

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Middle District of Florida		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Charlotte Gerry D.M.D., P.A.		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): DBA Smile Designs at Agape Family Dentistry; FDBA Agape Family Dentistry		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) 59-3388939		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. and Street, City, and State): 7505 Arlington Expressway Jacksonville, FL		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 32211		ZIP Code
County of Residence or of the Principal Place of Business: Duval		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIP Code		ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):		
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.)	Nature of Business (Check one box) <input checked="" 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 type="checkbox"/> Other <hr/> 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.
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.		Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor 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).
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 type="checkbox"/> 1-49 <input checked="" 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		

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Charlotte Gerry D.M.D., P.A.</p>
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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: See Attachment	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</p> <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> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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 delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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Exhibit C

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

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

No.

Exhibit D

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

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

If this is a joint petition:

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

Information Regarding the Debtor - Venue

(Check any applicable box)

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

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

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

(Check all applicable boxes)

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

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Charlotte Gerry D.M.D., P.A.</p>
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Kevin B. Paysinger</u> Signature of Attorney for Debtor(s)</p> <p><u>Kevin B. Paysinger 0056742</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Bankruptcy Law Firm</u> Firm Name</p> <p>of Lansing J. Roy, P.A. PO Box 10399 Jacksonville, FL 32247-0399</p> <p>_____ Address</p> <p style="text-align: center;"><u>information@jacksonvillebankruptcy.com</u> 904-391-0030 Fax: 904-391-0031</p> <p>_____ Telephone Number</p> <p><u>January 10, 2009</u> 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 style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>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>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Dr. Charlotte Y. Gerry</u> Signature of Authorized Individual</p> <p><u>Dr. Charlotte Y. Gerry</u> Printed Name of Authorized Individual</p> <p><u>President</u> Title of Authorized Individual</p> <p><u>January 10, 2009</u> Date</p>	

In re Charlotte Gerry D.M.D., P.A., Case No. _____
Debtor

FORM 1. VOLUNTARY PETITION
Pending Bankruptcy Cases Filed Attachment

<u>Name of Debtor / District</u>	<u>Case No. / Relationship</u>	<u>Date Filed / Judge</u>
Smile Designs by Dr. Charlotte Gerry, PA Middle Dist of Fla, Jax Division	Pending Ch. 11 Charlotte Gerry 100% shareldr	01/10/09
William and Charlotte Gerry Middle Dist of Fla, Jax Division	Pending Ch. 13 Charlotte Gerry 100% shareldr	

**United States Bankruptcy Court
Middle District of Florida**

In re Charlotte Gerry D.M.D., P.A.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President 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: January 10, 2009

/s/ Dr. Charlotte Y. Gerry

Dr. Charlotte Y. Gerry/President

Signer/Title

CHARLOTTE GERRY D.M.D., P.A.
7505 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

