B1 (Official Form 1)(1/08)									
Unite	d Stat Middle	es Ban Distric	kruptc t of Flor	y Coui	rt			Voluntary	Petition
Name of Debtor (if individual, enter Last, First, Middle): Gulfcoast Ear Nose & Throat Associates, P.A.				Nai	me of Joint	Debtor (Spot	use) (Last, First,	Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All (inc	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) 59-3341132					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, Cit 800 Tarpon Woods Blvd. Suite D	y, and Sta	te):		Stre	Street Address of Joint Debtor (No. and Street, City, and State):				
Palm Harbor, FL			ZIP Co.	de	ZIP Code				
County of Residence or of the Principal Place Pinellas	e of Busine	ess:		Cou	County of Residence or of the Principal Place of Business:				
Mailing Address of Debtor (if different from	street addr	ress):		Mai	ling Addres	s of Joint De	btor (if different	from street address):	·
			ZIP Coo	le					ZIP Code
Location of Principal Assets of Business Deb (if different from street address above):	tor			I				The state of the s	1
(Form of Organization) (Check one box) ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities check this box and state type of entity below.)	Sin in Ra	ealth Care Engle Asset I II U.S.C. § idroad ockbroker mmodity Bearing Bank her Tax-Ex (Check botor is a tay der Title 26	Real Estate : 101 (51B) Broker	y ole) ganization ed States	☐ Chap ☐ Debts define "incur	oter 7 oter 9 oter 11 oter 12 oter 13 are primarily of in 11 U.S.C.	Petition is File Cha of a Cha of a Cha of a Chack of a	Debts busine	ecognition ding ecognition
Filing Fee (Check Full Filing Fee attached Filing Fee to be paid in installments (appliattach signed application for the court's cois unable to pay fee except in installments. Filing Fee waiver requested (applicable to attach signed application for the court's co	one box) cable to in nsideration Rule 1006	dividuals on certifying 6(b). See Offindividuals	nly). Must that the deb ficial Form 3,	Chec	k one box: Debtor is Debtor is k if: Debtor's to insider k all applic; A plan is Acceptan	a small busi not a small l aggregate no s or affiliates able boxes: being filed v	Chapter 11 Doness debtor as debtor a	ethors efined in 11 U.S.C. § as defined in 11 U.S.C uidated debts (excludi 2,190,000.	C. § 101(51D). ng debts owed or more
Etatistical/Administrative Information ☐ Debtor estimates that funds will be availab ☐ Debtor estimates that, after any exempt pro there will be no funds available for distribu	perty is ex	cluded and	l administra		es paid,		THIS SE	PACE IS FOR COURT U	JSE ONLY
stimated Number of Creditors	1,000- 5,000	5,001- 10,000	10,001- 25,000	□ 25,001- 50,000	50,001- 100,000	OVER 100,000			-
Stimated Assets Stimated Assets Stope St	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,000 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion			
Stimated Liabilities	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than			

Voluntary Petition

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

Name of Debtor(s):

Gulfcoast Ear Nose & Throat Associates, P.A.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

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).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Debtor

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X /s/ Alberto F. Gomez, Jr.

Signature of Attorney for Debtor(s)

Alberto F. Gomez, Jr. 784486

Printed Name of Attorney for Debtor(s)

Morse & Gomez, P.A.

Firm Name

119 South Dakota Avenue Tampa, FL 33606

Address

Email: agomez@morsegomez,com

813-301-1000 Fax: 813-301-1001

Telephone Number

Date

*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.

Signature of Debtor (Corporation/Partnership)

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.

The debtorrequests relief in accordance with the chapter of title 11, United

of Authorized Individual Signatur A. Berrios, M.D.

Printed Name of Authorized Individual

Shareholder

Title of Authorized Individual

Date

Signature of a Foreign Representative

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.

(Check only one box.)

- ☐ 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.
- 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.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

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.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy 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.)

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

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:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

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.

United States Bankruptcy Court Middle District of Florida

Case No.

		Debtor(s)	Chapter	
	VERIFIC	CATION OF CREDITOR	MATRIX	
	eholder of the corporation named as of my knowledge.	the debtor in this case, hereby verify the	at the attached lis	of creditors is true and correct
		\bigcap	/	
Date: _	10/16/09	Jose A. Berrios, M.D./Shareho	ul formation of the second of	

In re Gulfcoast Ear Nose & Throat Associates, P.A.

Gulfcoast Ear Nose & Throat Associates, BR&T FIA Card Services 800 Tarpon Woods Blvd. PO Box 580003 c/o Zwicker & Associates Suite D Charlotte, NC 28258-0003 80 Minuteman Rd. Palm Harbor, FL 34685 Andover, MA 01810-1008 Alberto F. Gomez, Jr. BB&T Bankard First Data Global Leasing Morse & Gomez, P.A. PO Box 580363 P.O. Box 173845 119 South Dakota Avenue Charlotte, NC 28258-0363 Denver, CO 80217 Tampa, FL 33606 Buccaneers Tickets 5 Point Capital First Data Global Leasing 10525 Vista Sorrento Parkway One Buccaneer Place P.O. Box 173845 Tampa, FL 33607 Denver, CO 80217 #304 San Diego, CA 92121 American Express CoActiv Capital First Equity Bank Customer Service Partners, LLC PO Box 23029 655 Business Center Drive Columbus, GA 31902-3029 PO Box 981535 El Paso, TX 79998-1535 Suite 250 Horsham, PA 19044 Bank of America CoActiv Capital Five Point Capital, Inc. Partners, LLC 10525 Vista Sorrento Pkwy PO Box 15714 Wilmington, DE 19886-5714 655 Business Center Drive #304 Suite 250 San Diego, CA 92121 Horsham, PA 19044 Bank of America CoActiv Capital Partners General Electric Capital PO Box 15714 655 Business Center Dr. 83 Wooster Heights Rd. Danbury, CT 06810 Wilmington, DE 19886-5714 Suite 250 Horsham, PA 19044 Bank of America Dept of the Treasury **HEMH Real Estate** Attn: Finance Department PO Box 15714 IRS Wilmington, DE 19886-5714 Ogden, UT 84201-0005 1395 S. Pinellas Avenue Tarpon Springs, FL 34689

