

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF CONNECTICUT

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name CT Geriatric Specialty Group, P.C.

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

3. Debtor's federal Employer Identification Number (EIN) 59-3840584

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 1 Abrahms Boulevard West Hartford, CT 06117 Hartford County

5. Debtor's website (URL)

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

Debtor CT Geriatric Specialty Group, P.C.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6231

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor <u>See Attachment</u>	Relationship _____
District _____	When _____ Case number, if known _____

Debtor CT Geriatric Specialty Group, P.C. Case number (if known) _____
 Name

11. **Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
 Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. **Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**

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

15. **Estimated Assets**

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

16. **Estimated liabilities**

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

Debtor CT Geriatric Specialty Group, P.C. Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on August 19, 2016
MM / DD / YYYY

X /s/ David A. Houle
Signature of authorized representative of debtor

**Executive Vice President and Chief
Financial Officer**
Title

David A. Houle
Printed name

18. Signature of attorney

X /s/ Elizabeth J. Austin
Signature of attorney for debtor

Date **August 19, 2016**
MM / DD / YYYY

Elizabeth J. Austin
Printed name

Pullman & Comley, LLC
Firm name

**850 Main Street
8th Floor
Bridgeport, CT 06604**
Number, Street, City, State & ZIP Code

Contact phone **203-330-2000** Email address _____

ct04384
Bar number and State

Debtor CT Geriatric Specialty Group, P.C. Case number (if known) _____
Name

Fill in this information to identify your case:

United States Bankruptcy Court for the:
 DISTRICT OF CONNECTICUT

Case number (if known) _____ Chapter 11

Check if this an amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	<u>Hebrew Community Services, Inc</u>	Relationship to you	<u>Affiliate</u>
District	<u>Connecticut</u>	When <u>8/15/16</u>	Case number, if known <u>16-21313</u>
Debtor	<u>Hebrew Health Care, Inc</u>	Relationship to you	<u>Affiliate</u>
District	<u>Connecticut</u>	When <u>8/15/16</u>	Case number, if known <u>16-21311</u>
Debtor	<u>Hebrew Home and Hospital, Incorporated</u>	Relationship to you	<u>Affiliate</u>
District	<u>Connecticut</u>	When <u>8/15/16</u>	Case number, if known <u>16-21314</u>
Debtor	<u>Hebrew Life Choices, Inc</u>	Relationship to you	<u>Affiliate</u>
District	<u>Connecticut</u>	When <u>8/15/16</u>	Case number, if known <u>16-21312</u>

MEMBER'S CONSENT AUTHORIZING CHAPTER 11 FILING AND RELATED ACTIONS

Connecticut Geriatric Specialty Group, Inc. (the "Company") acting through its sole Member, Hebrew Health Care, Inc., does hereby adopt the following resolutions:

WHEREAS, the Member has considered the financial and operational condition and status of the Company's business and assets;

WHEREAS, the Member has reviewed, considered, and received the recommendations of the Company's professionals and advisors as to the advisability of commencing Chapter 11 bankruptcy proceedings;

NOW, THEREFORE, BE IT RESOLVED: That in the judgment of the Member, it is desirable and in the best interests of this Company and other interested parties that a voluntary petition be filed by the Company under the provisions of Chapter 11, Title 11 of the United States Code;

BE IT FURTHER RESOLVED: That the Company and any officer or employee designated by the Member (each such officer and designee being an "Officer") be, and each hereby is, authorized to execute and file on behalf of the Company all petitions, schedules, lists and other papers or documents and to take any and all action which he or she deems necessary or proper to obtain such relief;

BE IT FURTHER RESOLVED: That the Company be, and it hereby is, authorized and directed to employ the law firm of Pullman & Comley, LLC, as general bankruptcy counsel to the Company to represent and assist the Company in carrying out its duties under Title 11 of the United States Code, and to take any and all actions to advance the Company's rights, including filing pleadings, and in connection therewith, the Officers of the Company are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of the Chapter 11 case, and to cause to be filed an appropriate application for authority to retain the services of Pullman & Comley, LLC;

