

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 MDM Physical Therapy, LLC

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) 86-10224614. Debtor's address **Principal place of business** **Mailing address, if different from principal place of business**1440 S. Clearview Avenue, Suite 104
Mesa, AZ 85209

Number, Street, City, State & ZIP Code

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

Maricopa

County

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

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.mdmphysicaltherapy.com

6. Type of debtor

 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: _____

Debtor **MDM Physical Therapy, LLC**
Name _____

Case number (if known) _____

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 _____	When _____	Case number _____
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 Mark D. Mooney and Susan A. Mooney	Relationship Owners
District District of Arizona	When _____ Case number, if known _____

Debtor **MDM Physical Therapy, LLC**
Name

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
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **MDM Physical Therapy, LLC**
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 **February 21, 2018**
MM / DD / YYYY

/s/ Mark Drummond Mooney
Signature of authorized representative of debtor

Title **Manager/Member**

Mark Drummond Mooney
Printed name

18. Signature of attorney

/s/ William R. Richardson
Signature of attorney for debtor

Date **February 21, 2018**
MM / DD / YYYY

William R. Richardson 009278
Printed name

Richardson & Richardson, PC
Firm name

1745 S. Alma School Road
Suite 100
Mesa, AZ 85210-3010
Number, Street, City, State & ZIP Code

Contact phone **480-464-0600** Email address **wrichlaw@aol.com**

009278 AZ
Bar number and State

Fill in this information to identify the case:Debtor name MDM Physical Therapy, LLCUnited States Bankruptcy Court for the: DISTRICT OF ARIZONA

Case number (if known) _____

 Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

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

Executed on February 21, 2018**X /s/ Mark Drummond Mooney**

Signature of individual signing on behalf of debtor

Mark Drummond Mooney

Printed name

Manager/Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **MDM Physical Therapy, LLC**
 United States Bankruptcy Court for the: **DISTRICT OF ARIZONA**
 Case number (if known): _____

Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346		941 taxes for 2015, 2016				Unknown
RetailCapital Partners, LLC P.O. Box 80 Clawson, MI 48017		All assets of the company	Contingent Disputed	Unknown	\$0.00	Unknown
Small Business Term Loans, Inc. d/b/a BFS Capital 3301 N. University Drive, Suite 300 Coral Springs, FL 33065		All personal property of the company				\$56,493.00
Square Capital, LLC 1455 Market Street, Suite 600 San Francisco, CA 94103						\$3,070.30
VCE Enterprises P.O. Box 83 Rockland, MA 02370		All assets of the company	Contingent Disputed	Unknown	\$0.00	Unknown

Fill in this information to identify the case:Debtor name MDM Physical Therapy, LLCUnited States Bankruptcy Court for the: DISTRICT OF ARIZONA

Case number (if known) _____

 Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 194,900.63**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 194,900.63**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 45,405.07**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 59,563.30**4. Total liabilities**
Lines 2 + 3a + 3b\$ 104,968.37

Fill in this information to identify the case:

Debtor name MDM Physical Therapy, LLC

United States Bankruptcy Court for the: DISTRICT OF ARIZONA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3.	Checking, savings, money market, or financial brokerage accounts (Identify all)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	Bank of America	Checking	0852	\$2,637.91
3.2.	Bank of America	Savings	8683	\$0.00
3.3.	National Bank of Arizona	Checking	3022	\$1,898.72
4.	Other cash equivalents (Identify all)			
5.	Total of Part 1.			\$4,536.63

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.

Debtor MDM Physical Therapy, LLC
Name

Case number (If known) _____

 Yes Fill in the information below.11. **Accounts receivable**

11a. 90 days old or less:	<u>228,009.00</u>	-	<u>76,003.00</u>	=	<u>\$152,006.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>29,905.00</u>	-	<u>0.00</u>	=....	<u>\$29,905.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$181,911.00

Part 4: Investments13. **Does the debtor own any investments?**

- No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
 Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture <u>See attached Exhibit "A"</u>	<u>\$0.00</u>		<u>\$0.00</u>
40.	Office fixtures <u>See attached Exhibit "A"</u>	<u>\$0.00</u>		<u>\$0.00</u>
41.	Office equipment, including all computer equipment and communication systems equipment and software <u>See attached Exhibit "A"</u>	<u>\$8,553.00</u>		<u>\$8,453.00</u>

