

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

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 Advance Specialty Care, LLC

2. All other names debtor used in the last 8 years ASC, LLC
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-0305644

4. Debtor's address Principal place of business Mailing address, if different from principal place of business
3470 Wilshire Boulevard, Suite 600 Los Angeles, CA 90010
Los Angeles County
Location of principal assets, if different from principal place of business

5. Debtor's website (URL)

6. Type of debtor
[] Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
[] Partnership
[] Other. Specify:

Debtor Advance Specialty Care, 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(53AB))
- 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. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

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 \$2,490,925 (amount subject to adjustment on 4/01/16 and every three 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 operation, 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 _____	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor Advance Specialty Care, 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 checked="" 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 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 Advance Specialty Care, LLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signature

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

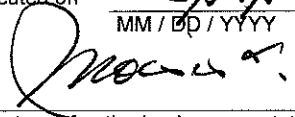
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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.

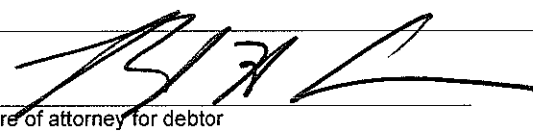
Executed on 3/19/16
MM/DD/YYYY

X 
Signature of authorized representative of debtor

Moises L. Simbulan
Printed name

Title Chief Financial Officer

18. Signature of attorney

X 
Signature of attorney for debtor

Date 3.19.16
MM/DD/YYYY

Raymond H. Aver
Printed name

Law Offices of Raymond H. Aver, A Professional Corporation
Firm name

1950 Sawtelle Boulevard
Suite 120
Los Angeles, CA 90025
Number, Street, City, State & ZIP Code

Contact phone (310) 571-3511 Email address ray@averlaw.com

109577
Bar number and State

**United States Bankruptcy Court
Central District of California**

In re Advance Specialty Care, 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
Felina D. Simbulan 2633 South Averill Avenue San Pedro, CA 90731-5630	Chief Executive Officer		50%
Moises L. Simbulan 2633 South Averill Avenue San Pedro, CA 90731-5630	Chief Financial Officer		50%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Chief Financial Officer** 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

3/19/16

Signature



Moises L. Simbulan, Chief Financial Officer

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.

Fill in this information to identify the case:

Debtor name **Advance Specialty Care, LLC**
 United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**
 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 e-mail 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
Atlas General Insurance Services 4365 Executive Drive, Suite 400 San Diego, CA 92121	Natalia A. Minassian, Esquire nminassian@hatkofflaw.com (818) 990-5180	Worker's compensation insurance premiums	Disputed			\$233,092.00
Fernando and Joan Camacho 17402 Dove Willow Street Canyon Country, CA 91387	Fernando Camacho fernandocamachojr@gmail.com (818) 554-3760	Loans				\$96,000.00
Mariano A. Alvarez, Esquire Law Offices of Mariano A. Alvarez Hanmi Bank Building 3660 Wilshire Boulevard, Suite 1140 Los Angeles, CA 90010	Mariano A. Alvarez, Esquire attyalvarez@yahoo.com (213) 388-1818	Legal fees				\$20,000.00
Moises L. Simbulan and Felina D. Simbulan 2633 South Averill Avenue San Pedro, CA 90731	Moises L. Simbulan mlsimbulan@yahoo.com (626) 315-8974	Loans from shareholders				\$260,000.00
S&D Management, Inc. 3470 Wilshire Boulevard, Suite 613 Los Angeles, CA 90010	Moises L. Simbulan mlsimbulan@yahoo.com (626) 315-8974	Services rendered				\$60,000.00

Debtor Advance Specialty Care, LLC
Name

Case number (if known) _____

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,	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
Serenity Care Services, Inc. 3470 Wilshire Boulevard, Suite 606 Los Angeles, CA 90010	Joan Camacho joancamacho@att.net (213) 739-1171	Care giving services				\$34,000.00
State Compensation Insurance Fund P.O. Box 8192 Pleasanton, CA 94588	Kenneth J. Freed, Esquire kfreed@kjfesq.com (818) 990-0888	Worker's compensation insurance premiums	Disputed			\$118,246.65

