RICHMOND, KY 40475
HOSPICE GOOD SAMARITAN	REGULATORY / COMPLIANCE / PAYOR	Hospice of Good Samaritan	1255311585	209	3600 VINELAND RD ORLANDO, FL 32811
HOSPICE N KY	REGULATORY / COMPLIANCE / PAYOR	Hospice of Northern Kentucky	MULTIPLE	981	2312 ALEXANDRIA DR LEXINGTON, KY 40504
HOSPICE OF HOPE	REGULATORY / COMPLIANCE / PAYOR	Hospice of Hope	MULTIPLE	1093	1 W MCDONALD WAY MAYSVILLE, KY 41056
HOSPICE PIKE COUNTY	REGULATORY / COMPLIANCE / PAYOR	Hospice of Pike County	MULTIPLE	650	PO BOX 3457 PIKEVILLE, KY 41502

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
HUMANA CHOICECARE	REGULATORY / COMPLIANCE / PAYOR	Humana Choicecare	MULTIPLE	892	AMFIRST INSURANCE PO BOX 16708 JACKSON, MS 39236
HUMANA IL GOLD CHOICE	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice IL	1639159403	1751	PO BOX 14601 LEXINGTON, KY 40512
HUMANA INC.	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice IL	1639159403		ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438
HUMANA INC.	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice KY	MULTIPLE		ATTN: LAW DEPARTMENT PO BOX 1438 LOUISVILLE, KY 40201-1438
HUMANA KY GOLD CHOICE	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice KY	MULTIPLE	1756	PO BOX 14601 LEXINGTON, KY 40512
HUMANA MILITARY SC	REGULATORY / COMPLIANCE / PAYOR	Humana Military SC	1841260387	1141	PO BOX 7031 CAMDEN, SC 29020-7031
HUMANA NATIONAL CONTRACTING	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice IL	1639159403		500 WEST MAIN STREET- 9TH FLOOR LOUISVILLE, KY 40202
HUMANA NATIONAL CONTRACTING	REGULATORY / COMPLIANCE / PAYOR	Humana Gold Choice KY	MULTIPLE		500 WEST MAIN STREET- 9TH FLOOR LOUISVILLE, KY 40202
ILLINICARE HEALTH PLAN INC	REGULATORY / COMPLIANCE / PAYOR	ILLINICARE HEALTH PLAN	MULTIPLE	4973	PO BOX 4020 FARMINGTON, MO 63640-4402
ILLINOIS DEPARTMENT OF PUBLIC AID	REGULATORY / COMPLIANCE / PAYOR	Agreement for Participation		175	PO BOX 19114 SPRINGFIELD, IL 62794-9114

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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

<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
ILLINOIS DEPARTMENT OF PUBLIC AID	REGULATORY / COMPLIANCE / PAYOR	Agreement for Participation	593180731003	115	PO BOX 19114 SPRINGFIELD, IL 62794-9114
KENTUCKY DEPARTMENT FOR MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Agreement - EPSDT	7100210920	179	275 E MAIN STREET 6C-B FRANKFORT, KY 40621
KENTUCKY DEPARTMENT FOR MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Agreement	7100210920	178	275 E MAIN STREET 6C-B FRANKFORT, KY 40621
KENTUCKY DEPARTMENT FOR MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Agreement	7100211070	174	275 E. MAIN STREET 6C-B FRANKFORT, KY 40621
KENTUCKY DEPARTMENT FOR MEDICAID SERVICES	REGULATORY / COMPLIANCE / PAYOR	Provider Agreement	7100211050	176	275 E MAIN STREET 6C-B FRANKFORT, KY 40621
LOURDES HOSPICE CONTRACT	REGULATORY / COMPLIANCE / PAYOR	Lourdes Hospice Contract	MULTIPLE	1200	4871 I 49 S OPELOUSAS, LA 70570
MEDICARE PLUS BLUE	REGULATORY / COMPLIANCE / PAYOR	ABP Administration Medicare Plus Blue	MULTIPLE	2705	PO BOX 81700 ROCHESTER, MI 48308-1700
MMAA IL TEAM CARE ADVANTAGE	REGULATORY / COMPLIANCE / PAYOR	MMAA Team Care Advantage IL	1346220118	2928	PO BOX 69314 HARRISBURG, PA 17106-9314
MURRAY CALLOWAY HOSPICE HOSPITAL	REGULATORY / COMPLIANCE / PAYOR	Murray Calloway Hospice	1245292747	1709	300 S 8TH ST MURRAY, KY 42071
MURRAY CALLOWAY HOSPICE LONG TERM CARE	REGULATORY / COMPLIANCE / PAYOR	Murray Calloway Long Term Care	1245292747	1708	3600 VINELAND RD ORLANDO, FL 32811

