

B1 (Official Form 1) (12/11)

United States Bankruptcy Court Middle District of Florida		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): H.O. Ferguson DVM, 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 Ferguson & Associates Equine Hospital		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): EIN: 59-2803927		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) 6897 NW HWY 225A Ocala, FL <div style="text-align: right;">ZIPCODE 34482</div>		Street Address of Joint Debtor (No. and Street, City, and State) <div style="text-align: right;">ZIPCODE</div>
County of Residence or of the Principal Place of Business: Marion		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): P.O. Box 770607 Ocala, FL <div style="text-align: right;">ZIPCODE 34477-0607</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIPCODE</div>
Location of Principal Assets of Business Debtor (if different from street address above):		<div style="text-align: right;">ZIPCODE</div>
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 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 checked="" type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Veterinary practice	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
Chapter 15 Debtors Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____	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)	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 as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). 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		

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Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): H.O. Ferguson DVM, P.A.
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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:
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Location Where Filed: N.A.	Case Number:	Date Filed:
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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:
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District:	Relationship:	Judge:
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Exhibit A

(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)

Exhibit A is attached and made a part of this petition.

Exhibit B

(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 delivered to the debtor the notice required by 11 U.S.C. § 342(b).

_____ Date

Signature of Attorney for Debtor(s)

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 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(1)).

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

Name of Debtor(s):
 H.O. Ferguson DVM, 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.

X _____
 Signature of Debtor

X _____
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

 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 of title 11 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.

X _____
 (Signature of Foreign Representative)

 (Printed Name of Foreign Representative)

 (Date)

Signature of Attorney*

X /s/ Lisa C. Cohen
 Signature of Attorney for Debtor(s)

LISA C. COHEN 558291
 Printed Name of Attorney for Debtor(s)

Ruff & Cohen
 Firm Name

4010 Newberry Road, Ste. G
 Address

Gainesville, FL 32607

(352) 376-3601
 Telephone Number

6/29/12
 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 debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ H.O. Ferguson, III
 Signature of Authorized Individual

H.O. FERGUSON, III
 Printed Name of Authorized Individual

President
 Title of Authorized Individual

6/29/12
 Date

Signature of Non-Attorney 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 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 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.)

 Address

X _____

 Date

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**

In re H.O. Ferguson DVM, P.A.,
Debtor

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 and 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>

Community Bank & Trust of Florida P.O. Box 1570 Ocala, FL 34478-1570	378,107.30 Collateral FMV 250,000.00
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Bank of America P.O. Box 851001 Dallas, TX 75285-1001	57,916.72
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Butler Schein Animal Health 36527 Treasury Center Chicago, IL 60694-6500	41,755.21
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(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>
Webster c/o Levey Filler Trust Acct. 1688 Meridian Avenue Miami Beach, FL 33139				33,937.26
Southwest P.O. Box 15153 Wilmington, DE 19886-5153				26,219.81
DVM Resources/Animal Health Intl. Department 1305 Denver, CO 80256-0001				25,836.25
MWI P.O. Box 840537 Dallas, TX 75284-0537 Miami, FL 33143				14,953.56
Clardyoil P.O. Box 849 Ocala, FL 34478				7,411.64
Harvest Technologies P.O. Box 845813 Dallas, TX 75284-1775				4,703.75

(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>
Office Depot Dept. 56-8100825587 P.O. Box 9020 Des Moines, IA 50368-9020				3,908.88
Eklin (Sound-Eklin) 5817 Dryden Place Carlsbad, CA 92008				3,716.94
Avera & Smith, LLP 2814 SW 13th Street Gainesville, FL 32608				2,932.50
Francks P.O. Box 9 Ocala, FL 34476				2,729.00
Wickliffe 4340 Georgetown Lexington, KY 40511				2,675.99
Pfizer A/C EO6536 Animal P.O. Box 747029 Pittsburgh, PA 15274				2,530.60
BCBS P.O. Box 105358 Atlanta, GA 30348-5358				1,705.63

