

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF ARIZONA

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name PHOENICIAN MEDICAL CENTER, INC.

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) 86-0854458

4. Debtor's address Principal place of business

1343 North Alma School Road, #160
Chandler, AZ 85224

Number, Street, City, State & ZIP Code

Maricopa
County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) EVFM.care

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

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))
- Commodity Broker (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 (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to *Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District	<u>District of Arizona</u>	When	<u>4/12/12</u>	Case number	<u>2:12-08771-DPC</u>
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	_____
District	_____	When	_____
		Case number, if known	_____

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 have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

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 secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related 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 administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49

50-99

100-199

200-999

1,000-5,000

5001-10,000

10,001-25,000

25,001-50,000

50,001-100,000

More than 100,000

15. Estimated Assets

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

Debtor PHOENICIAN MEDICAL CENTER, INC.
Name

Case number (if known) _____



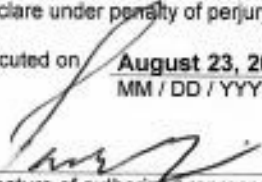
Request for Relief, Declaration, and Signatures

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

Executed on August 23, 2017
MM / DD / YYYY


X 

Signature of authorized representative of debtor

Title President

PARAMVIR S. TULI
Printed name

18. Signature of attorney

X 

Signature of attorney for debtor

Date August 23, 2017
MM / DD / YYYY

Donald W. Powell -
Printed name

CARMICHAEL & POWELL, P.C.
Firm name

6225 North 24th Street, Suite 125
Phoenix, AZ 85016
Number, Street, City, State & ZIP Code

Contact phone 602-861-0777 Email address d.powell@cplawfirm.com


3238
Bar number and State

CORPORATE RESOLUTION

I, PARAMVIR S. TULI, the duly elected President of PHOENICIAN MEDICAL CENTER, INC., do hereby certify that the following is a true and correct copy of the Resolution duly adopted by the Board of Directors of PHOENICIAN MEDICAL CENTER, INC., at a meeting of said Board of Directors convened on the 18th day of August, 2017.

RESOLVED, that a Petition under Chapter 11 be filed forthwith on behalf of PHOENICIAN MEDICAL CENTER, INC., and PARAMVIR S. TULI, President of PHOENICIAN MEDICAL CENTER, INC. is hereby authorized and directed to take all steps necessary, and to execute and deliver all documents required, for the filing of a Petition under Chapter 11 forthwith on behalf of PHOENICIAN MEDICAL CENTER, INC.

DATED this 18th day of August, 2017.



PARAMVIR S. TULI
President

LIST OF CREDITORS

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

State of Arizona
Dept. of Revenue
1600 West Monroe
Phoenix, AZ 85007

State of Arizona
Dept. of Economic Security
1824 E. McKinley St.
Phoenix, AZ 85006

Kiup Alexander Kim
3333 E. Powell Avenue
Chandler, AZ 85249

Angio Dynamics
14 Plaza Dr.
Latham, NY 12110

Dal, Inc.
P.O. Box 162
Clifton Heights, PA 19018

David A. Dick and Associates
505 W. Ray Rd.
Chandler, AZ 85225

Duane R. Eggen Ltd.
4236 N. Brown Avenue
Scottsdale, AZ 85251

Iasis Healthcare
117 Seaboard Lane, Bldg. E
Franklin, TN 37067

Jackson Lewis PC
2398 E. Camelback Rd., Ste. 1060
Phoenix, AZ 85016

Parpal LLC
1343 North Alma School Rd.
Chandler, AZ 85224

Phoenix Neurological Institute, Inc.
1343 North Alma School Rd.
Chandler, AZ 85224

Agua Science
c/o Richard James and Associates
4317 NE Thurston Way, Ste. 270
Vancouver, WA 98662

