Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF ARIZONA, PHOENIX DIVISION	_	
Case number (if known)	Chapter 11	
		Check if this an amended filing

Official Form 201 Voluntary Petition for Non-Individuals Filing for Bankruptcy

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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.

Debtor's name	Peoria Regional Medical Center, LLC						
All other names debtor used in the last 8 years							
Include any assumed names, trade names and <i>doing business as</i> names	Peoria Hospital LLC						
Debtor's federal Employer Identification Number (EIN)	26-1430458						
Debtor's address	Principal place of business	Mailing address, if different from principal place of business					
	8020 E Palm Ln Mesa, AZ 85207-9759						
	Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code					
	Maricopa	Location of principal assets, if different from principal					
	County	place of business					
		Number, Street, City, State & ZIP Code					
Debtor's website (URL)							
Type of debtor	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))						
	Partnership (excluding LLP)						
	□ Other. Specify:						
	All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names Debtor's federal Employer Identification Number (EIN) Debtor's address Debtor's website (URL)	All other names debtor used in the last 8 years Peoria Hospital LLC Include any assumed names, trade names and doing business as names Peoria Hospital LLC Debtor's federal Employer Identification Number (EIN) 26-1430458 Debtor's address Principal place of business 8020 E Palm Ln Mesa, AZ 85207-9759 Number, Street, City, State & ZIP Code Maricopa County County Debtor's website (URL) Corporation (including Limited Liability Company of Partnership (excluding LLP)					

Debtor	Peoria Regional Medical Center, LLC
	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))									
		$\Box \text{ Stockbroker (as defined in 11 U.S.C. § 101(44))}$									
		_	•		s defined in 11 U.S.C. § 101(6	3))					
		_	-		ined in 11 U.S.C. § 781(3))	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			e of the above								
		B. Chec	ck all that apply	y							
		🛛 Tax-e	exempt entity (as	described in 26 U.S.C. §501)						
		Inve	stment compa	any,	including hedge fund or poole	ed investment vehicle (as de	fined in 15 U.S.C. §80a-3)				
		□ Inve	stment adviso	r (a	s defined in 15 U.S.C. §80b-2	2(a)(11))					
		C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.									
					rts.gov/four-digit-national-asso						
8.	Under which chapter of the	Check o	2001								
0.	Bankruptcy Code is the										
	debtor filing?		•								
			•								
			pter 11. Chec	_			· · · · · · · · · · · · · · · · · · ·				
			L			• • •	uding debts owed to insiders or affiliates) are 4/01/19 and every 3 years after that).				
			[J.S.C. § 101(51D). If the debtor is a small				
					-		statement of operations, cash-flow statement, s do not exist, follow the procedure in 11				
					U.S.C. § 1116(1)(B).						
			[A plan is being filed with this	s petition.					
			Γ		Acceptances of the plan were accordance with 11 U.S.C. §		one or more classes of creditors, in				
			[The debtor is required to file	periodic reports (for examp	le, 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 compar	ny as defined in the Secur	ties Exchange Act of 1934 Rule 12b-2.				
		🛛 Cha	pter 12								
9.	Were prior bankruptcy	No.									
	cases filed by or against the debtor within the last 8	□ Yes.									
	years?										
	If more than 2 cases, attach a separate list.		District		Wher	n	Case number				
	separate list.		District		When		Case number				
10.	Are any bankruptcy cases	No									
	pending or being filed by a business partner or an										
	affiliate of the debtor?	□ Yes.									
	List all cases. If more than 1, attach a separate list		Debtor				Relationship				
	allaon a soparale list		District		Wher		Case number, if known				
						'					

Deb	T CONA REGIONALI	ledical C	enter, LL	C	Case number (if known) 						
	Name											
11.	Why is the case filed in	Check a	ll that apply	:								
	this district?		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.									
		П А	A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.									
12.	Does the debtor own or	D No	□ No									
	have possession of any real property or personal property that needs	Yes.	Answer b	elow for each propert	ditional sheets if needed.							
	immediate attention?		Why doe	es the property need	d immediate attention? (Check all that app	oly.)						
			It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.									
			What i	What is the hazard?								
			🛛 It nee	□ 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	property abou	ut to be demolished							
			Where is	the property?	26320 N Lake Pleasant Pkwy Peoria, AZ							
					Number, Street, City, State & ZIP Code							
			Is the pr	operty insured?								
			No									
			🛛 Yes.	Insurance agency								
				Contact name								
				Phone								
	Statistical and admir	nistrative in	nformation									
13.	Debtor's estimation of	. (Check one:									
	available funds	[☐ Funds w	ill be available for dist	tribution to unsecured creditors.							
		I	After any	administrative exper	nses are paid, no funds will be available to u	nsecured creditors.						
14.	Estimated number of creditors	□ 1-49 □ 50-99	`		□ 1,000-5,000 □ 5001-10,000	25,001-50,00050,001-100,000						
		■ 50-99			□ 10,001-25,000	☐ More than100,000						
		200-9										
15.	Estimated Assets	\$ 0 - \$	\$50.000		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion						
	□ \$50 □ \$10		01 - \$100,	000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion						
			,001 - \$500		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion						
		Ц \$500	,001 - \$1 m	illion								
16.	Estimated liabilities	□ \$0 - \$	\$50,000		\$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion						
			001 - \$100		☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion						
			,001 - \$500 ,001 - \$1 m		□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion						
		\$500	, ψιΠ		□ \$100,000,001 - \$500 million							

Request for Re	elief, Declaration,	and Signatures
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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 October 4, 2017 MM / DD / YYYY

 χ /s/ Timothy A. Johns

Signature of authorized representative of debtor

Title Manager

Timothy A. Johns Printed name

18. Signature of attorney

X /s/ Heather A. Macre Signature of attorney for debtor Date October 4, 2017 MM / DD / YYYY

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Heather A. Macre Printed name

Aiken Schenk Hawkins & Ricciardi P.C. Firm name

2390 E Camelback Rd Ste 400 Phoenix, AZ 85016-3479					
Number, Street,	City, State & ZIP Code				
Contact phone	(602) 248-8203	Email address	ham@ashrlaw.com		

026625

Bar number and State