Debtor MDM Physical Therapy, LLC
Name

Case number (If known) _____

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$8,453.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
 Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Equipment Lease for Megapulse II shortwave diathermy unit	\$0.00		\$0.00

51. **Total of Part 8.**
Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

	Description and location of property Include street address or other	Nature and extent of debtor's interest	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

Debtor MDM Physical Therapy, LLC
Name

Case number (If known) _____

description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

in property

55.1. **1440 S. Clearview Avenue #104, Mesa, AZ 85209 Office Building (Lease)**

Lease

\$0.00

\$0.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- No
- Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No
- Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
- Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>www.mdmphysicaltherapy.com</u>	<u>\$0.00</u>		<u>\$0.00</u>
62. Licenses, franchises, and royalties <u>Powell Metabolics Franchise</u>	<u>\$0.00</u>		<u>\$0.00</u>

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?**

- No
- Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- No

Debtor MDM Physical Therapy, LLC
Name

Case number (If known) _____

Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No

Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes Fill in the information below.

Debtor MDM Physical Therapy, LLC
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$4,536.63</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$181,911.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$8,453.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$194,900.63</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$194,900.63</u>

EXHIBIT "A"
to Schedule B
Debtor MDM Physical Therapy, LLC
Inventory

PART 7:	Values
Laundry Room	
Kenmore Washer and Dryer (new)	400
Hoover Vacuum Cleaner	25
Hoover Floor Mate	15
10 five gallon water jugs	15
3 tier rolling cart	5
2 plastic laundry baskets	6
Broom and dust pan	3
Rubber Hose for sink	3
7 ft. white storage cabinet	40
Cleaning products	50
Paper Products	60
Metal wall decor	10
Plastic trash can	5
Break Room	
8 square shelving unit	45
Shelf basket	15
Coffee Maker	7
Glass & metal table	20
4 white plastic, metal chairs	40
5 ft. black metal file	25
Emerson microwave	15
Small white table	10
Hotpoint refrigerator	50
Wood Framed mirror	25
Plastic trash can	5
Sound System - Sonos	275
2 bulletin boards	8
Scissors	3
Bathroom 1	
Wood dresser	15
Metal trashcan	10
Metal plunger	5
Bathroom 2	
Wood dresser	15
Metal trashcan	10
Metal plunger	5

EXHIBIT "A"
to Schedule B
Debtor MDM Physical Therapy, LLC
Inventory

PART 7:	Values
Metabolics Room	
Scale	25
2 wooden floor cabinets	50
Wood laminate table	75
3 floral chairs	50
Flatscreen TV (Mark Mooney)	
Lobby	
Ceramic candy bowl	5
Glass vase and flowers	5
Desk bell	3
Ceramic business card holder	3
2 plastic trash cans	6
6 wood framed cushioned chairs	180
25.5x25.5 side table	25
3 small metal side tables	30
2 6' plants in vases	25
Black leather couch	150
2 hard cover books	5
3 large framed photos	75
Oasis water cooler	25
Umbrella	3
Metal magazine rack	15
4 ft. plant in vase	15
21 piece ceramic artwork	75
Metal PT figurine	3
Cardio Room	
Hand sanitizer dispenser	3
Wall clock	5
Framed motivational poster	15
Framed Art	15
Metal, ceramic sidetable	15
Black waste bin	5
True C2900 stationary bike. (ON LOAN from POWELL)	
Stamina Products recumbent bike	75
Bodyguard stationary bike	75
True CS900 treadmill. (ON LOAN from POWELL)	
3 tiered metal shelf	20

EXHIBIT "A"
to Schedule B
Debtor MDM Physical Therapy, LLC
Inventory

PART 7:	Values
22 piece weight set. (ON LOAN from POWELL)	
1 yellow extension cable	5
1 over door shoulder pulley	10
Hallway	
Bulletin board	5
Framed art work	15
Whiteboard	10
Small whiteboard and marker	5
6 magnets	5
6 timers	12
1 canvas artwork	15
Megapulse II shortwave diathermy. (ON LEASE)	
Omnisound 3000L ultrasound therapy system	300
Omnisound 3000L ultrasound therapy system	300
Omnistem 500 Pro Electro therapy system	350
Omnistem 500 Pro Electro therapy system	250
Gym Storage area	
Danby mini freezer	40
2 plastic bins with electrodes	3
4 large cold packs	20
1 cervical icepack	5
Wooden floor cabinet	20
Metal drying rack	10
6 cushioned heat wrappers	30
Chattanooga Hydrocollator	50
2 large heat packs	14
7 ultrasound gel bottles	5
5 liters ultrasound gel	20
Cox internet box	
2 power strips	6
Netgear modem	25
2 white floor cabinets	30
White tabletop	7
Fire extinguisher	5
2 reaching aids	5
2 Hyperice hypersphere	60
1 Hyperice vibrating fitness roller	75
Small towels and washcloths	30