Bank of America P.O. Box 15714 Wilmington, DE 19886-5714

800 Tarpon Woods Blvd. Suite D Palm Harbor, FL 34685

Dr. Jose Berrios

BB&T PO Box 580003 Charlotte, NC 28258-0003 FIA Card Services P.O. Box 15019 Wilmington, DE 19886 HEMH Real Estate Corp 1395 S. Pinellas Ave Tarpon Springs, FL 34689

HEMH Real Estate Corp

Tarpon Springs, FL 34689

1395 S Pinellas Ave

HEMH Real Estate Corp 1395 S Pinellas Ave Tarpon Springs, FL 34689 National City Comm Capital 995 Dalton Ave. Cincinnati, OH 45203 TeleCheck Services, Inc. P.O. Box 60028 City Of Industry, CA 91716-0028

HEMH Real Estate Corporation 1395 S. Pinellas Avenue Tarpon Springs, FL 34689 National City Comm Capital 995 Dalton Ave. Cincinnati, OH 45203 TeleCheck Services, Inc. P.O. Box 60028 City Of Industry, CA 91716-0028

HPSC, Inc. 1 Beacon Street 2nd Floor Boston, MA 02108 National City Commercial Capital 995 Dalton Ave. Cincinnati, OH 45203 Tygris-USXL Express Leasing Dept # 1608 Denver, CO 80291-1808

HPSC, Inc. 1 Beacon Street 2nd Floor Boston, MA 02108 National City Commercial Capital Company, Inc. 995 Dalton Ave. Cincinnati, OH 45203 Tygris-USXL Express Leasing Dept # 1608 Denver, CO 80291-1808

MAC Financial Services 655 Business Center Drive Suite 250 Horsham, PA 19044 Pitney Bowes Financial Svcs P.O. Box 856460 Louisville, KY 40285-6460 Verizon Select Svcs P.O. Box 650457 Dallas, TX 75265-0457

MAC Financial Services 655 Business Center Drive Horsham, PA 19044 Regions Bank PO Box 2224 Birmingham, AL 35246-0009 Verizon Select Svcs c/o NCO Financial Systems P.O. Box 17196 Baltimore, MD 21297

Marlin Leasing P.O. Box 13604 Philadelphia, PA 19101-3604 Suntrust Bank PO Box 26202 Richmond, VA 23260-6202 Wells Fargo Leasing PO Box 6434 Carol Stream, IL 60197-6434

Marlin Leasing PO Box 13604 Philadelphia, PA 19101-3604 Suntrust Bankard NA PO Box 791250 Baltimore, MD 21279-1250

Maureen Berrios 800 Tarpon Woods Blvd. Suite D Palm Harbor, FL 34685 Tarpon Woods Development Inc 800 Tarpon Woods Blvd Palm Harbor, FL 34685

United States Bankruptcy Court Middle District of Florida

In re	Gulfcoast Ear Nose & Throat Assoc	ciates, P.A.	Case No.	
		Debtor(s)	Chapter	11
	CORPORAT	TE OWNERSHIP STATEMENT	(RULE 7007.1)	
or recu certific indirec	ant to Federal Rule of Bankruptcy Prosal, the undersigned counsel for <u>G</u> es that the following is a (are) corportly own(s) 10% or more of any class under FRBP 7007.1:	Gulfcoast Ear Nose & Throat Associatoration(s), other than the debtor or a	tes, P.A. in the governmental u	above captioned action, nit, that directly or
■ Nor	ne [Check if applicable]			
	10/16/09	/s/ Alberto F. Gomez, Jr.		
Date		Alberto F. Gomez, Jr.		
		Signature of Attorney or Litig Counsel for Gulfcoast Ear No.		ociates, P.A.
		Morse & Gomez, P.A.		
		119 South Dakota Avenue Tampa, FL 33606		
		813-301-1000 Fax:813-301-1001 agomez@morsegomez,com		

United States Bankruptcy Court Middle District of Florida

In re	Gulfcoast Ear Nose &	k Throat Associates, P.A.		Case No.	
			Debtor(s)	Chapter	
	DECLARA	ION UNDER PENAL	TY OF PERJURY I	FOR ELECTRO	NIC FILING
	The undersigned,	Jose A. Berrios, M.D.	, declares under	penalty of perjury	that:
Docun	1. I have signe nent(s)").	d the original(s) of the do	cument(s) identified b	pelow under penal	ty of perjury ("Verified
and be		tion contained in the Ver	ified Document(s) is t	true and correct to	the best of my knowledge
		that the Verified Docum tion with the above caption		n electronic form	with the United States
Signa	ture of Debtor er claimant				
		Ver	ified Document(s):		
Full D	Descriptive Title			Date Executed	<u>l</u>
Volun	tary Petition			10/15/09	·
List of	Creditors Holding 20	Largest Unsecured		10/15/09	
	ration Concerning Deb	tor's Schedules	•	10/15/09	
	nent of Financial Affair			10/15/09	
List o	Equity Security Holde	rs		10/15/09	
Verific	ation of Creditor Matri	X	•	10/15/09	
			•		