BANK OF AMERICA
Acct 6799
ATTN: BANKRUPTCY DEPT.
P.O. BOX 2278
NORFOLK VA 23501

CITIBANK
Acct 5424-1808-7463-3248
ATTN: BANKRUPTCY DEPT
PO BOX 20432
KANSAS CITY MO 64195

KEVIN B. PAYSINGER
BANKRUPTCY LAW FIRM
OF LANSING J. ROY, P.A.
PO BOX 10399
JACKSONVILLE, FL 32247-0399

BANK OF AMERICA
Acct 68211031689999
ATTN: BANKRUPTCY DEPT.
P.O. BOX 2278
NORFOLK VA 23501

CITY OF JACKSONVILLE
C/O BRUCE D. PAGE, ESQ.
117 W DUVAL STREET
SUITE 480
JACKSONVILLE FL 32202

ADA CATALOGUE SALES
211 E CHICAGO AVENUE
CHICAGO IL 60611

BANK OF AMERICA
Acct 68271040124399
ATTN: BANKRUPTCY DEPT.
P.O. BOX 2278
NORFOLK VA 23501

COMMUNITY FIRST C.U.
Acct 4777-4950-0011-8005
ATTN: COLLECTION DEPT
PO BOX 2304
JACKSONVILLE FL 32203

ADVANCE DISPOSAL
Acct 7242
P.O. BOX 24239
JACKSONVILLE FL 32241

BANK OF AMERICA
Acct 3931832500-9001
FOR PRACTICE SOLUTIONS
P.O. BOX 2278
NORFOLK VA 23501

CRYSTAL SPRINGS
Acct 12907421686877
6750 DISCOVERY BLVD
MABLETON GA 30126

ADVANTA BANK CORP.
Acct 16-2008-CA-008037
GILBERT M. SINGER
KASS, SHULER, SOLOMON
P.O. BOX 800
TAMPA FL 33601

BANK OF AMERICA
Acct 3931832500-9002
ATTN: BANKRUPTCY DEPT.
P.O. BOX 2278
NORFOLK VA 23501

DDSLAB, INC.
Acct 08-036613
C/O PATRICIA A. HUIE, ESQ.
2502 ROCKY POINT DR
SUITE 1000
TAMPA FL 33607

ALPHA COMMUNICATION
42 CENTRAL DRIVE
FARMINGDALE NY 11735

BANK OF AMERICA, N.A.
C/O STUART F. WILLIAMS
TANNER BISHOP
ONE INDEPENDENT DR., STE 1700
JACKSONVILLE FL 32202

DENTAL HEALTH PRODUCT
Acct 61926
DEPT. CH17966
PALATINE IL 60055-7966

APS ALARM SECURITY
2843 MERCURY ROAD
JACKSONVILLE FL 32207

BANK OF AMERICA, N.A.
TANNER BISHOP
C/O STUART WILLIAMS
ONE INDEPENDENT DR, STE 1700
JACKSONVILLE FL 32202

DENTAL TEMPS OF NE FLA, INC
1345 ATLANTIC BLVD
JACKSONVILLE FL 32233

ASPEN DENTAL LAB
Acct 375
1920 EAST WARNER AVENUE
SUITE N
SANTA ANA CA 92705

CHARLOTTE GERRY
6383 WHISPERING OAKS DR
JACKSONVILLE FL 32277

DENTMAT
Acct 100325
P.O. BOX 52510
LOS ANGELES CA 90074-2510

AT&T - BELLSOUTH
AT&T CORRESPONDENCE
PO BOX 100-120
COLUMBIA SC 29202

CHASE BANK
Acct 424631501252446
ATTN: CORRESPONDENCE
PO BOX 15298
WILMINGTON DE 19580-5298

DEPT OF HEALTH RADIATION
P.O. BOX 210
JACKSONVILLE FL

BANK OF AMERICA
Acct 7099
ATTN: BANKRUPTCY DEPT.
P.O. BOX 2278
NORFOLK VA 23501

CHASE BANK USA, NA
BANKRUPTCY DEPT
PO BOX 100018
KENNESAW GA 30156-9908

DYNAFLEX LAB
P.O. BOX 142399
SAINT LOUIS MO 63114-0399

EMERGENCY MEDICAL SPEC
Acct 10707200011
P.O. BOX 863026
ORLANDO FL

HARMONY DENTAL LAB
758 W DUVAL STREET
JACKSONVILLE FL 32202

MICHAEL J. STANCO
FOR ZILA THERAPEUTICS
TEN LARKFIELD RD
EAST NORTHPORT NY 11731

ESERVICES
Acct 8939
P.O. BOX 10677
PALATINE IL 60055

HELATHYFIRST CORP.
Acct 57625
22316 70TH AVENUE WEST
UNIT A
MOUNTLAKE TERRACE WA 98043-2184

MIKE HOGAN TAX COLLECTOR
C/O EDWARD C TANNEN AGC
117 W DUVAL ST STE 480
JACKSONVILLE FL 32202

FAMILY AND COSMETIC DENTISTRY
Acct 08-794-CA
AND JOHN CRAIG
C/O GEORGE W. BLOW, III
106 WHITE AVENUE, STE C
LIVE OAK FL 32064-3341