EXHIBIT "A"
to Schedule B
Debtor MDM Physical Therapy, LLC
Inventory

PART 7:	Values
Wooden stair step equipment	250
4 walkers	40
2 wheelchairs	60
Room 4	
Patient chair	15
Side table/magazine rack	15
Hand sanitizer dispenser	5
Rolling desk chair	15
High/low table (broken)	200
Shelving unit	75
4 baskets	20
1 trash bin	5
3 pillows	12
Pillowcases, towels	30
Dressing gown	3
Blanket	3
Rolling stool	15
Wall clock	5
Small plant/bowl	3
Wood PT Decor	3
Knee model	5
Sepia photography canvas	20
Small desk	30
Room 3	
2 floral chairs	50
Rolling desk chair	15
Rolling stool	15
Black patient chair	15
Wood & ceramic magazine table	15
Black plastic trash bin	4
Black shelving unit	40
Desk bell	2
Goniometer model 6300	1
Small Goniometer	1
Electronic hand dynamometer	1
Spine & disc model	3
Hip model	3
2 small plants with baskets	5

EXHIBIT "A"
to Schedule B
Debtor MDM Physical Therapy, LLC
Inventory

PART 7:	Values
Metal decorative box	5
Framed Mayo Clinic art	5
1 blue utility strap	5
Shoe horn	3
Hand sanitizer dispenser	3
6 ft tree metal vase	15
Measuring tape	3
Pillowcases, towels	15
Dressing gown	3
Blanket	3
Sepia forest artwork	10
Room 2	
Patient chair	15
Side table/magazine basket	15
Hand sanitizer dispenser	3
Rolling desk chair	20
High/low table	500
Shelving unit	45
2 baskets	6
1 trash bin	5
3 pillows	6
Rolling stool	15
Wall clock	5
2 plants with baskets	5
Pillowcases, towels	15
Dressing gown	3
Blanket	3
Bolsters	20
Feather framed artwork	15
Canyon framed photo	15
Room 1	
Patient chair	15
Side table/magazine basket	15
Hand sanitizer dispenser	3
Rolling desk chair	20
Treatment table	75
Shelving unit	45
2 baskets	6

EXHIBIT "A"
to Schedule B
Debtor MDM Physical Therapy, LLC
Inventory

PART 7:	Values
1 trash bin	5
3 pillows	6
Rolling stool	15
Wall clock	5
2 plants with baskets	5
Pillowcases, towels	15
Dressing gown	3
Blanket	3
Bolsters	15
Flowers framed artwork	10
Lake framed artwork	10
Small step stool	5
Room 5	
Patient chair	20
Treatment table	75
Shelving unit	35
Basket	3
1 trash bin	3
3 pillows	6
Rolling stool	15
Pillowcases, towels	10
Bolsters	15
Gym Area	
Weight bench and equipment (ON LOAN)	
3 tiered rolling cart	7
Laundry basket	5
Hand weights	15
Theraband supplies	60
First aid, medical supplies	20
5 pillows	15
Bolsters	15
Black shelving unit	45
Black plastic trash bin	5
2 patient chairs	25
Rolling stool	15
Treatment table	75
Parallel bars	150
Floor mirror	10

EXHIBIT "A"
to Schedule B
Debtor MDM Physical Therapy, LLC
Inventory

PART 7:	Values
Fan	10
Steps, assorted	50
Therapy balls	50
Floormats	10
3 framed motivation artwork	20
Front Office	
Apple computer	300
2 line phone system	50
MacBook Pro laptop	300
Desk accessories	50
Office supplies	50
Paper Products	50
3 rolling desk chairs	90
Canon Multifunction printer	150
Brother Multifunction printer	100
Epson Scanner	60
Adding machine	5
2 Power cords	10
Metal star and wall art	20
Fellows Shredder	20
3 waste bins	15
Files and storage accessories	50
Back Office	
Small couch	50
Rolling desk chair	15
Bookcase	20
Wooden desk	75
Desk accessories	30
Plastic trash bin	5
Office supplies	40
Books and publications. (Mark Mooney)	
Total:	\$8,453

