

United States Bankruptcy Court NORTHERN DISTRICT OF CALIFORNIA		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Rebong Pediatric Medical Group, Professional Corporation		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): NONE		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): 77-0285242		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): 145 North Jackson Avenue San Jose CA		Street Address of Joint Debtor (No. & Street, City, and State):
ZIPCODE 95116		ZIPCODE
County of Residence or of the Principal Place of Business: SANTA CLARA		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): SAME		ZIPCODE
Type of Debtor (Form of organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below <hr/>	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Medical Services Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input checked="" type="checkbox"/> Debts are primarily business debts. Chapter 11 Debtors: Check one box: <input checked="" type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> 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. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Rebong Pediatric Medical Group, Professional Corporation	
All Prior Bankruptcy Cases 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:
<p style="text-align:center;">Exhibit A</p> (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) <p><input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition</p>	<p style="text-align:center;">Exhibit B</p> (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). <p style="text-align:center;">X</p> <hr style="width:100%;"/> <div style="display: flex; justify-content: space-between;"> Signature of Attorney for Debtor(s) 04/25/2008 Date </div>	
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?		
<input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> 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.)		
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> 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)		
<input checked="" type="checkbox"/> 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. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> 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 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.)		
<input type="checkbox"/> 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)		
<input type="checkbox"/> 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 <input type="checkbox"/> Debtor has included with 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. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Rebong Pediatric Medical Group, Professional Corporation
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Signatures

<p 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.</p> <p>[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.</p> <p>[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 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 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><u>04/25/2008</u> (Date)</p>
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<p align="center">Signature of Attorney*</p> <p>X /s/ Mufthiha Sabaratnam, Esq. Signature of Attorney for Debtor(s)</p> <p>Mufthiha Sabaratnam, Esq. 162982 Printed Name of Attorney for Debtor(s)</p> <p>SABARATNAM & ASSOCIATES Firm Name</p> <p>1300 Clay Street Address</p> <p>Suite 600</p> <p>Oakland CA 94612</p> <p>(510) 205-0986 Telephone Number</p> <p>04/25/2008 Date</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 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><i>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.</i></p>
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<p 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 the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X /s/ Kenneth Rebong Signature of Authorized Individual</p> <p>Kenneth Rebong Printed Name of Authorized Individual</p> <p>Authorized Agent Title of Authorized Individual</p> <p>04/25/2008 Date</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><i>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.</i></p>
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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF CALIFORNIA

In re *Rebong Pediatric Medical Group,
Professional Corporation*

Case No.
Chapter 11

_____ / Debtor

Exhibit "A" to Voluntary Petition

(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 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.)

1. If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file number is <u>N/A</u> .			
2. The following financial data is the latest available information and refers to the debtor's condition on _____.			
a. Total assets	\$	21,500.00	
b. Total debts (including debts listed in 2.c., below)	\$	781,412.25	
c. Debt securities held by more than 500 holders.			
Debt Issue	Type	Total \$ Amount Outstanding	Approximate Number of Holders
		\$	
		\$	
		\$	
		\$	
		\$	
d. Number of shares of preferred stock		NONE	NONE
e. Number of shares of common stock		NONE	NONE
Comments, if any: NONE			
3. Brief description of debtor's business: <i>Medical services for pediatric patients and expanded to include cosmetic surgery for adult patients.</i>			
4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of the debtor: <i>Dr. Kenneth Rebong--50%</i> <i>Dr. Marie Anson-Rebong--50%</i>			

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

In re *Rebong Pediatric Medical Group
Professional Corporation*

Case No.
Chapter 11

Debtor(s)

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).

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)
1 <i>GE Healthcare Financial Svcs One Beacon St., 2nd Floor Boston MA 02108</i>	Phone: <i>GE Healthcare Financial Svcs One Beacon St., 2nd Floor Boston MA 02108</i>			\$ 116,851.86
2 <i>Wells Fargo P.O. Box 348750 Sacramento CA 95834</i>	Phone: <i>Wells Fargo P.O. Box 348750 Sacramento CA 95834</i>			\$ 73,000.00
3 <i>Alliance Funding Group Inc 2099 S. State College Blvd Suite 100 Anaheim CA 92806</i>	Phone: <i>Alliance Funding Group Inc 2099 S. State College Blvd Suite 100 Anaheim CA 92806</i>		D	\$ 54,079.98
4 <i>Bankers Healthcare Group, PC 325 James St. Syracuse NY 13203</i>	Phone: <i>Bankers Healthcare Group, PC 325 James St. Syracuse NY 13203</i>		D	\$ 49,000.00
5 <i>Bank of America P.O. Box 15726 Wilmington DE 19886</i>	Phone: <i>BANK OF AMERICA P.O. Box 15726 Wilmington DE 19886</i>		D	\$ 41,173.70

