

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): Implant, General & Cosmetic Dentistry of Tampa Bay, 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):	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) 68-0634690	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): 1960 East Bay Drive Largo, FL ZIP Code 33771	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Pinellas	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): 2184 Laurence Drive Clearwater, FL ZIP Code 33764	Mailing Address of Joint Debtor (if different from street address): 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 type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	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 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 \$2,343,300 (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).
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Statistical/Administrative Information *** Buddy D. Ford, Esquire 0654711 *** <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input 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	
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 type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$50 million <input type="checkbox"/> \$10,000,001 to \$100 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.	
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: Hani Tadros and Suzanne Yassaoui		Case Number:	Date Filed:
District: Middle District of Florida, Tampa Division		Relationship: Debtor's owner	Judge:
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.) <input type="checkbox"/> 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). <input checked="" type="checkbox"/> _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action 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) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included 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. <input type="checkbox"/> 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): Implant, General & Cosmetic Dentistry of Tampa Bay, 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 /s/ Buddy D. Ford, Esquire _____ Signature of Attorney for Debtor(s)</p> <p>Buddy D. Ford, Esquire 0654711 _____ Printed Name of Attorney for Debtor(s)</p> <p>Buddy D. Ford, P.A. _____ Firm Name</p> <p>115 N. MacDill Ave. Tampa, FL 33609</p> <p>_____ Address</p> <p style="text-align: right;">Email: All@tampaesq.com</p> <p>(813)877-4669 Fax: (813)877-5543 _____ Telephone Number</p> <p>December 7, 2012 _____ 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 /s/ Hani Samuel Tadros _____ Signature of Authorized Individual</p> <p>Hani Samuel Tadros _____ Printed Name of Authorized Individual</p> <p>President _____ Title of Authorized Individual</p> <p>December 7, 2012 _____ Date</p>	

IN THE UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
Tampa Division

In the Matter of:

IMPLANT, GENERAL & COSMETIC
DENTISTRY OF TAMPA BAY, P.A.,

Debtor,

}
} Chapter 11
}
} Case No: 8:12-bk-
}
}

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Hani Samuel Tadros**, declare, under penalty of perjury, that I am the President of IMPLANT, GENERAL & COSMETIC DENTISTRY OF TAMPA BAY, P.A. (the "Corporation"), and that the following is a true and correct copy of the resolutions adopted by the Directors of said corporation at a special meeting duly called and held on the 7th day of December, 2012.

"**Whereas**, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Hani Samuel Tadros**, President of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Hani Samuel Tadros**, President of this corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Hani Samuel Tadros**, President of this corporation is authorized and directed to employ Buddy D. Ford, Esquire, Florida Bar #0654711, attorney and the law firm of *Buddy D. Ford, P.A., 115 N. MacDill Avenue, Tampa, Florida 33609*, to represent the corporation in such bankruptcy case."

Date 12/7/12

Signed 
Hani Samuel Tadros, President

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Middle District of Florida

In re Implant, General & Cosmetic Dentistry of Tampa Bay, 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>
SBA c/o Gulfcoast Business Fin 227 Second Avenue N. Saint Petersburg, FL 33701	SBA c/o Gulfcoast Business Fin 227 Second Avenue N. Saint Petersburg, FL 33701	Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)		538,159.14 (500,000.00 secured) (754,557.85 senior lien)
Encore National Bank 7920 Summerlin Lakes Dr. Fort Myers, FL 33907	Encore National Bank 7920 Summerlin Lakes Dr. Fort Myers, FL 33907	Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)		754,557.85 (500,000.00 secured)
JBR Realty, LLC 25 Parkers Point Blvd. Saint Petersburg, FL 33706	JBR Realty, LLC 25 Parkers Point Blvd. Saint Petersburg, FL 33706	Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)	Unliquidated	133,081.81 (500,000.00 secured) (1,292,716.99 senior lien)
Regions Bank PO Box 1984 Birmingham, AL 35201	Regions Bank PO Box 1984 Birmingham, AL 35201	Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)		99,176.38 (500,000.00 secured) (1,437,582.28 senior lien)
American Express PO Box 650448 Dallas, TX 75265-0448	American Express PO Box 650448 Dallas, TX 75265-0448	Credit Card		93,995.04