Fill in this information to identify the case:Debtor name MDM Physical Therapy, LLCUnited States Bankruptcy Court for the: DISTRICT OF ARIZONA

Case number (if known) _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B	
		Amount of claim	Value of collateral that supports this claim	
		Do not deduct the value of collateral.		
2.1	RetailCapital Partners, LLC Creditor's Name P.O. Box 80 Clawson, MI 48017 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 8550 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets of the company Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	\$0.00
2.2	VCE Enterprises Creditor's Name P.O. Box 83 Rockland, MA 02370 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 0293 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien All assets of the company Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	Unknown	\$0.00

Debtor MDM Physical Therapy, LLC
Name

Case number (if know) _____

- No
- Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
- Unliquidated
- Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$0.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name MDM Physical Therapy, LLC

United States Bankruptcy Court for the: DISTRICT OF ARIZONA

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346	\$45,405.07	Unknown
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred _____ Last 4 digits of account number 2461 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	Basis for the claim: 941 taxes for 2015, 2016 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Small Business Term Loans, Inc. d/b/a BFS Capital 3301 N. University Drive, Suite 300 Coral Springs, FL 33065	\$56,493.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____ Last 4 digits of account number 8507	
	Basis for the claim: Business loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address Square Capital, LLC 1455 Market Street, Suite 600 San Francisco, CA 94103	\$3,070.30
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____ Last 4 digits of account number _____	
	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

Debtor MDM Physical Therapy, LLC
Name

Case number (if known) _____

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 Secured Lender Solutions, LLC P.O. Box 2576 Springfield, IL 62708	Line <u>3.1</u>	<u>9736</u>
	<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts	
5a. Total claims from Part 1	5a.	\$ <u>45,405.07</u>
5b. Total claims from Part 2	5b. +	\$ <u>59,563.30</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>104,968.37</u>

Fill in this information to identify the case:Debtor name MDM Physical Therapy, LLCUnited States Bankruptcy Court for the: DISTRICT OF ARIZONA

Case number (if known) _____

 Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?** No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1.	State what the contract or lease is for and the nature of the debtor's interest	Equipment Lease for Megapulse II shortwave diathermy unit	
	State the term remaining	Automatic Annual Renewal	Accelerated Care Plus Corp.
	List the contract number of any government contract		4850 Joule Street, Suite A1 Reno, NV 89502
2.2.	State what the contract or lease is for and the nature of the debtor's interest	Office Lease	
	State the term remaining	until 3/1/2019	Jim and Brenda Lee
	List the contract number of any government contract		J&B Lee, LLC 1440 S. Clearview Avenue #101 Mesa, AZ 85209
2.3.	State what the contract or lease is for and the nature of the debtor's interest	Marketing Agreement	
	State the term remaining	10 months	Powell Metabolics
	List the contract number of any government contract		4860 E. Baseline Road #107 Mesa, AZ 85206
2.4.	State what the contract or lease is for and the nature of the debtor's interest	Credit card processing service	
	State the term remaining		Square, Inc.
	List the contract number of any government contract		1455 Market Street MSC 415 San Francisco, CA 94103

Fill in this information to identify the case:Debtor name MDM Physical Therapy, LLCUnited States Bankruptcy Court for the: DISTRICT OF ARIZONA

Case number (if known) _____

 Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.**1. Do you have any codebtors?** No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form. Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.***Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Mark and Susan Mooney****1101 E. Princeton Avenue
Gilbert, AZ 85234****Internal Revenue Service** D _____ E/F 2.1 G _____2.2 **Mark and Susan Mooney****1101 E. Princeton Avenue
Gilbert, AZ 85234****Small Business Term Loans, Inc.** D _____ E/F 3.1 G _____

Fill in this information to identify the case:

Debtor name MDM Physical Therapy, LLC

United States Bankruptcy Court for the: DISTRICT OF ARIZONA

Case number (if known) _____

Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. 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).