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
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Luitpold P.O. Box 9147 Uniondale, NY 11555-9147				1,652.48
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Airliquide P.O. Box 200269 Houston, TX 77216-0269				1,607.61
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Dept. of Agriculture & Consumer Serv.. P.O. Box 458006 Kissimmee, FL 34715				1,544.50
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Duggan Joiner & Co. 334 NW 3rd Avenue Ocala, FL 34475				1,384.00
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DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an 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 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date 6/29/12

Signature /s/ H.O. Ferguson,III
H.O. FERGUSON,III,
President

B6D (Official Form 6D) (12/07)

In re H.O. Ferguson DVM, P.A.,

Case No. _____

Debtor

(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 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 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 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, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 0229 Community Bank & Trust of Florida P.O. Box 1570 Ocala, FL 34478-1570	X	Lien: Business loan Security: Accounts receivable and equipment VALUE \$ 250,000.00				378,107.30	128,107.30
ACCOUNT NO. George Albright, Tax Collector P.O. Box 1178 Ocala, FL 34478-1178		Incurred: 2011 Lien: tax lien Security: tangible personal property VALUE \$ 150,000.00				9,342.51	0.00
ACCOUNT NO. VALUE \$							

0 continuation sheets attached

Subtotal (Total of this page)	\$ 387,449.81	\$ 128,107.30
Total (Use only on last page)	\$ 387,449.81	\$ 128,107.30

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

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B6E (Official Form 6E) (04/10)In re H.O. Ferguson DVM, P.A.
DebtorCase 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 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 "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.

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 \$11,725* 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).

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/10) - Cont.

In re H.O. Ferguson DVM, P.A.
Debtor

Case No. _____
(if known)

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* 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 \$2,600* 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 the 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 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

In re H.O. Ferguson DVM, P.A.,
 Debtor

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 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 all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. 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 <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR 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. xxx...02-2 Abaxis 3240 Whipple Road Union City, CA 94587						840.00
ACCOUNT NO. ACVS c/o Suntrust Bank P.O. Box 79484 Baltimore, MD 21279-0484						489.00
ACCOUNT NO. xxx...001 Airliquide P.O. Box 200269 Houston, TX 77216-0269						1,607.61
ACCOUNT NO. All Counties Fire 3460 NE Jacksonville Road Ocala, FL 34479						158.70
Subtotal						\$ 3,095.31
Total						\$

12 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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxx...248 Anderson Products 3202 Caroline Drive Haw River, NC 27258-9575						429.02
ACCOUNT NO. Avera & Smith, LLP 2814 SW 13th Street Gainesville, FL 32608						2,932.50
ACCOUNT NO. xxx...3648 Bank of America P.O. Box 851001 Dallas, TX 75285-1001						57,916.72
ACCOUNT NO. BCBS P.O. Box 105358 Atlanta, GA 30348-5358						1,705.63
ACCOUNT NO. Biorn Corporation P.O. Box 464 Rockford, MN 55373						66.90

Sheet no. 1 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal > \$ 63,050.77

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.)

B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Brattix 240 SW 8th Street Ocala, FL 34471						167.20
ACCOUNT NO. xxx...378 Butler Schein Animal Health 36527 Treasury Center Chicago, IL 60694-6500						41,755.21
ACCOUNT NO. xxx...0390 Cardinal Health Nuclear Pharmacy P.O. Box 905488 Charlotte, NC 28290-5488						755.80
ACCOUNT NO. Charles Ruse, Jr. 500 NE 8th Avenue Ocala, FL 34470						95.00
ACCOUNT NO. xxx...001 Clardyoil P.O. Box 849 Ocala, FL 34478						7,411.64

Sheet no. 2 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶ \$ 50,184.85

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.)