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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)
6 Wells Fargo Equipment Finance 733 Marquette Ave Suite 700 Minneapolis MN 55402	Phone: Wells Fargo Equipment Finance 733 Marquette Ave Suite 700 Minneapolis MN 55402			\$ 40,284.90
7 US Bank Portfolio Svcs- DVI	Phone: US Bank Portfolio Svcs- DVI		D	\$ 39,500.00
8 Standard Capital 1450 Channel Parkway Marshall MN 56258	Phone: Standard Capital 1450 Channel Parkway Marshall MN 56258			\$ 37,305.06
9 Chase Bank USA, N.A P.O. Box 94014 Palatine IL 60094	Phone: Chase Bank USA, N.A P.O. Box 94014 Palatine IL 60094		D	\$ 33,755.33
10 American Express P.O. Box 0001 Los Angeles CA 90026	Phone: American Express P.O. Box 0001 Los Angeles CA 90026	Credit Card		\$ 32,608.80
11 Wells Fargo 733 Marquette Ave. Suite 700 Minneapolis MN 55402	Phone: WELLS FARGO 733 Marquette Ave. Suite 700 Minneapolis MN 55402			\$ 28,994.53
12 Wells Fargo Equipment Finance 733 Marquette Ave Suite 700 Minneapolis MN 55402	Phone: Wells Fargo Equipment Finance 733 Marquette Ave Suite 700 Minneapolis MN 55402			\$ 28,609.68
13 American Express P.O. Box 0001 Los Angeles CA 90026	Phone: American Express P.O. Box 0001 Los Angeles CA 90026	Credit Card		\$ 25,063.95

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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)
14 <i>American Express</i> P.O. Box 0001 Los Angeles CA 90026	Phone: <i>American Express</i> P.O. Box 0001 Los Angeles CA 90096-0001	<i>Credit Card</i>		\$ 22,991.79
15 <i>CCG Proposal Processing-CITI</i> P.O. Box 6000 The Lakes NV 89163-6000	Phone: <i>CCG Proposal Processing-CITI</i> P.O. Box 6000 The Lakes NV 89163-6000			\$ 21,059.28
16 <i>Cardmember Services/Southwest</i> P.O. Box 94014 Palatine IL 60094	Phone: <i>Cardmember Services/Southwest</i> P.O. Box 94014 Palatine IL 60094	<i>Credit Card</i>		\$ 20,939.53
17 <i>Healthcare Finance Svcs.</i> 1310 Madrid St., Ste 104 Marshall MN 56258	Phone: <i>Healthcare Finance Svcs.</i> 1310 Madrid St., Ste 104 Marshall MN 56258			\$ 14,976.39
18 <i>CCG Proposal Processing-CITI</i> P.O. Box 6000 The Lakes NV 89163-9349	Phone: <i>CCG Proposal Processing-CITI</i> P.O. Box 6000 The Lakes NV 89163-9349			\$ 14,481.17
19 <i>HSBC</i> P.O. Box 5244 Carol Stream IL 60197	Phone: <i>HSBC</i> P.O. Box 5244 Carol Stream IL 60197			\$ 13,845.33
20 <i>Washington Mutual</i> P.O. Box 660487 Dallas TX 75233-0487	Phone: <i>Washington Mutual</i> P.O. Box 660487 Dallas TX 75233-0487			\$ 9,158.30

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION

I, Kenneth Rebong, Authorized Agent of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that they are true and correct to the best of my knowledge, information and belief.

