

B1 (Official Form 1)(12/11)

**United States Bankruptcy Court
Western District of Arkansas**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Hope Medical Park Hospital, LLC f/k/a Signature Medical Park Hospital, LLC	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (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. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 20-3745426	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): c/o Jack Spencer 2001 South Main Street Hope, AR	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 71801	ZIP Code
County of Residence or of the Principal Place of Business: Hempstead	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> 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 ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Hope Medical Park Hospital, LLC f/k/a Signature Medical Park Hospital, LLC	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -		Case Number:	Date Filed:
Location Where Filed:		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: See Attachment		Case Number:	Date Filed:
District:		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.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		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 delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ 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? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <input checked="" type="checkbox"/> 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. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> 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.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) <input type="checkbox"/> 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) <input type="checkbox"/> 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 <input type="checkbox"/> 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 the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

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

Name of Debtor(s):

Hope Medical Park Hospital, LLC f/k/a Signature Medical Park Hospital, LLC

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 11 U.S.C. §342(b).

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

X _____
 Signature of Debtor

X _____
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

 Date

Signature of a Foreign Representative

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 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Attorney*

X /s/ James E. Smith, Jr.
 Signature of Attorney for Debtor(s)

James E. Smith, Jr. 77128
 Printed Name of Attorney for Debtor(s)

Smith Akins, P.A.
 Firm Name

400 W. Capitol Avenue
 Suite 1700
 Little Rock, AR 72201

 Address

Email: legalassistant@smithakins.com

501-537-5111 Fax: 501-537-5113
 Telephone Number

May 17, 2012
 Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I 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(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, 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 19 is attached.

 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 _____
 Date

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.

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/ Jack Spencer
 Signature of Authorized Individual

Jack Spencer
 Printed Name of Authorized Individual

Manager
 Title of Authorized Individual

May 17, 2012
 Date

In re **Hope Medical Park Hospital, LLC f/k/a Signature
Medical Park Hospital, LLC**

Case No. _____

Debtor

FORM 1. VOLUNTARY PETITION
Pending Bankruptcy Cases Filed Attachment

<u>Name of Debtor / District</u>	<u>Case No. / Relationship</u>	<u>Date Filed / Judge</u>
Hope MSO, LLC f/k/a Signature MSO, LLC Western District of Arkansas	UNKNOWN Affiliate	05/17/12 Mixon
Shiloh Health Services of Arkansas, Inc. Western District of Arkansas	UNKNOWN Affiliate	05/17/12 Mixon
Shiloh Health Services, Inc. Western District of Arkansas	UNKNOWN Affiliate	05/17/12 Mixon

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Western District of Arkansas

In re Hope Medical Park Hospital, LLC f/k/a Signature Medical Park Hospital, LLC

Debtor(s)

Case No.

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, 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; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Allergan 12975 Collections Center Dr. Chicago, IL 60693	Allergan 12975 Collections Center Dr. Chicago, IL 60693			54,441.51
Arkansas Dept. of Human Serv. 112 W. 8th St. Slot WG2 Attn: Debra Holiman Little Rock, AR 72201	Arkansas Dept. of Human Serv. 112 W. 8th St. Slot WG2 Little Rock, AR 72201			244,979.50
AT&T P.O. Box 5001 Carol Stream, IL 60197-5001	AT&T P.O. Box 5001 Carol Stream, IL 60197-5001			53,629.08
Baptist Health Medical Center P.O. Box 841218 Dallas, TX 75284	Baptist Health Medical Center P.O. Box 841218 Dallas, TX 75284			36,637.10
CPP Wound Care #21, LLC 3017 N. Causeway Blvd. Metairie, LA 70002	CPP Wound Care #21, LLC 3017 N. Causeway Blvd. Metairie, LA 70002			216,864.00
CPSI/CPS P.O. Box 850309 Mobile, AL 36685	CPSI/CPS P.O. Box 850309 Mobile, AL 36685			137,069.63
CRS Medical Benefits, Inc. P.O. Box 1049 Elfers, FL 34680	CRS Medical Benefits, Inc. P.O. Box 1049 Elfers, FL 34680			69,701.96
Department of Finance & Admin. P.O. Box 8140 Little Rock, AR 72203	Department of Finance & Admin. P.O. Box 8140 Little Rock, AR 72203			157,500.00
Emergency Staffing Solutions 17304 Preston Road, Ste. 1400 Dallas, TX 75252	Emergency Staffing Solutions 17304 Preston Road, Ste. 1400 Dallas, TX 75252			57,134.87

B4 (Official Form 4) (12/07) - Cont.