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
NGS CORESOURCE	REGULATORY / COMPLIANCE / PAYOR	NGS American Non Par	MULTIPLE	2201	PO BOX 7676 ST CLAIR SHORES, MI 48080
NORTHWOOD INC AUTO NO FAULT WC	REGULATORY / COMPLIANCE / PAYOR	Northwood Inc Auto No Fault/WC	1386624088	3725	PO BOX 510 WARREN, MI 48090-0510
NORTHWOOD NPN	REGULATORY / COMPLIANCE / PAYOR	Northwood/NPN	MULTIPLE	41	PO BOX 82180 ROCHESTER, MI 48308
PALLIATIVE CARE CTR HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Palliative Care Center Hospice	1255311585	1089	2115 W WRANGLE BLVD SEMINOLE, OK 74868
PASSPORT HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Passport Health Plan	MULTIPLE	256	PO BOX 7114 LONDON, KY 40742
PROGRESSIVE CARE MERIDIAN PLAN	REGULATORY / COMPLIANCE / PAYOR	Progressive Care Meridian Plan	1346220118	3415	777 WOODWARD AVE STE 600 DETROIT, MI 48226
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
ST ELIZABETH HOSPICE	REGULATORY / COMPLIANCE / PAYOR	ST Elizabeth Hospice	MULTIPLE	984	3600 VINELAND RD ORLANDO, FL 32811
STERLING IL HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Sterling Health Plan IL	1154301919	2143	PO BOX 269003 PLANO, TX 75026-9003

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
STERLING KY HEALTH PLAN	REGULATORY / COMPLIANCE / PAYOR	Sterling Health Plan KY	MULTIPLE	2961	PO BOX 269003 PLANO, TX 75026-9003
TODAYS OPTIONS IL PFFS	REGULATORY / COMPLIANCE / PAYOR	Todays Options Pyr & Marq Illinois	1992764393	3139	PO BOX 742568 HOUSTON, TX 77274
TODAYS OPTIONS IL PPO	REGULATORY / COMPLIANCE / PAYOR	Todays Options PPO IL	1922088814	3675	PO BOX 742568 HOUSTON, TX 77274
TODAYS OPTIONS KY PFFS	REGULATORY / COMPLIANCE / PAYOR	Todays Options Pyr & Marq Kentucky	MULTIPLE	3146	PO BOX 742568 HOUSTON, TX 77274
TODAYS OPTIONS KY PPO	REGULATORY / COMPLIANCE / PAYOR	Todays Options PPO KY	MULTIPLE	3679	PO BOX 742568 HOUSTON, TX 77274
TRI COUNTY HOSPICE	REGULATORY / COMPLIANCE / PAYOR	Tri County Hospice	MULTIPLE	619	PO BOX 2328 LONDON, KY 40743
TRICARE IL	REGULATORY / COMPLIANCE / PAYOR	Tricare IL	1396725198	709	PO BOX 7031 CAMDEN, SC 29020
TRICARE SOUTH REGION	REGULATORY / COMPLIANCE / PAYOR	Humana Military Ky Active Duty	MULTIPLE	5060	PO BOX 7031 CAMDEN, SC 29020-7031
TRICARE SOUTH REGION CLAIMS DEPT	REGULATORY / COMPLIANCE / PAYOR	Humana Military KY	MULTIPLE	5059	PO BOX 7031 CAMDEN, SC 29020-7031
UHC IL SECURE HORIZONS MEDICARE DIRECT	REGULATORY / COMPLIANCE / PAYOR	Secure Horizons MCR Direct IL	1992764393	2267	PO BOX 31353 SALT LAKE CITY, UT 84131-1353