Part 1: Income**1. Gross revenue from business**

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

For prior year:
From 1/01/2017 to 12/31/2017

Operating a business
 Other _____

\$593,297.00

For year before that:
From 1/01/2016 to 12/31/2016

Operating a business
 Other _____

\$403,308.00

For the fiscal year:
From 1/01/2015 to 12/31/2015

Operating a business
 Other _____

\$336,604.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **MDM Physical Therapy, LLC**

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346	Levied the Medicare payments Last 4 digits of account number: _____	01/29/18 -02-21-18	\$26,000.00

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Debtor **MDM Physical Therapy, LLC**

Case number (if known) _____

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Water damage to walls, door, carpet, furniture due to flooding	2,643.32 (property loss) 6,986.28 (business interruption loss) 16,723.67 (business interruption loss)	9/6/17	\$3,143.32

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Richardson & Richardson, PC 1745 S. Alma School Road Suite 100 Mesa, AZ 85210-3010		11/27/17 (\$5,000) 01/25/18 (\$2,500)	\$7,500.00

Email or website address
wrichlaw@aol.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Debtor **MDM Physical Therapy, LLC**

Case number (if known) _____

Address	Dates of occupancy From-To
14.1. 7254 E. Southern Avenue, Suite 104 Mesa, AZ 85209	March 2010 - February 2016

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. MCM Physical Therapy, LLC 1440 S. Clearview Avenue, Suite 104 Mesa, AZ 85209	Physical Therapy	0
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
- Yes. State the nature of the information collected and retained.

Contact information, care information

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 4

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Best Case Bankruptcy

Debtor **MDM Physical Therapy, LLC**

Case number (if known) _____

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Describe the property	Value
Powell Metabolics 4860 E. Baseline Road #107 Mesa, AZ 85206	MDM Physical Therapy 1440 S. Clearview Avenue #104 Mesa, AZ 85209	True C2900 stationary bike	Unknown
Powell Metabolics 4860 E. Baseline Road #107 Mesa, AZ 85206	MDM Physical Therapy 1440 S. Clearview Avenue #104 Mesa, AZ 85209	True CS900 treadmill	Unknown
Powell Metabolics 4860 E. Baseline Road #107 Mesa, AZ 85206	MDM Physical Therapy 1440 S. Clearview Avenue #104 Mesa, AZ 85209	22 piece weight set	Unknown
Powell Metabolics 4860 E. Baseline Road #107 Mesa, AZ 85206	MDM Physical Therapy 1440 S. Clearview Avenue #104 Mesa, AZ 85209	Weight bench and equipment	Unknown
Mark Drummond Mooney 1101 E. Princeton Avenue Gilbert, AZ 85234	MDM Physical Therapy 1440 S. Clearview Avenue #104 Mesa, AZ 85209	Phillips TV	\$100.00
Mark Drummond Mooney 1101 E. Princeton Avenue Gilbert, AZ 85234	MDM Physical Therapy 1440 S. Clearview Avenue #104 Mesa, AZ 85209	Books and publications	Unknown

Part 12: Details About Environment Information

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 5

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Best Case Bankruptcy

Debtor **MDM Physical Therapy, LLC**

Case number (if known) _____

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
26a.1. Desert Crest Accounting 610 N. Gilbert Road, Suite 313 Gilbert, AZ 85234	2017 (to prepare tax returns for 2016)
26a.2. Gina-Maria Magel CPA, PLLC 1959 S. Power Road, Suite 103-314 Mesa, AZ 85206	2017 (to prepare tax returns for 2013-2015)

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

Debtor **MDM Physical Therapy, LLC**

Case number (if known) _____

 None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**26d.1. **Internal Revenue Service
Department of the Treasury
Ogden, UT 84201-0030**26d.2. **Farmer's Insurance
P.O. Box 268994
Oklahoma City, OK 73126**26d.3. **Credibly
915 Boradway, Suite 1003
New York, NY 10010**26d.4. **Small Business Term Loans, Inc.
dba BFS Capital
3301 N. University Drive, Suite 300
Coral Springs, FL 33065****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mark Drummond Mooney	1101 E. Princeton Avenue Gilbert, AZ 85234	Manager/Member	50% Ownership Interest
Susan Ann Mooney	1101 E. Princeton Avenue Gilbert, AZ 85234	Manager/Member	50% Ownership Interest

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.