Date: 4/25/2008

Signature /s/ Kenneth Rebong

Name: Kenneth Rebong

Title: Authorized Agent

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

In re *Rebong Pediatric Medical Group,
Professional Corporation*

Case No.
Chapter 11

_____/ Debtor

Attorney for Debtor: *Mufthiha Sabaratnam, Esq.*

LIST OF EQUITY SECURITY HOLDERS

Number	Registered Name of Holder of Security	Number of Shares	Class of Shares, Kind of Interest
1	<i>Dr. Kenneth Rebong 145 North Jackson Avenue San Jose CA 95116</i>	50	<i>common stock</i>
2	<i>Dr. Marie Anson-Rebong 145 North Jackson Avenue San Jose CA 95116</i>	50	<i>common stock</i>

LIST OF EQUITY SECURITY HOLDERS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION

I, Kenneth Rebong, Authorized Agent of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that they are true and correct to the best of my knowledge, information and belief.

Date: 04/25/2008

Signature: /s/ Kenneth Rebong

Name: Kenneth Rebong

Title: Authorized Agent

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

In re *Rebong Pediatric Medical Group,
Professional Corporation*

Case No.
Chapter 11

_____/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 21,500.00		
C-Property Claimed as Exempt	No	0			
D-Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$ 781,412.25	
G-Executory Contracts and Unexpired Leases	Yes	2			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	No	0			\$ 0.00
J-Current Expenditures of Individual Debtor(s)	No	0			\$ 0.00
TOTAL		17	\$ 21,500.00	\$ 781,412.25	

In re Rebong Pediatric Medical Group,
 Debtor(s)

Case No. _____
 (if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
None				None
TOTAL \$			0.00	
(Report also on Summary of Schedules.)				

No continuation sheets attached

In re Rebong Pediatric Medical Group,
Debtor(s)

Case No. _____
(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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).

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	
			Husband--H Wife--W Joint--J Community--C	
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>U.S. Bank Morgan Hill Branch #1543459837537 Location: 235 Tennant Avenue Morgan Hill, CA 95037</i>		\$ 100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			

In re Rebong Pediatric Medical Group
Debtor(s)

Case No. _____
(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.		<i>Accounts Receivable</i>		\$ 10,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		<i>Dell Computers (3)</i> <i>Location: In debtor's possession</i>		\$ 400.00
		<i>Examination tables</i> <i>Location: In debtor's possession</i>		\$ 6,000.00

In re Rebong Pediatric Medical Group,
Debtor(s)

Case No. _____
(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value
				of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
		Medical & Immunization supplies Location: In debtor's possession		\$ 5,000.00
29. Machinery, fixtures, equipment and supplies used in business.		Cutera Coolglide XEO Laser Model US 220 XEO Location: In debtor's possession		Unknown
		Cutera XEO/SA Laser Model US 110XEOSA Location: In debtor's possession		Unknown
		Laser Location: In debtor's possession		Unknown
		Micromax- Sonosite Ultrasound Location: In debtor's possession		Unknown
		Tri Active Laser Code M068D3 Location: In debtor's possession		Unknown
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Total → \$ 21,500.00

(Report total also on Summary of Schedules.)
Include amounts from any continuation sheets attached.

In re Rebong Pediatric Medical Group
Debtor(s)

Case No. _____
 (if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, 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). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above.)</i>	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Co-Debtor H--Husband W--Wife J--Joint C--Community	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if Any
Account No:							
	Value:						
Account No:							
	Value:						
Account No:							
	Value:						
Subtotal \$ <small>(Total of this page)</small>						\$ 0.00	\$ 0.00
Total \$ <small>(Use only on last page)</small>						\$ 0.00	\$ 0.00

No continuation sheets attached

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Rebong Pediatric Medical Group,
Debtor(s)Case No. _____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

In re Rebong Pediatric Medical Group,
 Debtor(s)

Case No. _____
 (if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: Taxes and Certain Other Debts Owed to Governmental Units

Creditor's Name, Mailing Address Including ZIP Code, and Account Number <i>(See instructions above.)</i>	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred and Consideration for Claim	Contingent	Unliquidated	Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
Account No: Creditor # : 1 EMPLOYMENT DEVELOPMENT DEPT. P.O. BOX 826846 SACRAMENTO CA 94246-0001						\$ 0.00	\$ 0.00	\$ 0.00
Account No: Creditor # : 2 FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO CA 94257-0011						\$ 0.00	\$ 0.00	\$ 0.00
Account No: Creditor # : 3 INTERNAL REVENUE SERVICE P.O. Box 21126 Philadelphia PA 19114						\$ 0.00	\$ 0.00	\$ 0.00
Account No:								
Account No:								
Account No:								
Subtotal \$ (Total of this page)								
Total \$ (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)						0.00		
Total \$ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							0.00	0.00