HENRY SCHEIN
Acct 18705
PRACTICE SOLUTIONS DEPT.
P.O. BOX 14200
PALATINE IL 60055-4200

MILLER DENTAL LAB
Acct Dr. Gerry
526 WHITE AVENUE
LIVE OAK FL 32064

FINANCIAL PACIFIC
LEASING, LLC
P.O. BOX 4568
AUBURN WA 98001

HUNTER'S PRINTING CO.
1330 SW MAIN BLVD.
LAKE CITY FL 32025

PATTERSON DENTAL SUPPLY
Acct 37510894263
45 SKYLINE DRIVE
UNIT 1025
LAKE MARY FL 32746-6201

FIRST COAST DENTAL REPAIR
2686 ARCHER STREET
MIDDLEBURG FL 32068

IMTEC CORP.
Acct Dr. Charlotte Gerry
P.O. BOX 730944
DALLAS TX

PITNEY BOWES CREDIT CORP
Acct 8000909004474883
PO BOX 5151
SHELTON CT 06484

FIVE STAR ORTHODONTIC LAB
Acct 20789
2928 METRO STREET
SUITE 102
DENTON TX 76207

INTERNAL REVENUE SERVICE
Acct 593388939
PO BOX 21126
PHILADELPHIA PA 19114-0326

PITNEY BOWES CREDIT CORP
Acct 21377675861
PO BOX 5151
SHELTON CT 06484

FLORIDA TIMES UNION
P. O. BOX 1949
JACKSONVILLE FL 32231

INTERNATIONAL ASSOC OF ORTHO
Acct 117852
750 NORTH LINCOLN MEMORIAL DR
MILWAUKEE WI 53202

PM SPLINT
1105 N VALLEY
DECATUR GA 30033

FLORIDA UCF FUNDS
DEPT OF REV BANKRUPTCY
PO BOX 6668
TALLAHASSEE FL 32314-6668

INTERNET DENTAL ALLIANCE
P.O. BOX 1220
BELVEDERE TIBURON CA 94920

PRAXAIR AIR
39 OLD RIDGEBURY ROAD
DANBURY CT 06810

GAC
Acct 18520
P.O. BOX 536935
ATLANTA GA 30353

JESSE AND FRICHTEL
Acct Agape Family Dentistry
1861 GOLDEN MILE HIGHWAY
PITTSBURGH PA 15239

PRIVATE HEALTHCARE SYSTEMS
Acct 496000
P.O. BOX 5496
OVERLAND PARK KS 66425

GE CAPITAL CORPORATION
Acct 24745578
ONE BEACON STREET
BOSTON MA 02108

KEY PRODUCTIONS
Acct Smile Designs
210 SEAVIEW DRIVE
UNIT 502

PROCTOR & GAMBLE
P.O. BOX 4751
MARTINSVILLE VA 24115-4751

PROFESSIONAL DENTAL TECHS.
Acct CHARLOTTE0002
1901 HARRISON STREET
BATESVILLE AR 72501

YELLOW PAGE AUTHORITY
Acct 3042600#2600-AgapeF.D.
8940 W 192ND ST
UNIT D
MOKENA IL 60448

RELIABLE ARTS DENTAL LAB
Acct GERRY
261 WESTWARD DR
SUITE 203
MIAMI SPRINGS FL 33166

SAXON BUSINESS SYSTEMS OF
Acct 201488
NORTH FLORIDA
P.O. BOX 4908
MIAMI LAKES FL 33014-4908

SMITH-STERLING
Acct 60GERRYCHA
7855 NW 29TH STREET
#182
MIAMI FL 33122

STERI CYCLE
Acct 8101234
P.O. BOX 9001590
LOUISVILLE KY 40290

T-MOBILE
CUST. REL./BNKCY DEPT
PO BOX 37380
ALBUQUERQUE NM 87176-7380

T-MOBILE LEGAL DEPT
BNKCY NOTIFICATION
4 SYLVAN WAY
PARSIPPANY NJ 07054

TALKING PHONE BOOK
Acct 181193
P.O. BOX 5168
BUFFALO NY 14240

U.S. EXPRESS LEASING
Acct 40319526
P.O. BOX 1608
DENVER CO 80291-1608

WELLS FARGO BANK, NA
Acct 200808015980
420 MONTGOMERY ST
SAN FRANCISCO CA 94163

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Middle District of Florida

In re Charlotte Gerry D.M.D., P.A.

Debtor(s)