B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxx...6697 Cornell University P.O. Box 5786 Ithaca, NY 14852-5786						136.76
ACCOUNT NO. Dept. of Agriculture & Consumer Serv.. P.O. Box 458006 Kissimmee, FL 34715						22.50
ACCOUNT NO. xxx...HO Dept. of Agriculture & Consumer Serv.. P.O. Box 458006 Kissimmee, FL 34715						1,544.50
ACCOUNT NO. xxx...9054 Devcon P.O. Box 538675 Atlanta, GA 30353-8675						77.98
ACCOUNT NO. Duggan Joiner & Co. 334 NW 3rd Avenue Ocala, FL 34475						1,384.00

Sheet no. 3 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶ \$ 3,165.74

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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxx...4172 DVM Resources/Animal Health Intl. Department 1305 Denver, CO 80256-0001						25,836.25
ACCOUNT NO. xxx....74-0 EarthLink/Deltacom P.O. Box 2252 Birmingham, AL 35246-1058						475.12
ACCOUNT NO. Eklin (Sound-Eklin) 5817 Dryden Place Carlsbad, CA 92008						3,716.94
ACCOUNT NO. xxx...39-5 Fedex P.O. Box 660481 Dallas, TX 75266-0481						187.33
ACCOUNT NO. FLTHOR 6998 NW Hwy 27 Ocala, FL 34482						579.66

Sheet no. 4 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal	\$ 30,795.30
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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxx...189 Franks P.O. Box 9 Ocala, FL 34476						2,729.00
ACCOUNT NO. FVMA 7131 Lake Ellenor Orlando, FL 32809						708.00
ACCOUNT NO. Gilligan King 1531 SE 36th Avenue Ocala, FL 34471						1,108.73
ACCOUNT NO. Guarantee Insurance Company, Inc. P.O. Box 406012 Atlanta, GA 30384-6012						880.85
ACCOUNT NO. Har-Vet 605 Pro-Ject Drive Elmwood, WI 54767						155.00

Sheet no. 5 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal	\$ 5,581.58
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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Harvest Technologies P.O. Box 845813 Dallas, TX 75284-1775						4,703.75
ACCOUNT NO. xxx...437 Henry Schein 135 Duryea Road Melville, NY 11747						261.59
ACCOUNT NO. Horsenec P.O. Box 164 St. Matthews, SC 29135						261.50
ACCOUNT NO. xxx...377 IDEXX P.O. Box 101327 Atlanta, GA 30392-1327						598.55
ACCOUNT NO. xxx...9000 Infolab (div PSS) P.O. Box 1309 Clarksdale, MS 38614						565.38

Sheet no. 6 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶ \$ 6,390.77

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.)

B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. JD Medical 1923 W. Peoria Avenue Phoenix, AZ 85029						596.18
ACCOUNT NO. xxx...77A JR Raynor 2316 Doolittle Road Sauquoit, NY 13456						247.00
ACCOUNT NO. xxx...701 Luitpold P.O. Box 9147 Uniondale, NY 11555-9147						1,652.48
ACCOUNT NO. Marion County Health Dept. P.O. Box 2408 Ocala, FL 34478						150.00
ACCOUNT NO. xxx...01 Medisca P.O. Box 2592 Plattsburgh, NY 12901						110.35

Sheet no. 7 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶ \$ 2,756.01

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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxx...881 Moore Medical P.O. Box 99718 Chicago, IL 60696						176.81
ACCOUNT NO. Moses Removal Service 4860 SE Maricamp Road Ocala, FL 34480						125.00
ACCOUNT NO. xxx...191 MWI P.O. Box 840537 Dallas, TX 75284-0537 Miami, FL 33143						14,953.56
ACCOUNT NO. xxx...DEFA Neogen 1845 Paysphere Cir Chicago, IL 60674						1,014.11
ACCOUNT NO. Ocala Vet Endocrine 4895 NW 120th Street Reddick, FL 32686						904.00

Sheet no. 8 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶ \$ 17,173.48

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.)

B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT UNLIQUIDATED DISPUTED			AMOUNT OF CLAIM
ACCOUNT NO. xxx...5587 Office Depot Dept. 56-8100825587 P.O. Box 9020 Des Moines, IA 50368-9020						3,908.88
ACCOUNT NO. xxx...3400 Owens P.O. Box 860437 Orlando, FL 32886-0437						272.63
ACCOUNT NO. xxx...308 Pfizer A/C EO6536 Animal P.O. Box 747029 Pittsburgh, PA 15274						2,530.60
ACCOUNT NO. Phillip Hammock 2922 Black Fox Trail Louisville, TN 37777		Consideration: possible guaranty liability	X	X		Unknown
ACCOUNT NO. xxx...7865 Pitney Bowes Purchase Power P.O. Box 371874 Pittsburgh, PA 15250-7874						1,135.83

Sheet no. 9 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶ \$ 7,847.94

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.)