Sheet No. 1 of 1 continuation sheets attached
 to Schedule of Creditors Holding Priority Claims

In re Rebong Pediatric Medical Group,
Debtor(s)

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 8706 Creditor # : 1 HSBC P.O. Box 5244 Carol Stream IL 60197						\$ 13,845.33
Account No: Creditor # : 2 Alliance Funding Group Inc 2099 S. State College Blvd Suite 100 Anaheim CA 92806					X	\$ 54,079.98
Account No: 5006 Creditor # : 3 American Express P.O. Box 0001 LOS ANGELES CA 90096-0001		Credit Card				\$ 8,754.91
Subtotal \$						\$ 76,680.22
Total \$						

6 continuation sheets attached

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Rebong Pediatric Medical Group ,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 7001 Creditor # : 4 American Express P.O. Box 0001 Los Angeles CA 90026		Credit Card				\$ 22,991.79
Account No: 2009 Creditor # : 5 American Express P.O. Box 0001 Los Angeles CA 90026		Credit Card				\$ 5,948.24
Account No: 7001 Creditor # : 6 American Express P.O. Box 0001 Los Angeles CA 90026		Credit Card				\$ 25,063.95
Account No: 3005 Creditor # : 7 American Express P.O. Box 0001 Los Angeles CA 90026		Credit Card				\$ 32,608.80
Account No: 9414 Creditor # : 8 Bank of America P.O. Box 15726 Wilmington DE 19886					X	\$ 41,173.70
Account No: 0681 Creditor # : 9 Bankers Healthcare Group,PC 325 James St. Syracuse NY 13203					X	\$ 49,000.00

Sheet No. 1 of 6 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 176,786.48
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Rebong Pediatric Medical Group,
 Debtor(s)

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5360 Creditor # : 10 Cardmember Services/Southwest P.O. Box 94014 Palatine IL 60094		Credit Card				\$ 20,939.53
Account No: 2280 Creditor # : 11 CCG Proposal Processing-CITI P.O. Box 6000 The Lakes NV 89163-6000						\$ 21,059.28
Account No: 6615 Creditor # : 12 CCG Proposal Processing-CITI P.O. Box 6000 The Lakes NV 89163-9349						\$ 14,481.17
Account No: 9349 Creditor # : 13 Chase Bank USA, N.A P.O. Box 94014 Palatine IL 60094				X		\$ 33,755.33
Account No: 6056 Creditor # : 14 CITICORP P.O. Box 7247-0371 Philadelphia PA 19170-0371						\$ 7,000.00
Account No: -001 Creditor # : 15 GE Healthcare Financial Svcs One Beacon St., 2nd Floor Boston MA 02108						\$ 116,851.86

Sheet No. 2 of 6 continuation sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 214,087.17
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Rebong Pediatric Medical Group,
 Debtor(s)

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 6521 Creditor # : 16 GM Business Card P.O. Box 94014 Palatine IL 60094		Credit Card				\$ 8,198.85
Account No: 5-00 Creditor # : 17 Healthcare Finance Svcs. 1310 Madrid St., Ste 104 Marshall MN 56258						\$ 14,976.39
Account No: 2132 Creditor # : 18 MBNA America P.O. Box 15019 Wilmington DE 19850		Credit Card				\$ 6,051.00
Account No: 4504 Creditor # : 19 Medical Positioning 1717 Washington Kansas City MO 64108						\$ 1,405.00
Account No: Creditor # : 20 Merck Laboratories 1810 Solutions Center Chicago IL 60677						\$ 8,416.09
Account No: 6349 Creditor # : 21 Priority Healthcare Dist. P.O. Box 620000 Orlando FL 32891				X		\$ 9,042.79

Sheet No. 3 of 6 continuation sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 48,090.12
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Rebong Pediatric Medical Group,
 Debtor(s)