Sherman and Howard LLC
201 Washington St.
Phoenix, AZ 85004

TNT Shredding LLC
7235 E. Hampton Avenue
Mesa, AZ 85209

Arizona Sun Ventures
c/o Knight Management
5055 E. Washington, Ste. 115
Phoenix, AZ 85034

Chase
P.O. Box 74820
Phoenix, AZ 85062

Wells Fargo
305 E. Main, 2nd Floor
Mesa, AZ 85201

State Farm Fire and Casualty Company
c/o Timothy Moulton
The Moulton Law Firm, P.C.
6401 E. Thomas Road, Ste. 101
Scottsdale, AZ 85251

**United States Bankruptcy Court
District of Arizona**

In re PHOENICIAN MEDICAL CENTER, INC.

Debtor(s)

Case No. _____

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept _____	\$ 395.00 per hour
Prior to the filing of this statement I have received _____	5,530.00 legal services and \$ 16,410.00 in trust
Balance Due _____	\$ 395.00 per hour

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 23, 2017

Date



Donald W. Powell - 3238

Signature of Attorney

CARMICHAEL & POWELL, P.C.

6225 North 24th Street, Suite 125

Phoenix, AZ 85016

602-861-0777 Fax: 602-870-0296

d.powell@cplawfirm.com

Name of law firm

United States Bankruptcy Court
District of Arizona

In re PHOENICIAN MEDICAL CENTER, INC.

Debtor(s)


Case No.
Chapter

11

DECLARATION

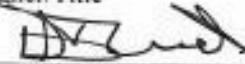
I, the President of the corporation named as the debtor in this case, do hereby certify, under penalty of perjury, that the Master Mailing List, consisting of 2 sheet(s), is complete, correct and consistent with the debtor(s)' schedules.

Date: August 23, 2017



PARAMVIR S. TULI/President
Signer/Title

Date: August 23, 2017



Signature of Attorney
Donald W. Powell - 3238
CARMICHAEL & POWELL, P.C.
6225 North 24th Street, Suite 125
Phoenix, AZ 85016
602-861-0777 Fax: 602-870-0296

MML-5

PHOENICIAN MEDICAL CENTER, INC.

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

State of Arizona
Dept. of Revenue
1600 West Monroe
Phoenix, AZ 85007

State of Arizona
Dept. of Economic Security
1824 E. McKinley St.
Phoenix, AZ 85006

Kiup Alexander Kim
3333 E. Powell Avenue
Chandler, AZ 85249

Angio Dynamics
14 Plaza Dr.
Latham, NY 12110

Dal, Inc.
P.O. Box 162
Clifton Heights, PA 19018

David A. Dick and Associates
505 W. Ray Rd.
Chandler, AZ 85225

Duane R. Eggen Ltd.
4236 N. Brown Avenue
Scottsdale, AZ 85251

lasis Healthcare
117 Seaboard Lane, Bldg. E
Franklin, TN 37067

Jackson Lewis PC
2398 E. Camelback Rd., Ste. 1060
Phoenix, AZ 85016

Parpal LLC
1343 North Alma School Rd.
Chandler, AZ 85224

Phoenix Neurological Institute, Inc.
1343 North Alma School Rd.
Chandler, AZ 85224

Agua Science
c/o Richard James and Associates
4317 NE Thurston Way, Ste. 270
Vancouver, WA 98662

Sherman and Howard LLC
201 Washington St.
Phoenix, AZ 85004

TNT Shredding LLC
7235 E. Hampton Avenue
Mesa, AZ 85209

Arizona Sun Ventures
c/o Knight Management
5055 E. Washington, Ste. 115
Phoenix, AZ 85034

Chase
P.O. Box 74820
Phoenix, AZ 85062

Wells Fargo
305 E. Main, 2nd Floor
Mesa, AZ 85201

State Farm Fire and Casualty Company
c/o Timothy Moulton
The Moulton Law Firm, P.C.
6401 E. Thomas Road, Ste. 101
Scottsdale, AZ 85251