BE IT FURTHER RESOLVED: That the Company be, and hereby is, authorized and directed to employ additional professionals as the Company, in its reasonable discretion, deems necessary to represent and assist the Company in carrying out its duties under Title 11 of the United States Code or to carry out the purpose and intent of the foregoing resolutions, and in connection therewith, the Officers of the Company are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers prior to and immediately upon the filing of, and during the pendency of, the Chapter 11 case, and to cause to be filed an appropriate application for authority to retain the services of any additional professional;

BE IT FURTHER RESOLVED: That the Officer be, and hereby is, authorized and empowered for, in the name of, and on behalf of the Company, to take or cause to be taken any and all such other and further action, and to execute, acknowledge, deliver and file any and all

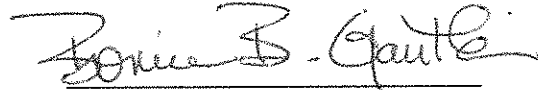
such instruments as each, in his discretion, may deem necessary or advisable in order to carry out the purpose and intent of the foregoing resolutions; and

BE IT FURTHER RESOLVED: That all of the acts and transactions relating to matters contemplated by the foregoing resolutions of the Company, in the name and on behalf of the Company, which acts would have been approved by the foregoing resolutions except that such acts were taken prior to the execution of these resolutions, are hereby in all respects confirmed, approved and ratified.

CONSENT

The undersigned CEO and President of Connecticut Geriatric Specialties, Inc. hereby consents to the foregoing resolutions which shall have the same force and effect as if taken pursuant to a vote at a meeting of the Member..

WITNESS MY HAND this 18th day of August, 2016.



Bonnie B. Gauthier
Bonnie B. Gauthier

Fill in this information to identify the case:

Debtor name CT Geriatric Specialty Group, P.C.
 United States Bankruptcy Court for the: DISTRICT OF CONNECTICUT
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
UNUM Life Ins Co of America Attn: Officer, Gen'l or Managing Agent Six Concourse Parkway Suite 2700 Atlanta, GA 30328	Mike Capogrossi mcapogrossi@unum.com					\$660.90
Allen Design Associates Attn Officer, Gen'l or Managing Agent 105 Tall Timbers Road Glastonbury, CT 06033	Anne Allen aallendesign@sbcglobal.net					\$50.00
Service Press Attn Officer, Gen'l or Managing Agent 105 Day Street Newington, CT 06111	Joe Waggoner jp@servicepress.com					\$39.24
ECFMG Attn Officer, Gen'l or Managing Agent 3624 Market St Philadelphia, PA 19104	Elizabeth Ingraham info@ecfm.org					\$35.00

**United States Bankruptcy Court
District of Connecticut**

In re CT Geriatric Specialty Group, P.C.

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Executive Vice President and Chief Financial Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 19, 2016

/s/ David A. Houle

**David A. Houle/Executive Vice President and Chief Financial
Officer**
Signer/Title

Allen Design Associates
Attn Officer, Gen'l or Managing Agent
105 Tall Timbers Road
Glastonbury, CT 06033

ECFMG
Attn Officer, Gen'l or Managing Agent
3624 Market St
Philadelphia, PA 19104

Hebrew Health Care, Inc.
One Abrahms Boulevard
West Hartford, CT 06117

Service Press
Attn Officer, Gen'l or Managing Agent
105 Day Street
Newington, CT 06111

UNUM Life Ins Co of America
Attn: Officer, Gen'l or Managing Agent
Six Concourse Parkway
Suite 2700
Atlanta, GA 30328

**United States Bankruptcy Court
District of Connecticut**

In re CT Geriatric Specialty Group, P.C.

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

**Hebrew Health Care, Inc.
One Abrahms Boulevard
West Hartford, CT 06117**

None [*Check if applicable*]

August 19, 2016

Date

/s/ Elizabeth J. Austin

Elizabeth J. Austin ct04384

Signature of Attorney or Litigant

Counsel for **CT Geriatric Specialty Group, P.C.**

Pullman & Comley, LLC

850 Main Street

8th Floor

Bridgeport, CT 06604

203-330-2000 Fax:203-576-8888