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
UHC KY SECURE HORIZONS MEDICARE DIRECT	REGULATORY / COMPLIANCE / PAYOR	Secure Horizons MCR Direct KY	MULTIPLE	2254	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
UMWA HEALTH RETIREMENT	REGULATORY / COMPLIANCE / PAYOR	UMWA VA	MULTIPLE	1002	PO BOX 99002 LUBBOCK, TX 79490-9002
UNICARE	REGULATORY / COMPLIANCE / PAYOR	UniCare National IL	MULTIPLE	1498	PO BOX 26038 GREENSBORO, NC 27420
UNICARE IL SECURITY CHOICE PFFS	REGULATORY / COMPLIANCE / PAYOR	Unicare SecurityChoice PFFS IL	1396725198	3311	PO BOX 795180 SAN ANTONIO, TX 78279
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE IL NATIONAL PPO	1346220118		100 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG, FL 33701
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE IL PFFS	1497735385		100 CENTRAL AVENUE, SUITE 200 ST. PETERSBURG, FL 33701
UNIVERSAL IL HEALTH CARE	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE IL NATIONAL PPO	1346220118	4951	PO BOX 294 ST PETERSBURG, FL 33731
UNIVERSAL IL HEALTH CARE PFFS	REGULATORY / COMPLIANCE / PAYOR	UNIVERSAL HEALTH CARE IL PFFS	1497735385	4914	PO BOX 3211 ST PETERSBURG, FL 33731
UNIVERSITY MO COVENTRY HEALTHCARE MO	REGULATORY / COMPLIANCE / PAYOR	COVENTRY HEALTH CARE MISSOURI (FORMERLY GHP)	1215998232	4202	PO BOX 7799 LONDON, KY 40742

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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<u>Name</u>	<u>Description</u>	<u>Internal Contract Name</u>	<u>Internal Contract No</u>	<u>Contract No</u>	<u>Address</u>
USA MANAGED CARE ORGANIZATION	REGULATORY / COMPLIANCE / PAYOR	USA Managed Care Organization	MULTIPLE	1186	PO BOX 10170 AUSTIN, TX 78716
USA MANAGED IL CARE WC	REGULATORY / COMPLIANCE / PAYOR	USA Managed IL Care WC	1255311585	1196	PO BOX 160300 AUSTIN, TX 78716
USA MANAGED KY CARE WC	REGULATORY / COMPLIANCE / PAYOR	USA Managed KY Care WC	MULTIPLE	1301	PO BOX 160300 AUSTIN, TX 78716
WPS	REGULATORY / COMPLIANCE / PAYOR	Wisconsin Physician Services West Region Non Par	MULTIPLE	1080	PO BOX 8190 MADISON, WI 53708-8190

TOTAL NUMBER OF CONTRACTS: 118

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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.

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

DECLARATION CONCERNING DEBTOR'S SCHEDULES

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

I, the Authorized Signatory of HOLLAND MEDICAL SERVICES, 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

HOLLAND MEDICAL SERVICES, INC.

Case No: 13-10785

(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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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**

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

**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: HOLLAND MEDICAL SERVICES, INC.
Debtor.

Case Number: 13-10785

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.)

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.

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.

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.

HOLLAND MEDICAL SERVICES, INC.**Attachment 1****Case Number: 13-10785****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	\$6,350,884
OPERATING REVENUE, NET - 2012	\$5,247,005
OPERATING REVENUE, NET - MARCH 2013	\$1,212,893

