United St Southe	tates Bankruptcy Cou ern District of Alabam	rt a	Voluntary Petition		
Name of Debtor (if individual, enter Las WILMAX Clinical Research, Inc.	st, First, Middle):	Name of Joint Debtor (Spou	Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in (include married, maiden, and trade names)		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. No. / Complete (if more than one, state all): 20-1866822	olete EIN or other Tax I.D. No.	Last four digits of Soc. Sec. more than one, state all):	Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):		
Street Address of Debtor (No. & Street, 100 Memorial Hospital Dr., Suite 30 Mobile, AL	·	Street Address of Joint Debi	Street Address of Joint Debtor (No. & Street, City, and State):		
County of Residence or of the Principal	ZIPCODE 36608	County of Residence or of the	ZIPCODE		
Mobile	Frace of Business.	County of Residence of of th	County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint De	Mailing Address of Joint Debtor (if different from street address):		
	ZIPCODE		ZIPCODE		
Location of Principal Assets of Business Deb	btor (if different from street addre	ess above):	-		
			ZIPCODE		
Type of Debtor (Form of Organization) (Check one box.)	Health Care Business	(Xes) Chapter or Section the Petition	Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)		
 ☐ Individual (includes Joint Debtors) ☑ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and provide the 		(51D) Chapter / La Cha	B) Chapter 9 Chapter 12 of a Foreign Main Proceeding		
information requested below.) State type of entity: Clearing Bank Nonprofit Organization qualifie under 26 U.S.C. § 501(c)(3)			Nature of Debts (Check one box)		
		Consumer/Non-Busine			
Filing Fee (Check Full Filing Fee Attached	k one box)	Check one box:	Chapter 11 Debtors Check one box:		
Filing Fee to be paid in installments (Apattach signed application for the court's	consideration certifying that the	debtor 🔲 Debtor is not a small b	or Debtor is not a small business as defined in 11 U.S.C. § 101(51D).		
is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A Check if:					
Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. Debtor's aggregate noncontingent liquidated debts owed to non-ir or affiliates are less than \$2 million.					
Statistical/Administrative Information □ Debtor estimates that funds will be available for distribution to unsecured creditors. □ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. □ THIS SPACE IS FOR COURT USE ON the country of					
Estimated Number of 1- 50- 100- Creditors 49 99 199		25,000 50,000 100,000 10	VER 00,000 □		
Estimated Assets \$0 to \$50,001 to \$100,001 to \$50	00,001 to \$1,000,001 to \$10,00	00,001 to \$50,000,001 to More t million \$100 million \$100 mi	han Ilion		
\$50,000 \$100,000 \$500,000 \$1		00,001 to \$50,000,001 to More to million \$100 million \$100 million	Illion		

(Official Form 1) (10/05) FORM B1, Page 2

(, 8			
Voluntary Petition		Name of Debtor(s):				
(This page must be completed and filed in every case)		WILMAX Clinical Research, Inc.				
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)						
Location Where Filed: NONE		Case Number:	Date Filed:			
	Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)					
Name of Debtor: NONE		Case Number:	Date Filed:			
Distric	ot:	Relationship:	Judge:			
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.				
Exhibit A is attached and made a part of this petition.		X Not Applicable				
		Signature of Attorney for Debtor(s)	Date			
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No		Certification Concerning Debt Counseling by Individual/Joint Debtor(s) I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances (Must attach certification describing.)				
Information Regarding the Debtor (Check the Applicable Boxes)						
Venue (Check any applicable box)						
<u> </u>	Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.					
	There is a bankruptcy case concerning debtor's affiliate. general partner, or partnership pending in this District.					
	Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District. or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.					
Statement by a Debtor Who Resides as a Tenant of Residential Property Check all applicable boxes.						
	☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).					
(Name of landlord that obtained judgment)						
	(Address of landlord)					
	Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and					
	Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of this petition.					

(Official Form 1) (10/05) FORM B1, Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

WILMAX Clinical Research, Inc.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this

petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition]- I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Not Applicable

Signature of Debtor

X Not Applicable

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney

X /s/Irvin Grodsky

Signature of Attorney for Debtor(s)

IRVIN GRODSKY, GRODI7426

Printed Name of Attorney for Debtor(s) / Bar No.

Irvin Grodsky, P.C.

Firm Name

454 Dauphin St.

Address

251-433-3657

Telephone Number

5/25/2006

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ SANDRA K. TORO

Signature of Authorized Individual

SANDRA K. TORO

Printed Name of Authorized Individual

Title of Authorized Individual

5/25/2006

Date

Signature of a Foreign Representative of a **Recognized Foreign Proceeding**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.
- ☐ Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign proceeding is attached.

X Not Applicable

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: I) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) 1 prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C.§110 setting a maximum fee for services chargeable by bankruptcy petition prepares, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Not Applicable

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number(If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. 110.)

Address

x Not Applicable

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.