In re **Hope Medical Park Hospital, LLC f/k/a Signature Medical
Park Hospital, LLC**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
First Insurance Funding Corp. 5222 FM 1960 W. Suite 175 Houston, TX 77069	First Insurance Funding Corp. 5222 FM 1960 W. Suite 175 Houston, TX 77069			242,876.79
G&E HC REIT 11/DIXIE LOBO MOB 62402 Collections Center Dr. Chicago, IL 60693	G&E HC REIT 11/DIXIE LOBO MOB 62402 Collections Center Dr. Chicago, IL 60693			45,229.24
Health Staff, Inc. 2037 W. Woodland Springfield, MO 65807	Health Staff, Inc. 2037 W. Woodland Springfield, MO 65807			6,052,820.50
Hempstead County Sheriff Jerry T. Crane P.O. Box 549 Hope, AR 71802	Hempstead County Sheriff Jerry T. Crane P.O. Box 549 Hope, AR 71802			121,376.30
Hope Water & Light P.O. Box 2020 Hope, AR 71802	Hope Water & Light P.O. Box 2020 Hope, AR 71802			36,101.15
Laboratory Corp. of America America Holding P.O. Box 12140 Burlington, NC 27216	Laboratory Corp. of America America Holding P.O. Box 12140 Burlington, NC 27216			51,286.13
Next Script A1 235 CR 3520 Clarksville, AR 72830	Next Script A1 235 CR 3520 Clarksville, AR 72830			46,296.49
RE/SOLUTION Attn: WHSL Lock Box (29680) Chase Bank/Summit Financial 1820 E. Sky Harbor Circle Sout Phoenix, AZ 85034	RE/SOLUTION Attn: WHSL Lock Box (29680) Chase Bank/Summit Financial Phoenix, AZ 85034			45,544.27
Siemens Healthcare #2 P.O. Box 121102 Dallas, TX 75312	Siemens Healthcare #2 P.O. Box 121102 Dallas, TX 75312			39,469.01
Travelers (xx5149) One Tower Square Remittance Box 98476 Hartford, CT 06183	Travelers (xx5149) One Tower Square Remittance Box 98476 Hartford, CT 06183			73,202.50
Xerox Corp P.O. Box 802555 Chicago, IL 60680	Xerox Corp P.O. Box 802555 Chicago, IL 60680			72,363.11

B4 (Official Form 4) (12/07) - Cont.

In re **Hope Medical Park Hospital, LLC f/k/a Signature Medical
Park Hospital, LLC**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

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

I, the Manager of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **May 17, 2012** _____

Signature **/s/ Jack Spencer** _____
Jack Spencer
Manager

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

3M encoder agreement
3M health information systems
575 West Murray Blvd.
Murray, UT 84123

Aarons Rental & Sales
401 N. Hervey
Hope, AR 71801

Abbott Diagnostics Division
Abbot Laboratories Inc.
100 Abott Park Road
North Chicago, IL 60064

Advanced Pulmonary & Sleep Solu
1550 Moores Lane
Texarkana, TX 75503

Allergan
12975 Collections Center Dr.
Chicago, IL 60693

AR Foundation for Medical Care
P.O. Box 180001
Fort Smith, AR 72918

AR Lions Eyebank & Laboratory
4301 W. Markham St.
Little Rock, AR 72205

AR Regional Organ Recovery Age
1100 N. University, Suite 200
Little Rock, AR 72207

Aramark Uniform Services
5058 Jefferson Pkwy.
P.O. Box 8826
Pine Bluff, AR 71611

Ark-La-Tex Health Network
1406 College Dr., Suite 200
Texarkana, TX 75503

Arkansas Dept. of Human Serv.
112 W. 8th St.
Slot WG2
Attn: Debra Holiman
Little Rock, AR 72201