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 9363 Creditor # : 22 Sanofi Pasteur 12458 Collection Center Drive Chicago IL 60693						\$ 0.00
Account No: -000 Creditor # : 23 Standard Capital 1450 Channel Parkway Marshall MN 56258						\$ 37,305.06
Account No: Creditor # : 24 US Bank Portfolio Svcs- DVI					X	\$ 39,500.00
Account No: 8920 Creditor # : 25 Washington Mutual P.O. Box 660487 Dallas TX 75233-0487						\$ 8,915.79
Account No: 8970 Creditor # : 26 Washington Mutual P.O. Box 660487 Dallas TX 75233-0487						\$ 9,158.30
Account No: -648 Creditor # : 27 Wells Fargo 733 Marquette Ave. Suite 700 Minneapolis MN 55402						\$ 28,994.53

Sheet No. 4 of 6 continuation sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 123,873.68
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Rebong Pediatric Medical Group,
Debtor(s)

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 9407 Creditor # : 28 Wells Fargo P.O. Box 348750 Sacramento CA 95834						\$ 73,000.00
Account No: -701 Creditor # : 29 Wells Fargo Equipment Finance 733 Marquette Ave Suite 700 Minneapolis MN 55402						\$ 40,284.90
Account No: -700 Creditor # : 30 Wells Fargo Equipment Finance 733 Marquette Ave Suite 700 Minneapolis MN 55402						\$ 28,609.68
Account No:						
Account No:						
Account No:						

Sheet No. 5 of 6 continuation sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 141,894.58
Total \$ \$ 781,412.25

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Rebong Pediatric Medical Group,
Debtor(s)

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:						

Sheet No. 6 of 6 continuation sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 141,894.58

Total \$ \$ 781,412.25

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

In re Rebong Pediatric Medical Group

/ Debtor

Case No. _____

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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).

Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<p><i>Alliance Funding</i> 2099 South State College Blvd. Suite 100 Anaheim CA 92806</p>	<p>Contract Type: <i>LEASE ON EQUIPMENT</i> Terms: Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>Cool Touch CT3</i> <i>1320 Laser</i> Buyout Option:</p>
<p><i>HPSC GE Capital</i> One Beacon Street Second Floor Boston MA 02108</p>	<p>Contract Type: <i>LEASE ON EQUIPMENT</i> Terms: Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>IXEO SA System Console with Titan</i> Buyout Option:</p>
<p><i>Lexus Financial</i> P.O. Box 60116 City of Industry CA 91716</p>	<p>Contract Type: <i>AUTO LEASE</i> Terms: Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>2004 Lexus RX330</i> Buyout Option:</p>
<p><i>Lexus Financial</i> P.O. Box 60116 City of Industry CA 91716</p>	<p>Contract Type: <i>AUTO LEASE</i> Terms: Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>2004 Lexus LS430</i> Buyout Option:</p>
<p><i>Minoelta Business Solutions</i> P.O. Box 7247-0322 Philadelphia PA 19170-0178</p>	<p>Contract Type: <i>LEASE ON EQUIPMENT</i> Terms: <i>Four Years</i> Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>Copier Machine</i> Buyout Option:</p>

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<p>Standard Capital Corp. Corporate Place 93 100 Burt Road Andover MA 01810</p>	<p>Contract Type: <i>LEASE ON EQUIPMENT</i> Terms: Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>Altus Laser</i> Buyout Option:</p>
<p>United Leasing Associates 3275 Intertech Drive Suite 100 Brookfield WI 53045</p>	<p>Contract Type: <i>LEASE ON EQUIPMENT</i> Terms: Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>Laser Machine</i> Buyout Option:</p>
<p>Wells Fargo Bank 733 Marquette Ave., Suite 700 MAC N9306 Minneapolis MN 55402</p>	<p>Contract Type: <i>LEASE ON EQUIPMENT</i> Terms: Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>Tri-Active Laser Dermology</i> Buyout Option:</p>
<p>Wells Fargo Bank 733 Marquette Ave., Suite 700 MAC N9306 Minneapolis MN 55402</p>	<p>Contract Type: <i>LEASE ON EQUIPMENT</i> Terms: Beginning date: Debtor's Interest: <i>Lessee</i> Description: <i>Micromax Ultrasound System</i> Buyout Option:</p>

In re Rebong Pediatric Medical Group / Debtor

Case No. _____
(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, 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).

Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re Rebong Pediatric Medical Group,
Professional Corporation

Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY ON BEHALF OF A CORPORATION

I, Kenneth Rebong, Authorized Agent of the Corporation
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets,
and that they are true and correct to the best of my knowledge, information, and belief.

Date: 4/25/2008

Signature /s/ Kenneth Rebong
Name: Kenneth Rebong
Title: Authorized Agent

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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

In re: *Rebong Pediatric Medical Group,
Professional Corporation*

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Year to date: \$700,00.00

Last Year: \$650,000.00

Year before: \$720,939.00

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditorsNone Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Creditor: <i>Lexus Financial</i> Address: <i>P.O. Box 60116</i> <i>City of Industry, CA 91716</i>		\$5,420.70	
Creditor: <i>Stanford Federal Credit Union</i> Address: <i>1530 Page Mill Road</i> <i>Palo Alto, CA 94304</i>	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$2,961.75	
Creditor: <i>Coast Capital Mortgage</i> Address: <i>824 San Antonio Road</i> <i>Palo Alto, CA 94303</i>	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$3,796.89	
Creditor: <i>Verizon Wireless</i> Address:	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$1,950.00	
Creditor: <i>American Express</i> Address:	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$15,540.61	
Creditor: <i>AT&T</i> Address:	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$2,276.50	
Creditor: <i>Louella Refe</i> Address:	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$6,476.48	
Creditor: <i>SCCMA Dental Insurance</i> Address: <i>700 Empey Way</i> <i>San Jose, CA 95128</i>	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$526.00	
Creditor: <i>Blue Cross Medical Insurance</i> Address:	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$3,972.00	
Creditor: <i>Thorson Insurance</i> Address: <i>30401 Agoura Road, Suite 101</i> <i>Agoura Hills, CA 91301</i>	<i>JAN. 2008</i> <i>FEB. 2008</i> <i>MAR. 2008</i>	\$5,727.00	

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<i>Creditor: Friedland, Rimau & Associates Address:</i>	<i>JAN. 2008 FEB. 2008 MAR. 2008</i>	<i>\$1,500.00</i>	
<i>Creditor: KMAMM, LLC Address:</i>	<i>JAN. 2008 FEB. 2008 MAR. 2008</i>	<i>\$12,774.42</i>	
<i>Creditor: Jackson Medical Center Address:</i>	<i>JAN. 2008 FEB. 2008 MAR. 2008</i>	<i>\$3,915.00</i>	
<i>Creditor: PG&E Address:</i>	<i>JAN. 2008 FEB. 2008 MAR. 2008</i>	<i>\$1,500.00</i>	

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<i>Lyon Financial Services, Inc. v. Kenneth P. Rebong, MD</i>	<i>Lawsuit</i>	<i>Superior Court of Santa Clara 191 North First Street San Jose, CA 95113</i>	<i>Entry of Default</i>
<i>Wells Fargo Equipment Finance, Inc v. Rebong Pediatric Medical Group, et al</i>	<i>Lawsuit</i>	<i>Santa Clara County Superior Court 191 North First Street San Jose CA 95113</i>	<i>Judgment for Plaintiff</i>
<i>Wells Fargo Bank,</i>	<i>Lawsuit</i>	<i>Superior Court of</i>	<i>Judgment for</i>

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<i>N.A., a National Banking Association v. Kenneth Rebong, individually and dba DERMACURE MEDICAL CLINIC dba Rebong Pediatric Medical</i>		<i>California Santa Clara County 191 N. First Street San Jose, CA 95113</i>	<i>Plaintiff</i>

<i>GE Healthcare Financial Service fka H.P.S.C., Inc v. Rebong Pediatric Medical Group Professional Corporation, et al 107CV098352</i>	<i>Lawsuit</i>	<i>Superior Court of California County of Santa Clara 191 North First Street San Jose, CA 95113</i>	<i>Judgment for Plaintiff</i>
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None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<i>Payee: Mufthiha Sabaratnam, Esq. Address: 1300 Clay Street Suite 600 Oakland, CA 94612</i>	<i>Date of Payment: 04/23/2008 Payor: Dr. Kenneth Rebong</i>	<i>\$15,000.00 \$1,039.00 filing fee</i>