B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxx...1641 Platinum P.O. Box 990 Buellton, CA 93427						477.37
ACCOUNT NO. Professional Vet Lab Julie Braswell 10481 NW Hwy 27 Ocala, FL 34482						170.00
ACCOUNT NO. Rood & Riddle P.O. Box 12150 Lexington, KY 40581						0.00
ACCOUNT NO. xxx...3604 Southwest P.O. Box 15153 Wilmington, DE 19886-5153						26,219.81
ACCOUNT NO. USDOS 660A George Wash. Way Richland, WA 99352						70.04

Sheet no. 10 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal	\$ 26,937.22
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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Verizon Wireless P.O. Box 660108 Dallas, TX 75266-0108						285.46
ACCOUNT NO. xxx....FERG Vet Surgical P.O. Box 368 Darlington, MD 21034						432.26
ACCOUNT NO. xxx....GEQ VMRD P.O. Box 502 Pullman, WA 99163						228.00
ACCOUNT NO. xxx....226-0 Waste (6 Yard) P.O. Box 105453 Atlanta, GA 30348						537.95
ACCOUNT NO. xxx...837 Webster c/o Levey Filler Trust Acct. 1688 Meridian Avenue Miami Beach, FL 33139						33,937.26

Sheet no. 11 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶ \$ 35,420.93

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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re H.O. Ferguson DVM, P.A.,
 Debtor

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>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxx...0525 Westfield Insurance P.O. Box 9001566 Louisville, KY 40290-1566						1,129.56
ACCOUNT NO. xxx...001 Wickliffe 4340 Georgetown Lexington, KY 40511						2,675.99
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 12 of 12 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ▶	\$ 3,805.55
Total ▶	\$ 256,205.45

(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.)

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H.O. Ferguson DVM, P.A.

In re _____

Case No. _____

Debtor

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____
Debtor

Date _____

Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

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 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 by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

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 signed 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.

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

I, the President [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the H.O. Ferguson DVM, P.A. [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 25 sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date 6/29/12

Signature: /s/ H.O. Ferguson, III
H.O. FERGUSON, III
[Print or type name of individual signing on behalf of debtor.]

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

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.

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Internal Revenue Service
P. O. Box 21126
Philadelphia, PA 19114-0325