Arkansas Fire Training Academy

Arkansas Rehab Services
Three Capitol Mall
Little Rock, AR 72201

AT&T
P.O. Box 5001
Carol Stream, IL 60197-5001

AT&T Language Line
P.O. Box 16012
Monterey, CA 93942

Bap. Hlth dba Bap.Hospce Ardel
3050 Twin Rivers Drive
Arkadelphia, AR 71923

Baptist Health Medical Center
P.O. Box 841218
Dallas, TX 75284

Baxter Healthcare Corporation
One Baxter Parkway, DF6-3W
Deerfield, IL 60015

Beckman Coulter Inc.
200 South Kraemer Blvd.
P.O. Box 8000
Brea, CA 92621

Breastcare
ADH
4185 W. Markham, Slot 11
Little Rock, AR 72205

Broadway Linen Service
548 N. Bradway
Greenville, MS 38701

Canyon Creek Apts
303 West 23rd St.
Hope, AR 71801

Centerpoint Energy Resource Co
P.O. Box 751
Little Rock, AR 72203

Chappell-Joyce Pathology
P.O. Box 1288
Texarkana, TX 75504

Cigna
1000 Corporate, Ste 500
Franklin, TN 37067

Comp. progr. & systems, Inc-Acct
6600 Wall Street
Mobile, AL 36695

Computer programs & systems, Inc
6600 Wall Street
Mobile, AL 36695

CPP Wound Care #21, LLC
3017 N. Causeway Blvd.
Metairie, LA 70002

CPSI/CPS
P.O. Box 850309
Mobile, AL 36685

CRS Medical Benefits, Inc.
P.O. Box 1049
Elfers, FL 34680

Dade Behring, Inc.
P.O. BOX 6101
Newark, DE 19714

Delange Landen Financial Servi
1111 Old Eagle School Rd.
Wayne, PA 19087

Department of Finance & Admin.
P.O. Box 8140
Little Rock, AR 72203

DHHS/TB Program
AR Dept Human Services
116 N. Laurel,
Hope, AR 71802

Dr's Choice Placement Services
7756 Woods Muir Dr.
West Palm Beach, FL 33412

Emergency Staffing Solutions
17304 Preston Road, Ste. 555
Dallas, TX 75252

ePass Access

eSolutions
401 West Frontier Lane
Suite 101
Olathe, KS 66061

Executive Health Resources
15 Campus Blvd, Suite 200
Newtown Square, PA 19073

Executive Staffing Solutions

First Insurance Funding Corp.
5222 FM 1960 W. Suite 175
Houston, TX 77069

Ford Ward
P.O. Box 444
OR 2409 Patmos Rd.
Hope, AR 71801
Hope, AR 71802

Fort Bend Services, Inc.
13303 Redfish Lane
Stafford, TX 77477

G&E HC REIT 11/DIXIE LOBO MOB
62402 Collections Center Dr.
Chicago, IL 60693

Gammons Group
4800 Whitesburg Drive
Ste 30-284
Huntsville, AL 35802

General Surgeons
Rex Luttrell MD 1300 Braden St
Pod B or Victor Williams, MD
9712 W.Markham St.LR, AR 72205
Jacksonville, AR 72078

