

Form B1 (Official Form 1) - (Rev. 04/10)

2010 USBC, Central District of California

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):

American Health Services LLC

Name of Joint Debtor (Spouse) (Last, First, Middle):

All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):

All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 95 45 98061

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):

Street Address of Debtor (No. & Street, City, and State):

26460 Summit Circle Drive
Santa Clarita, CA

Street Address of Joint Debtor (No. & Street, City, and State):

ZIP CODE 91350

ZIP CODE

County of Residence or of the Principal Place of Business:

Los Angeles

County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):

P.O. Box 801809
Santa Clarita, CA

Mailing Address of Joint Debtor (if different from street address):

ZIP CODE 91380

ZIP CODE

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

ZIP CODE

Type of Debtor (Form of Organization) (Check one box.)

- Individual (includes Joint Debtors) See Exhibit D on page 2 of this form
- Corporation (includes LLC and LLP)
- Partnership
- Other (if debtor is not one of the above entities, check this box and state type of entity below)

Nature of Business (Check one box.)

- Health Care Business
- Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
- Railroad
- Stockbroker
- Commodity Broker
- Clearing Bank
- Other

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)

- Chapter 7
- Chapter 11
- Chapter 9
- Chapter 12
- Chapter 13
- Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

Nature of Debts (Check one box.)

- Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house-hold purpose."
- Debts are primarily business debts.

Tax-Exempt Entity (Check one box, if applicable)

- Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)

Filing Fee (Check one box)

- Full Filing Fee attached
- Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.
- Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Chapter 11 Debtors:

- Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
- Debtor is not a small business debtor as defined in 11 U.S.C. § 101 (51D).

Check if:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300. (amount subject to adjustment on 04/01/13 and every three years thereafter).

Check all applicable boxes:

- 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)

Statistical/Administrative Information

- Debtor estimates that funds will be available for distribution to unsecured creditors.
- Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

1-49	50-99	100-199	200-499	500-999	1,000-4,999	5,000-9,999	10,000-24,999	25,000-49,999	50,000-99,999	100,000+
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Assets

\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Liabilities

\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE FOR COURT USE ONLY

FILED
MAY 27 2010
CLERK U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
Deputy Clerk

Form B1 (Official Form 1) (Rev.04/10)

2010 USBC, Central District of California

Voluntary Petition

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

Name of Debtor(s):

FORM B1, Page 2

American Health Services, LLC

Prior Bankruptcy Case Filed Within Last 8 Years (if more than two, attach additional sheet)

Location Where Filed: NONE

Case Number:

Date Filed:

Location Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (if more than one, attach additional sheet)

Name of Debtor: NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

Signature of Attorney for Debtor(s) Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

Check all applicable boxes.

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
Debtor certifies that he/she has served the Landlord with this certification (11 U.S.C. § 362(1)).

Form B1 (Official Form 1) (Rev. 04/10)

2008 USBC, Central District of California

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <u>American Health Services, LLC</u> FORM B1, Page 3
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Signatures

<p style="text-align:center">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align:center">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
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<p style="text-align:center">Signature of Attorney</p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p><u>Barry K. Rothman</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Law Offices of Barry K. Rothman</u> Firm Name</p> <p><u>1901 Avenue of the Stars, Ste. 370</u> Address</p> <p><u>Los Angeles, CA 90067</u> Address</p> <p><u>(310) 557-0062</u> Telephone Number</p> <p>_____ Date</p> <p>_____ Bar Number</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect</small></p>	<p style="text-align:center">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social Security number (if the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110, 18 U.S.C. § 156.</small></p>
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<p style="text-align:center">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p><u>Arlyn Barner</u> Printed Name of Authorized Individual</p> <p><u>Trustee of Member</u> Title of Authorized Individual</p> <p>_____ Date</p>	
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Form B4 (Official Form 4) - (12/07)

2007 USBC, Central District of California

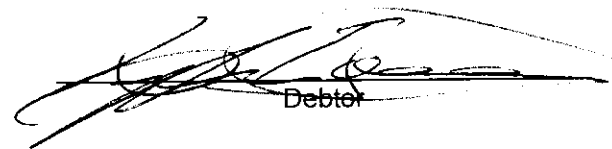
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re American Health Services, LLC	CHAPTER: 11
Debtor(s).	CASE NO.:

**Form 4.
LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
All of US	816 Venice Blvd. Venice, CA 90291	trade debt		\$29,743
Fort Help	915 Bryant Street San Francisco, CA 94103	loan		\$30,750
Tavarua Health Service	8027 Whittier Blvd. Pico Rivera, CA 90660	loan		\$38,000
Calfi Investment	P.O. Box 91456 Los Angeles, CA 90009	loan		\$118,689

Date: _____


Debtor

[Declaration as in Form 2]

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

2007 USBC, Central District of California

UNITED STATES BANKRUPTCY COURT
 CENTRAL DISTRICT OF CALIFORNIA

In re

American Health Services, LLC

Debtor(s)

CHAPTER: 11

CASE NO.:

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

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
L.A. Adventurer	4200 West Century Blvd. Inglewood, CA 90304	trade debt		\$57,000
Martini Associates	P.O. Box 4669 Inglewood, CA 90309	loan		\$125,000
West County Medical Corp.	P.O. Box 5325 Long Beach, CA 90805	loan		\$65,000
National Enterprises, Inc.	5440 Moorehouse Dr. San Diego, CA 92121	judgment	Disputed	\$140,000

Official Form 2
6/99

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

I, ~~the president or other officer or an authorized agent of the corporation~~ ^{of the debtor} ~~or a member~~ ~~of the partnership~~ ~~named as the debtor in this case,~~ ~~declare under penalty of perjury~~ ~~that I have read the foregoing~~ ~~list or schedule or amendment or other document (described)~~ ~~and that it is~~ ~~true and correct to the best of my information and belief.~~ Form 4

Date _____

Signature



Arlyn Barner

Trustee of Member
(Print Name and Title)

American Health Services, LLC
P. O. Box 801809
Santa Clarita, CA 91380

Barry K. Rothman
Law Offices of Barry K. Rothman
1901 Ave. of the Stars, Ste. 370
Los Angeles, CA 90067

United States Trustee
725 South Figueroa Street, 26th Floor
Los Angeles, CA 90017

All of Us
816 Venice Blvd.
Venice, CA 90291

Wells Fargo Bank
5899 Green Valley Circle
Culver City, CA 90230

First Vietnamese Bank
8990 Westminister Ave.
Westminister, CA 92863

Fort Help
915 Bryant Street
San Francisco, CA 94103

Tavarua Health Service
8027 Whittier Blvd
Pico Rivera, CA 90660

Calfi Investment
P. O. Box 91456
Los Angeles, CA 90009

Capital One
1075 Paredes Line Road
Brownsville, TX 78521

Devanand Sharma
4200 West Century Blvd.
Inglewood, CA 90304

L. A. Adventurer
4200 West Century Blvd.
Inglewood, CA 90304

Martini Associates
P. O. Box 4669
Inglewood, CA 90309

West County Medical Corp.
P. O. Box 5325
Long Beach, CA 90805

National Enterprises, Inc
5440 Moorehouse Dr.
San Diego, CA 92121

Hamir Sinha
P. O. Box 91456
Los Angeles, CA 90009