				•
Fill	in this information to ident	ify your case:		
Un	ited States Bankruptcy Court	for the:		
DIS	STRICT OF ARIZONA			
Ca	se number (if known)	(	Chapter11	
				☐ Check if this an amended filing
V(	ore space is needed, attach		of any additional pages, write the	debtor's name and case number (if known).
⊦or 1.	Debtor's name	Paradise Medspa & Wellness PLLC	Forms for Non-Individuals, is avai	lable.
2.	All other names debtor used in the last 8 years			
	Include any assumed names, trade names and doing business as names			
3.	Debtor's federal Employer Identification Number (EIN)	26-0694200		
4.	Debtor's address	Principal place of business	Mailing addres business	ss, if different from principal place of
		2060 W. Whispering Wind Drive, #17	70	
		Phoenix, AZ 85085  Number, Street, City, State & ZIP Code	P.O. Box, Numl	ber, Street, City, State & ZIP Code
		Maricopa County	Location of pri	incipal assets, if different from principal ess
			Number, Street	, City, State & ZIP Code
5.	Debtor's website (URL)			
6.	Type of debtor	Comparation (in all reliant Limited Line 1995)	Company (III C) and Limited Link Wa	Doutoprokin (LLD))
	,p	<ul><li>Corporation (including Limited Liability</li><li>Partnership (excluding LLP)</li></ul>	Company (LLC) and Limited Liability	raitheisnip (LLP))

☐ Other. Specify:

Deb	i diddioc ilicaopa a i	Wellness PLLC		Case number (if known)			
	Name						
7.	Describe debtor's business	A. Check one:  Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Railroad (as defined in 11 U.S.C. § 101(44))  Stockbroker (as defined in 11 U.S.C. § 101(53A))					
		_	(as defined in 11 U.S.C. § 101(6))				
		☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) ☐ None of the above					
		B. Check all that apply					
		☐ Tax-exempt entity (a	s described in 26 U.S.C. §501)				
		<u> </u>		evestment vehicle (as defined in 15 U.S.C. §80a-3)			
		☐ Investment advisor	(as defined in 15 U.S.C. §80b-2(a)(	11))			
			can Industry Classification System) urts.gov/four-digit-national-associat	4-digit code that best describes debtor. ion-naics-codes.			
8.	Under which chapter of the Bankruptcy Code is the	Check one:					
	debtor filing?	☐ Chapter 7 ☐ Chapter 9					
		■ Chapter 11. Check	all that annly				
		— Chapter 11. Check		t liquidated debts (excluding debts owed to insiders	s or affiliates)		
			00 0	t subject to adjustment on 4/01/19 and every 3 year	,		
		•	business debtor, attach the most	btor as defined in 11 U.S.C. § 101(51D). If the deb recent balance sheet, statement of operations, cas creturn or if all of these documents do not exist, fol B).	h-flow		
			A plan is being filed with this petit	ion.			
			Acceptances of the plan were sol accordance with 11 U.S.C. § 1126	cited prepetition from one or more classes of credi 5(b).	ors, in		
			Exchange Commission according	odic reports (for example, 10K and 10Q) with the Se to § 13 or 15(d) of the Securities Exchange Act of for Non-Individuals Filing for Bankruptcy under Cha n.	1934. File the		
			The debtor is a shell company as	defined in the Securities Exchange Act of 1934 Ru	le 12b-2.		
		☐ Chapter 12					
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	■ No.					
	If more than 2 cases, attach a separate list.	District	When	Case number			
	coparate not.	District	When	Case number			
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	■ No □ Yes.					
	List all cases. If more than 1, attach a separate list	Debtor		Relationship			
	andon a soparate fist	District	When	Case number, if known			

Case number (if known)

Debtor

Dept	or Paradise Medspa 8	k Wellnes	s PLLC	Case number (if known	))				
	Name								
11.	Why is the case filed in this district?	Check all that apply:							
		Debtor has had its domicile, 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.							
		☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.							
12.	Does the debtor own or	■ No							
	have possession of any real property or personal	Yes.	Assure below for each group with at read increasing attention. Attention additional charter if read at						
	property that needs immediate attention?		Why does the property need immediate attention? (Check all that apply.)						
			☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.						
			What is the hazard?						
			☐ It needs to be physically se	cured or protected from the weather.					
			, ,	s or assets that could quickly deteriorate oneat, dairy, produce, or securities-related	or lose value without attention (for example, assets or other options).				
			☐ Other						
			Where is the property?						
				Number, Street, City, State & ZIP Code					
			Is the property insured?						
			□ No						
			Yes. Insurance agency						
			Contact name						
			Phone						
	Statistical and admin	istrative ir	nformation						
13.	Debtor's estimation of	. C	Check one:						
	available funds	■ Funds will be available for distribution to unsecured creditors.							
		☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.							
11	Estimated number of			П 4 000 5 000	D or one so one				
14.	creditors	■ 1-49 □ 50-99		☐ 1,000-5,000 ☐ 5001-10.000	☐ 25,001-50,000 ☐ 50,001-100,000				
		☐ 100-99		☐ 10,001-25,000	☐ More than100,000				
		□ 200-9							
15.	Estimated Assets \$0 - \$50,0		50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
		□ \$50,001 - \$100,000		□ \$10,000,001 - \$50 million					
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion				
16.	Estimated liabilities	\$0 - \$1	50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
			50,000 101 - \$100,000	□ \$10,000,001 - \$10 million	☐ \$1,000,000,001 - \$1 billion				
		□ \$100,001 - \$500,000		□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion				
		□ \$500,0	001 - \$1 million	☐ \$100,000,001 - \$500 million	00,000,001 - \$500 million ☐ More than \$50 billion				

## Paradise Medspa & Wellness PLLC

Case number (if known)

Name

Request for Relief, Declaration, and Signatures

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

November 15, 2016 MM / DD / YYYY

X /s/	Rebecca	Weiss	Glasow
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**Rebecca Weiss Glasow** 

Printed name

Signature of authorized representative of debtor

**Member of Paradise Medspa PLLC** 

1	8.	Si	gn	atu	re	of	atto	rne
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## X /s/ Randy Nussbaum

Date November 15, 2016

MM / DD / YYYY

Signature of attorney for debtor

## **Randy Nussbaum**

Printed name

Nussbaum Gillis & Dinner, P.C.

Firm name

## 14850 N. Scottsdale Road

Suite 450

Scottsdale, AZ 85254

Number, Street, City, State & ZIP Code

Contact phone (480) 609-0011

Email address rnussbaum@ngdlaw.com

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Bar number and State