ROTECH HEALTHCARE INC.
SOFA 18a
2013 Organization Structure

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

ROTECH HEALTHCARE INC.
SOFA 18a
2013 Organization Structure

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

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

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

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

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

ROTECH HEALTHCARE INC.
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-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	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-		Nature of Business	Comments
						Debtor	Location		
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.
 SOFA 18a
 2007 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	
12	BETA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/8/1995	59-3334408	Debtor	US	Operating Subsidiary	
13	CAMBRIA MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/10/1994	59-3260476	Debtor	US	Operating Subsidiary	
14	CAMDEN MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/29/1993	59-3203186	Debtor	US	Operating Subsidiary	
	CANYON STATE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Arizona	6/1/1989	86-0627468	Non-Debtor	US	Operating Subsidiary	dissolved on 1/10/2007
15	CARE MEDICAL SUPPLIES, INC.	ROTECH HEALTHCARE INC. - 100%	Illinois	4/29/1985	37-1175959	Debtor	US	Operating Subsidiary	
16	CENTENNIAL MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406826	Debtor	US	Operating Subsidiary	
17	CHARLOTTE MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	11/1/1993	59-3208925	Debtor	US	Operating Subsidiary	
18	COLLINS RENTALS, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	2/17/1981	43-1222037	Debtor	US	Operating Subsidiary	
19	COMMUNITY HOME OXYGEN, INC.	ROTECH HEALTHCARE INC. - 100%	Montana	3/2/1994	81-0490456	Debtor	US	Operating Subsidiary	
20	CONTOUR MEDICAL SUPPLY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/28/1996	59-3406822	Debtor	US	Operating Subsidiary	
21	CORLEY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	9/24/1987	58-1729882	Debtor	US	Operating Subsidiary	
22	CPO 2, INC.	ROTECH HEALTHCARE INC. - 100%	Pennsylvania	8/17/1983	23-2271084	Debtor	US	Operating Subsidiary	
	CYNTHIANA HOME MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250409	Non-Debtor	US	Operating Subsidiary	
23	DANIEL MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	Oklahoma	6/25/1964	73-0737988	Debtor	US	Operating Subsidiary	
24	DISTINCT HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	8/28/1992	59-3143941	Debtor	US	Operating Subsidiary	
25	DON PAUL RESPIRATORY SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	8/26/1991	84-1177602	Debtor	US	Operating Subsidiary	
26	DUMED, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/21/1989	42-1336634	Debtor	US	Operating Subsidiary	
27	EAST TENNESSEE INFUSION & RESPIRATORY, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/25/1990	59-3007561	Debtor	US	Operating Subsidiary	
29	ENCORE HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/26/1994	59-3221477	Debtor	US	Operating Subsidiary	
	EPSILON HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/31/1994	59-3250417	Non-Debtor	US	Operating Subsidiary	
30	EXCEL MEDICAL OF FORT DODGE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	1/1/1989	42-1324351	Debtor	US	Operating Subsidiary	
31	EXCEL MEDICAL OF MARSHALLTOWN, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	7/27/1989	42-1336085	Debtor	US	Operating Subsidiary	
32	FIRST COMMUNITY CARE OF NIAGARA, INC.	ROTECH HEALTHCARE INC. - 100%	New York	10/17/1989	16-1361366	Debtor	US	Operating Subsidiary	
33	FIRSTCARE, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	9/27/1991	48-1104362	Debtor	US	Operating Subsidiary	
34	FISCHER MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Idaho	12/27/1991	82-0361262	Debtor	US	Operating Subsidiary	
35	FOUR RIVERS HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Missouri	6/21/1984	43-1336602	Debtor	US	Operating Subsidiary	
36	G&G MEDICAL, INC.	ROTECH HEALTHCARE INC. - 100%	Colorado	5/16/1986	84-1033419	Debtor	US	Operating Subsidiary	
37	GATE CITY MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	9/25/1995	59-3339037	Debtor	US	Operating Subsidiary	
38	GEORGIA MEDICAL RESOURCES, INC.	ROTECH HEALTHCARE INC. - 100%	Georgia	8/18/1982	58-1484343	Debtor	US	Operating Subsidiary	
39	GLADWIN AREA HOME CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Michigan	4/28/1989	38-2870154	Debtor	US	Operating Subsidiary	
40	HAMILTON MEDICAL EQUIPMENT SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Iowa	8/20/1979	42-1129500	Debtor	US	Operating Subsidiary	
41	HEALTH CARE SERVICES OF MISSISSIPPI, INCORPORATED	ROTECH HEALTHCARE INC. - 100%	Florida	4/27/1988	59-2893038	Debtor	US	Operating Subsidiary	
42	HOLLAND MEDICAL SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	4/29/1993	59-3180731	Debtor	US	Operating Subsidiary	
43	HOME CARE OXYGEN SERVICE, INC.	ROTECH HEALTHCARE INC. - 100%	Minnesota	9/19/1978	41-1335036	Debtor	US	Operating Subsidiary	
44	HOME MEDICAL SYSTEMS, INC.	ROTECH HEALTHCARE INC. - 100%	South Carolina	11/30/1992	59-3154523	Debtor	US	Operating Subsidiary	
45	IHS ACQUISITION XXVII, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	6/21/1989	52-1748938	Debtor	US	Operating Subsidiary	
46	INTEGRATED HEALTH SERVICES AT JEFFERSON HOSPITAL, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	12/28/1992	52-1843408	Debtor	US	Operating Subsidiary	
	INTEGRATED OF GARDEN TERRANCE, INC.	ROTECH HEALTHCARE INC. - 100%	Delaware	1/29/1992	52-1843387	Non-Debtor	US	Operating Subsidiary	
47	INTENSIVE HOME CARE SERVICES, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	3/26/1990	75-2323364	Debtor	US	Operating Subsidiary	
48	IOTA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3366769	Debtor	US	Operating Subsidiary	
49	LAMBDA MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	1/24/1996	59-3374213	Debtor	US	Operating Subsidiary	
50	LAMS, INC.	ROTECH HEALTHCARE INC. - 100%	Texas	11/8/1988	75-2253169	Debtor	US	Operating Subsidiary	
	LAWRENCE MEDICAL EQUIPMENT, INC.	ROTECH HEALTHCARE INC. - 100%	Kansas	3/22/1989	48-1066529	Non-Debtor	US	Operating Subsidiary	
	LIBERTY HOME HEALTH CARE, INC.	ROTECH HEALTHCARE INC. - 100%	Florida	5/7/1992	59-3172251	Non-Debtor	US	Operating Subsidiary	