Health Staff, Inc.
2037 W. Woodland
Springfield, MO 65807

Heather Manor Nursing & Rehab
P.O. Box 2002
Hope, AR 71802

Hempstead County
Sheriff Jerry T. Crane
P.O. Box 549
Hope, AR 71802

Hill Rom Company?
1069 State Route 46E
Batesville, IN 47006

Homestead Manor
826 North Street
Stamps, AR 71860

Hope Water & Light
P.O. Box 2020
Hope, AR 71802

Hospice of Texarkana
803 Spruce Street
Texarkana, AR 71801

Hughes, Welch, Milligan LTD
P.O. Box 2094
Batesville, AR 72503

Humana/Choice Care
P.O. Box 19013
Green Bay, WI 54307

Isokinetics, Inc.
P.O. Box 21
De Queen, AR 71832

Katherine Kee, LCSW
164 Lafayette 40
Lewisville, AR 71845

Kelly Munn, RPT
349 Hwy 299 East
Emmet, AR 71835

Laboratory Corp. of America
America Holding
P.O. Box 12140
Burlington, NC 27216

Laurel Place Health&Rehab Cent
1901 S. Laurel St.
Hope, AR 71801

Lifeshare Blood Centers
8910 Linwood Ave.
Shreveport, LA 71136

Liveoak Apartments South
1809 N. Hazel
P.O. Box 1021
Hope, AR 71801

LR Cardiology Clinic, PA
#7 Shackelford West Blvd
Little Rock, AR 72211

Manpower
809 N. Hervey Ste H
Hope, AR 71801

Martin Anderson Consultants

McCauley Services
1623 Hot Springs Hwy
Benton, AR 72019

Medicorp Inc
1421 Triad Center Dr.
Ste A
Saint Peters, MO 63376

Microfilm Systems, Inc.
2225 Woodward Ave.
P.O. Box 3130
Shreveport, LA 71133

Milburn Partners
One Preston Centre 8222
Douglas Ave. Ste 570
Dallas, TX 75225

MSI International
1811 Tower Drive
Ste E
Monroe, LA 71201

Multiplan
115 Fifth Ave
New York, NY 10003

Municipal Health Benefit
301 W. 2nd St.
North Little Rock, AR 72115

Netscript Inc
235 CR 3250
Clarksville, AR 72830

Next Script A1
235 CR 3520
Clarksville, AR 72830

Nighthawk Radiology
601 Front Ave. Suite 502
Coeur D Alene, ID 83814

Nightingale Nurses
6401 Congress Ave.,, Ste 160
Boca Raton, FL 33487

Olympus
3500 Corporate Parkway
P.O. Box 610
Center Valley, PA 18634

Omnicell
1201 Charleston Rd
Mountain View, CA 94043

Peachtree Hospice
4425 Jefferson Ave., Ste 104
Texarkana, AR 71854

Philips Medical Systems
MS 0400
3000 Minuteman Rd
Andover, MA 01810

Praxair Distributions Inc.
39 Old Ridgebury Rd.
Danbury, CT 06810

Professional Consulting Servic
P.O. Box 95010
North Little Rock, AR 71290

Quest/Med Assets
280 South Mount Auburn Rd.
Cape Girardeau, MO 63703

Quintech, Inc.
3202 Richmond Rd
Texarkana, TX 75503

RE/SOLUTION

Attn: WHSL Lock Box (29680)
Chase Bank/Summit Financial
1820 E. Sky Harbor Circle Sout
Phoenix, AZ 85034

Red Ball Oxygen
609 North Market St.
Shreveport, LA 71137

Rehab Specialists
22 Southpark Center
Nashville, AR 71852

Serenity Hospice
4010 Jefferson
Texarkana, TX 75503

Siemens Healthcare #2
P.O. Box 121102
Dallas, TX 75312

Siemens Healthcare Diagnostics
P.O. Box 6101
Newark, DE 19714

Smart Document
5613 Fraiway Court
Hoover, AL 35244

SourceOne
8020 Tyler Blvd
Mentor, OH 44060

Southern AR University Nursing
P.O. Box 9406
Magnolia, AR 71754

Southwest Hospital Preparednes
Contact Kelly Hollybee

Specialty Practice Mngmt, LLC
2024 Arkansas Valley Dr.
Little Rock, AR 72212

Steven and Vickie Bateman
121 Sinclair Dr.
Hope, AR 71801

Technology Health Pro, LLC
5407 Hwy 5 North
Suite 2
Bryant, AR 72002

Telemedx Corporation
2550 S. Sam Houston Pkwy W.
Houston, TX 77047

The Tatz Group, Inc
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UACCH Goins Rural Health
2500 South Main
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UAMS Foster Care Clinic
4301 West Markham
Slot 512-33
Little Rock, AR 72205

UAMS Nursing
4301 W. Markham
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Little Rock, AR 72205

UAMS/Resp/Surg
College of Health Related
Professions-UAMS
4301 W. Markham 619
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United Blood Services
5300 S. "U" St.
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United Health Care
1401 W. Capitol
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US Consumer Product Safety Com
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