Fill in this information to identify the case:

Debtor name Advance Specialty Care, LLC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

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 3/19/16

X 
Signature of individual signing on behalf of debtor

Moises L. Simbulan
Printed name

Chief Financial Officer
Position or relationship to debtor

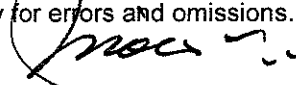
Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Raymond H. Aver - SBN 109577 1950 Sawtelle Boulevard Suite 120 Los Angeles, California 90025 Tel.: (310) 571-3511 email: ray@averlaw.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorneys for Debtor: Advance Specialty Care, LLC	

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA**

In re: <p style="text-align: center;">ADVANCE SPECIALTY CARE, LLC,</p>	CASE NO.: CHAPTER: 11
Debtor(s).	<p>VERIFICATION OF MASTER MAILING LIST OF CREDITORS</p> <p>[LBR 1007-1(a)]</p>

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 3 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: 3/19/16



Signature of Debtor 1
 MOISES L. SIMBULAN, Chief Financial Officer

Date: _____

Signature of Debtor 2 (joint debtor) (if applicable)

Date: _____

Signature of Attorney for Debtor (if applicable)

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Advance Specialty Care, LLC
3470 Wilshire Boulevard, Suite 600
Los Angeles, CA 90010

Raymond H. Aver
Law Offices of Raymond H. Aver, A Professional Corporation
1950 Sawtelle Boulevard
Suite 120
Los Angeles, CA 90025

Atlas General Insurance Services
4365 Executive Drive, Suite 400
San Diego, CA 92121

Atlas General Insurance Services
c/o Hatkoff & Minassian
A Law Corporation
18757 Burbank Boulevard, Suite 100
Tarzana, CA 91356

Central Plaza, LLC
3450 Wilshire Boulevard, Suite 1200
Los Angeles, CA 90010

Creditors Adjustment Bureau, Inc.
c/o Law Offices of Kenneth J. Freed
14226 Ventura Boulevard
P.O. Box 5914
Sherman Oaks, CA 91413

Creditors Adjustment Bureau, Inc.
14226 Ventura Boulevard
Sherman Oaks, CA 91423

Employment Development Department
P.O. Box 826880
Sacramento, CA 94280-0001

Employment Development Department
P.O. Box 826276
Sacramento, CA 94230-6276

Fernando and Joan Camacho
17402 Dove Willow Street
Canyon Country, CA 91387

Franchise Tax Board
Bankruptcy Unit
P.O. Box 2952
Sacramento, CA 95812-2952

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

Internal Revenue Service
611 West 6th Street, 4th Floor
Group 19, Mail Stop: 5501
Los Angeles, CA 90017-3127

Internal Revenue Services
P.O. Box 21126
Philadelphia, PA 19144

Internal Revenue Services
300 North Los Angeles Street
Stop 5027
Los Angeles, CA 90012

Jonathan Neil & Associates, Inc.
Commercial Collections
18321 Ventura Boulevard, Suite 1000
Tarzana, CA 91356

Longo Toyota
3534 North Peck Road
El Monte, CA 91731

Mariano A. Alvarez, Esquire
Law Offices of Mariano A. Alvarez
Hanmi Bank Building
3660 Wilshire Boulevard, Suite 1140
Los Angeles, CA 90010

Moises L. Simbulan and
Felina D. Simbulan
2633 South Averill Avenue
San Pedro, CA 90731

Perfect Copy Products, Inc.
5914 Kester Avenue
Van Nuys, CA 91411

S&D Management, Inc.
3470 Wilshire Boulevard, Suite 613
Los Angeles, CA 90010

Serenity Care Services, Inc.
3470 Wilshire Boulevard, Suite 606
Los Angeles, CA 90010

State Compensation Insurance Fund
P.O. Box 8192
Pleasanton, CA 94588