Case No. _____

Chapter 11

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; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Advanta Bank Corp. Gilbert M. Singer Kass, Shuler, Solomon P.O. Box 800 Tampa, FL 33601	Advanta Bank Corp. Gilbert M. Singer Kass, Shuler, Solomon Tampa, FL 33601	Open Account Suit		26,845.66
Bank of America Attn: Bankruptcy Dept. P.O. Box 2278 Norfolk, VA 23501	Bank of America Attn: Bankruptcy Dept. P.O. Box 2278 Norfolk, VA 23501	Credit Line Note		25,772.27
Bank of America Attn: Bankruptcy Dept. P.O. Box 2278 Norfolk, VA 23501	Bank of America Attn: Bankruptcy Dept. P.O. Box 2278 Norfolk, VA 23501	Signature Loan		51,027.35
Bank of America Attn: Bankruptcy Dept. P.O. Box 2278 Norfolk, VA 23501	Bank of America Attn: Bankruptcy Dept. P.O. Box 2278 Norfolk, VA 23501	Signature Loan		1,200.00
Chase Bank Attn: Correspondence PO BOX 15298 WILMINGTON, DE 19580-5298	Chase Bank Attn: Correspondence PO BOX 15298 WILMINGTON, DE 19580-5298	Credit Card		6,612.37
CITIBANK ATTN: BANKRUPTCY DEPT PO BOX 20432 Kansas City, MO 64195	CITIBANK ATTN: BANKRUPTCY DEPT PO BOX 20432 Kansas City, MO 64195	Credit Card		20,042.29
COMMUNITY FIRST C.U. attn: COLLECTION DEPT PO BOX 2304 Jacksonville, FL 32203	COMMUNITY FIRST C.U. attn: COLLECTION DEPT PO BOX 2304 Jacksonville, FL 32203	Credit Card		13,905.76
DDSLAB, Inc. c/o Patricia A. Huie, Esq. 2502 Rocky Point Dr Suite 1000 Tampa, FL 33607	DDSLAB, Inc. c/o Patricia A. Huie, Esq. 2502 Rocky Point Dr Tampa, FL 33607	Services account		5,657.00
Dental Health Product Dept. CH17966 Palatine, IL 60055-7966	Dental Health Product Dept. CH17966 Palatine, IL 60055-7966	Charge Account		2,910.30

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

In re Charlotte Gerry D.M.D., P.A.

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Family and Cosmetic Dentistry and John Craig c/o George W. Blow, III 106 White Avenue, Ste C Live Oak, FL 32064-3341	Family and Cosmetic Dentistry and John Craig c/o George W. Blow, III Live Oak, FL 32064-3341	Third Mortgage and Office Equipment		120,243.45
FLORIDA TIMES UNION P. O. BOX 1949 Jacksonville, FL 32231	FLORIDA TIMES UNION P. O. BOX 1949 Jacksonville, FL 32231	Advertising		2,633.24
GE Capital Corporation One Beacon Street Boston, MA 02108	GE Capital Corporation One Beacon Street Boston, MA 02108	Used Cerec Machine, possible deficiency	Unliquidated	40,000.00
Internal Revenue Service PO BOX 21126 Philadelphia, PA 19114-0326	Internal Revenue Service PO BOX 21126 Philadelphia, PA 19114-0326	Unpaid corporate 2008 payroll taxes		39,000.00
Jesse and Frichtel 1861 Golden Mile Highway Pittsburgh, PA 15239	Jesse and Frichtel 1861 Golden Mile Highway Pittsburgh, PA 15239	Service Agreement		1,865.14
Patterson Dental Supply 45 Skyline Drive Unit 1025 Lake Mary, FL 32746-6201	Patterson Dental Supply 45 Skyline Drive Unit 1025 Lake Mary, FL 32746-6201	Supply Contract		1,551.39
Reliable Arts Dental Lab 261 Westward Dr Suite 203 Miami Springs, FL 33166	Reliable Arts Dental Lab 261 Westward Dr Suite 203 Miami Springs, FL 33166			4,398.75
Smith-Sterling 7855 NW 29th Street #182 Miami, FL 33122	Smith-Sterling 7855 NW 29th Street #182 Miami, FL 33122	Lab Expenses		7,321.81
Talking Phone Book P.O. Box 5168 Buffalo, NY 14240	Talking Phone Book P.O. Box 5168 Buffalo, NY 14240	Advertising		1,118.91
WELLS FARGO BANK, NA 420 MONTGOMERY ST SAN FRANCISCO, CA 94163	WELLS FARGO BANK, NA 420 MONTGOMERY ST SAN FRANCISCO, CA 94163	Business Equipment Lease		27,372.89 (0.00 secured)
Yellow Page Authority 8940 W 192nd St Unit D Mokena, IL 60448	Yellow Page Authority 8940 W 192nd St Unit D Mokena, IL 60448	Advertising		32,265.56

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

In re Charlotte Gerry D.M.D., P.A.
Debtor(s)

Case No. _____

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

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

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date January 10, 2009

Signature /s/ Dr. Charlotte Y. Gerry
Dr. Charlotte Y. Gerry
President

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