ROTECH HEALTHCARE INC.
SOFA 18a
2007 Organization Structure

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

ROTECH HEALTHCARE INC.
SOFA 18a
2007 Organization Structure

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

HOLLAND MEDICAL SERVICES, INC.**Attachment 19a****Case Number: 13-10785****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

HOLLAND MEDICAL SERVICES, INC.**Attachment 19b****Case Number: 13-10785****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

HOLLAND MEDICAL SERVICES, INC.

Attachment 19c

Case Number: 13-10785

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

HOLLAND MEDICAL SERVICES, INC.**Attachment 20a****Case Number: 13-10785****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	BRANCH MGR	\$20,507.36	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL
12/31/2012	E FLOYD	\$11,560.97	36610	HOLLAND MEDICAL SERVICES	MARION	KY
12/31/2012	P GAMBLIN	\$18,966.44	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY
12/31/2012	T ADAMS/J HARRIS	\$3,375,303.32	161510	SLEEP CENTRAL	MURRAY	KY
12/31/2012	E PERRY	\$23,946.36	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH	KY
12/31/2012	K SPRINGER	\$11,858.11	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY	KY
3/31/2013	BRANCH MGR	\$18,675.81	36910	HOLLAND MEDICAL EQUIPMENT	MARION	IL
3/31/2013	E FLOYD	\$12,310.35	36610	HOLLAND MEDICAL SERVICES	MARION	KY
3/31/2013	P GAMBLIN	\$19,793.83	36710	HOLLAND MEDICAL EQUIPMENT	MADISONVILLE	KY
3/31/2013	T ADAMS/J HARRIS	\$3,955,402.28	161510	SLEEP CENTRAL	MURRAY	KY
3/31/2013	E PERRY	\$22,769.68	36310	HOLLAND MEDICAL EQUIPMENT	PADUCAH	KY
3/31/2013	K SPRINGER	\$11,796.84	36410	HOLLAND MEDICAL EQUIPMENT	MURRAY	KY

HOLLAND MEDICAL SERVICES, INC.**Attachment 21b****Case Number: 13-10785****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	

HOLLAND MEDICAL SERVICES, INC.**Attachment 22b****Case Number: 13-10785****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

HOLLAND MEDICAL SERVICES, INC.

Attachment 24

Case Number: 13-10785

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

HOLLAND MEDICAL SERVICES, INC.

Case Number: 13-10785

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