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<i>Institution: Wells Fargo Bank Address: Capital & McKee Branch 360 North Capital Ave. San Jose, CA 95133</i>	<i>Account Type and No.: 5004180476 Final Balance:</i>	

<i>Institution: South Valley Bank Address: Morgan Hill Branch 500 Tennant Avenue Morgan Hill, CA 95037</i>	<i>Account Type and No.: Final Balance:</i>	
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<i>Institution: U.S. Bank</i>	<i>Account Type and</i>	
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	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
NAME AND ADDRESS OF INSTITUTION		
<i>Address: 235 Tennant Station Morgan Hill, CA 95037</i>	<i>No. : 153458425214 Final Balance:</i>	

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
<i>Rebong Pediatric Medical Group, P.C.</i>	<i>77-0285242</i>	<i>145 N. Jackson Avenue San Jose, CA 95116</i>	<i>Medical Services</i>	<i>October 1990 to Present</i>

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

Name: Hector Castaneda
Address: 5704 W. Sunset Blvd., Los Angeles CA 90026

Dates: 1994 to
Present

None b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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Name: Kenneth Rebong Address: 145 North Jackson Avenue San Jose, CA 95116	President	50%
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Name: Marie Anson-Rebong Address: 145 North Jackson Avenue	Secretary/Treasurer	50%
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NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<i>San Jose, CA 95116</i>		

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distribution by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information, and belief.

Date 04/25/2008

Signature /s/ Kenneth Rebonq
Kenneth Rebonq Authorized Agent
Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

____ continuation sheets attached

Penalty for making a false statement: 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
NORTHERN DISTRICT OF CALIFORNIA

In re Rebong Pediatric Medical Group, Professional Corporation

Case No.
Chapter 11

/ Debtor

Attorney for Debtor: Mufthiha Sabaratnam, Esq.

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

- 1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
a) For legal services rendered or to be rendered in contemplation of and in connection with this case ... \$ 300.00/hour
b) Prior to the filing of this statement, debtor(s) have paid ... \$ 15,000.00
c) The unpaid balance due and payable is ... \$ 0.00
3. \$ 1,039.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated: None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows: None

Dated: 04/25/2008

Respectfully submitted,

X/s/ Mufthiha Sabaratnam, Esq.

Attorney for Petitioner: Mufthiha Sabaratnam, Esq.

SABARATNAM & ASSOCIATES
1300 Clay Street
Suite 600
Oakland CA 94612

**UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**

In re *Rebong Pediatric Medical Group
Professional Corporation*

Case No.
Chapter 11

_____/ Debtor

STATEMENT REGARDING CORPORATE RESOLUTION

The undersigned Kenneth Rebong is Authorized Agent of Rebong Pediatric Medical Group, a corporation. On the following resolution was duly adopted by the of this corporation.

"WHEREAS, it is in the best interests of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code:

"NOW, THEREFORE, BE IT RESOLVED, that Kenneth Rebong, Authorized Agent of this corporation, be and hereby is, authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case in the United States Bankruptcy Court on behalf of the corporation; and

"BE IT FURTHER RESOLVED, that Kenneth Rebong, Authorized Agent of this corporation, be and hereby is, authorized and directed to appear in all such bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform any and all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with said bankruptcy proceedings; and

"BE IT FURTHER RESOLVED, that Kenneth Rebong, Authorized Agent of this corporation, be and hereby is, authorized and directed to employ Mufthiha Sabaratnam, Esq., Attorney and the law firm of SABARATNAM & ASSOCIATES, to represent the corporation in said bankruptcy proceedings."

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION

I, Kenneth Rebong, Authorized Agent of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing resolution and it is true and correct to the best of my knowledge, information, and belief.

Date 4/25/2008

Signature /s/ Kenneth Rebong
Kenneth Rebong
Authorized Agent

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA

In re *Rebong Pediatric Medical Group,
Professional Corporation*

Case No.
Chapter 11

_____/ Debtor

Attorney for Debtor: *Mufthiha Sabaratnam, Esq.*

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached list of creditors, which consists of 6 pages,
is true, correct and complete to the best of my knowledge.

Date: 04/25/2008

/s/ Kenneth Rebong
Debtor

/s/ Mufthiha Sabaratnam, Esq.
Mufthiha Sabaratnam, Esq.
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