Debtor **MDM Physical Therapy, LLC**

Case number (if known) _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Mark Drummond Mooney 1101 E. Princeton Avenue Gilbert, AZ 85234		2017	Services
	Relationship to debtor Managing Member			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation

Debtor **MDM Physical Therapy, LLC**

Case number (if known)

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 **February 21, 2018**

/s/ Mark Drummond Mooney
Signature of individual signing on behalf of the debtor

Mark Drummond Mooney
Printed name

Position or relationship to debtor **Manager/Member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

United States Bankruptcy Court
District of Arizona

In re MDM Physical Therapy, LLC

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:

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$ 7,500.00), Prior to the filing of this statement I have received (\$ 7,500.00), and Balance Due (\$ 0.00).

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

Debtor (checked) Other (specify):

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

Debtor (checked) 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. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]

As per fee agreement.

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

As per fee agreement.

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.

February 21, 2018

Date

/s/ William R. Richardson

William R. Richardson 009278

Signature of Attorney

Richardson & Richardson, PC

1745 S. Alma School Road

Suite 100

Mesa, AZ 85210-3010

480-464-0600 Fax: 480-464-0602

wrichlaw@aol.com

Name of law firm

**United States Bankruptcy Court
District of Arizona**

In re MDM Physical Therapy, LLC

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Mark Drummond Mooney 1101 E. Princeton Avenue Gilbert, AZ 85234			50% Ownership Interest
Susan Ann Mooney 1101 E. Princeton Avenue Gilbert, AZ 85234			50% Ownership Interest

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Manager/Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date February 21, 2018Signature /s/ Mark Drummond Mooney
Mark Drummond Mooney

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

**United States Bankruptcy Court
District of Arizona**

In re MDM Physical Therapy, LLC

Debtor(s)

Case No.

Chapter 11

DECLARATION

I, the Manager/Member 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: February 21, 2018

/s/ Mark Drummond Mooney

Mark Drummond Mooney/Manager/Member
Signer/Title

Date: February 21, 2018

/s/ William R. Richardson

Signature of Attorney
William R. Richardson 009278
Richardson & Richardson, PC
1745 S. Alma School Road
Suite 100
Mesa, AZ 85210-3010
480-464-0600 Fax: 480-464-0602

MML-5

MDM Physical Therapy, LLC -

ACCELERATED CARE PLUS CORP.
4850 JOULE STREET, SUITE A1
RENO NV 89502

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATION
P.O. BOX 7346
PHILADELPHIA PA 19101-7346

JIM AND BRENDA LEE
J&B LEE, LLC
1440 S. CLEARVIEW AVENUE #101
MESA AZ 85209

MARK AND SUSAN MOONEY
1101 E. PRINCETON AVENUE
GILBERT AZ 85234

POWELL METABOLICS
4860 E. BASELINE ROAD #107
MESA AZ 85206

RETAILCAPITAL PARTNERS, LLC
P.O. BOX 80
CLAWSON MI 48017

SECURED LENDER SOLUTIONS, LLC
P.O. BOX 2576
SPRINGFIELD IL 62708

SMALL BUSINESS TERM LOANS, INC.
D/B/A BFS CAPITAL
3301 N. UNIVERSITY DRIVE, SUITE 300
CORAL SPRINGS FL 33065

SQUARE CAPITAL, LLC
1455 MARKET STREET, SUITE 600
SAN FRANCISCO CA 94103

SQUARE, INC.
1455 MARKET STREET
MSC 415
SAN FRANCISCO CA 94103

MDM Physical Therapy, LLC -

VCE ENTERPRISES
P.O. BOX 83
ROCKLAND MA 02370

**United States Bankruptcy Court
District of Arizona**

In re MDM Physical Therapy, LLC

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for MDM Physical Therapy, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Mark Drummond Mooney
1101 E. Princeton Avenue
Gilbert, AZ 85234

Susan Ann Mooney
1101 E. Princeton Avenue
Gilbert, AZ 85234

None [*Check if applicable*]

February 21, 2018

Date

/s/ William R. Richardson

William R. Richardson 009278

Signature of Attorney or Litigant

Counsel for **MDM Physical Therapy, LLC**

Richardson & Richardson, PC

1745 S. Alma School Road

Suite 100

Mesa, AZ 85210-3010

480-464-0600 Fax:480-464-0602

wrichlaw@aol.com