Abaxis
3240 Whipple Road
Union City, CA 94587

ACVS
c/o Suntrust Bank
P.O. Box 79484
Baltimore, MD 21279-0484

Airliquide
P.O. Box 200269
Houston, TX 77216-0269

All Counties Fire
3460 NE Jacksonville Road
Ocala, FL 34479

Anderson Products
3202 Caroline Drive
Haw River, NC 27258-9575

Avera & Smith, LLP
2814 SW 13th Street
Gainesville, FL 32608

Bank of America
P.O. Box 851001•
Dallas, TX 75285-1001

BCBS
P.O. Box 105358
Atlanta, GA 30348-5358

Biorn Corporation
P.O. Box 464
Rockford, MN 55373

Brattix
240 SW 8th Street
Ocala, FL 34471

Butler Schein Animal Health
36527 Treasury Center
Chicago, IL 60694-6500

Cardinal Health
Nuclear Pharmacy
P.O. Box 905488
Charlotte, NC 28290-5488

Charles Ruse, Jr.
500 NE 8th Avenue
Ocala, FL 34470

Clardyoil
P.O. Box 849
Ocala, FL 34478

Community Bank & Trust of Florida
P.O. Box 1570
Ocala, FL 34478-1570

Cornell University
P.O. Box 5786
Ithaca, NY 14852-5786

Dept. of Agriculture & Consumer Serv..
P.O. Box 458006
Kissimmee, FL 34715

Dept. of Agriculture & Consumer Serv..
P.O. Box 458006
Kissimmee, FL 34715

Devcon
P.O. Box 538675
Atlanta, GA 30353-8675

Duggan Joiner & Co.
334 NW 3rd Avenue
Ocala, FL 34475

DVM Resources/Animal Health Intl.
Department 1305
Denver, CO 80256-0001

EarthLink/Deltacom
P.O. Box 2252
Birmingham, AL 35246-1058

Eklin (Sound-Eklin)
5817 Dryden Place
Carlsbad, CA 92008

Fedex
P.O. Box 660481
Dallas, TX 75266-0481

FLTHOR
6998 NW Hwy 27
Ocala, FL 34482

Francks
P.O. Box 9
Ocala, FL 34476

FVMA
7131 Lake Ellenor
Orlando, FL 32809

George Albright, Tax Collector
P.O. Box 1178
Ocala, FL 34478-1178

Gilligan King
1531 SE 36th Avenue
Ocala, FL 34471

Guarantee Insurance Company, Inc.
P.O. Box 406012
Atlanta, GA 30384-6012

Har-Vet
605 Pro-Ject Drive
Elmwood, WI 54767

Harvest Technologies
P.O. Box 845813
Dallas, TX 75284-1775

Henry Schein
135 Duryea Road
Melville, NY 11747

Horace Osborn Ferguson, III
P.O.Box K
McIntosh, FL 32664

Horsenec
P.O. Box 164
St. Matthews, SC 29135

IDEXX
P.O. Box 101327
Atlanta, GA 30392-1327

Infolab (div PSS)
P.O. Box 1309
Clarksdale, MS 38614

JD Medical
1923 W. Peoria Avenue
Phoenix, AZ 85029

JR Raynor
2316 Doolittle Road
Sauquoit, NY 13456

Luitpold
P.O. Box 9147
Uniondale, NY 11555-9147

Marion County Health Dept.
P.O. Box 2408
Ocala, FL 34478

Medisca
P.O. Box 2592
Plattsburgh, NY 12901

Moore Medical
P.O. Box 99718
Chicago, IL 60696

Moses Removal Service
4860 SE Maricamp Road
Ocala, FL 34480

MWI
P.O. Box 840537
Dallas, TX 75284-0537
Miami, FL 33143

Neogen
1845 Paysphere Cir
Chicago, IL 60674

Ocala Vet Endocrine
4895 NW 120th Street
Reddick, FL 32686

Office Depot
Dept. 56-8100825587
P.O. Box 9020
Des Moines, IA 50368-9020

Owens
P.O. Box 860437
Orlando, FL 32886-0437

Pfizer
A/C EO6536 Animal
P.O. Box 747029
Pittsburgh, PA 15274

Phillip Hammock
2922 Black Fox Trail
Louisville, TN 37777

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Louisville, TN 37777

Pitney Bowes Purchase Power
P.O. Box 371874
Pittsburgh, PA 15250-7874

Platinum
P.O. Box 990
Buellton, CA 93427

Professional Vet Lab
Julie Braswell
10481 NW Hwy 27
Ocala, FL 34482

Rood & Riddle
P.O. Box 12150
Lexington, KY 40581

Southwest
P.O. Box 15153
Wilmington, DE 19886-5153

USDOS
660A George Wash. Way
Richland, WA 99352

Verizon Wireless
P.O. Box 660108
Dallas, TX 75266-0108

Vet Surgical
P.O. Box 368
Darlington, MD 21034

VMRD
P.O. Box 502
Pullman, WA 99163

Waste (6 Yard)
P.O. Box 105453
Atlanta, GA 30348

Webster
c/o Levey Filler Trust Acct.
1688 Meridian Avenue
Miami Beach, FL 33139

Westfield Insurance
P.O. Box 9001566
Louisville, KY 40290-1566

Wickliffe
4340 Georgetown
Lexington, KY 40511

**UNITED STATES BANKRUPTCY COURT
Middle District of Florida**

In re H.O. Ferguson DVM, P.A.,
Debtor

Case No. _____

Chapter 11

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 8 pages, is true, correct and complete to the best of my knowledge.

Date 6/29/12

Signature /s/ H.O. Ferguson,III
H.O. FERGUSON,III,
President