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, 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>
Diane Nelson, Pinellas County Tax Collector PO Box 4005 Seminole, FL 33775-4005	Diane Nelson, Pinellas County Tax Collector PO Box 4005 Seminole, FL 33775-4005	Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)		20,500.00 (500,000.00 secured) (1,536,758.66 senior lien)
Internal Revenue Service Special Procedures Staff 400 W. Bay St., Stop 5720 Jacksonville, FL 32202	Internal Revenue Service Special Procedures Staff 400 W. Bay St., Stop 5720 Jacksonville, FL 32202	Payroll taxes		19,000.00
Regions Bank PO Box 11407 Birmingham, AL 35246-0054	Regions Bank PO Box 11407 Birmingham, AL 35246-0054	All inventory, accounts, equipment, general intangibles		62,429.56 (50,000.00 secured)
JBR Realty, LLC 25 Parkers Point Blvd. Saint Petersburg, FL 33706	JBR Realty, LLC 25 Parkers Point Blvd. Saint Petersburg, FL 33706	Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)	Unliquidated	11,783.48 (500,000.00 secured) (1,425,798.80 senior lien)
Darby Dental Supply PO Box 26582 New York, NY 10087	Darby Dental Supply PO Box 26582 New York, NY 10087	Supplies		5,054.74
Capital One Bank (USA), NA PO Box 71083 Charlotte, NC 28272-1083	Capital One Bank (USA), NA PO Box 71083 Charlotte, NC 28272-1083	Credit Card		3,692.38

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, 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>

**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 December 7, 2012Signature /s/ Hani Samuel Tadros
Hani Samuel Tadros
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.

B6 Summary (Official Form 6 - Summary) (12/07)

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.,
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	2	500,000.00		
B - Personal Property	Yes	4	97,400.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	3		1,619,688.22	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		19,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		102,742.16	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		17			
Total Assets			597,400.00		
Total Liabilities				1,741,430.38	

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.,
Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6A (Official Form 6A) (12/07)

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A., Case No. _____
 Debtor

SCHEDULE A - REAL PROPERTY

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

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

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)	Fee simple	-	500,000.00	1,557,258.66

Sub-Total > **500,000.00** (Total of this page)
 Total > **500,000.00**
 (Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.
Debtor(s)

Case No. _____

SCHEDULE A - REAL PROPERTY
Attachment A

1950-1960 East Bay Drive, Largo, Florida 33771

Unit F and Unit G, EAST BAY PLAZA CONDOMINIUM, a Business Complex Condominium, according to the plat thereof recorded in Condominium Plat Book 141, Page 23, and as further described in that certain Declaration of Condominium recorded in Official Records Book 14959, Page 2035, of the public records of Pinellas County, Florida, together with an undivided share in the common elements appurtenant thereto, and all amendments thereto.

B6B (Official Form 6B) (12/07)

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

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

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

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

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account @ Regions Bank, Account #xxx2690	-	6,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security deposit w/ Florida Power	-	2,400.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
			Sub-Total >	8,400.00
			(Total of this page)	

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Account receivables	-	30,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **30,000.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Reception- 6 Chairs, 3 end tables, 1 table; Room 1 - 3 Chairs, 1 filing cabinet; Room 2 - 3 desk chairs, 1 Printer, 1 fax, 1 Copier; Room 3 - 3 Chairs, 1 Desk, 2 Filing cabinets, 1 Printer; Room 4 - 2 Chairs, 1 Desk, 1 Printer, Dining table + 4 Bar stools, Microwave, Fridge, 1 end table, 8 TVs, 20 Computers & a Sign	-	5,000.00
29. Machinery, fixtures, equipment, and supplies used in business.		All inventory, accounts, equipment, general intangibles	-	50,000.00
30. Inventory.		Anesthesia, filling material, gloves, gauze, syringes, blades	-	2,000.00
		Dental Instruments	-	2,000.00
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
			Sub-Total >	59,000.00
			(Total of this page)	

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A., Case No. _____
 Debtor

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **0.00**
 (Total of this page)
 Total > **97,400.00**

Sheet 3 of 3 continuation sheets attached
 to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/10)

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A., Case No. _____
 Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
 (Check one box)

- 11 U.S.C. §522(b)(2)
- 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$146,450. *(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.)*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
-------------------------	--------------------------------------	----------------------------	---

NONE.

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.,

Case No. _____

Debtor

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, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

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

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

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" 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" on the Statistical Summary of Certain Liabilities and Related Data.

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No.		Real Estate taxes					
Diane Nelson, Pinellas County Tax Collector PO Box 4005 Seminole, FL 33775-4005		Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)					
		Value \$ 500,000.00				20,500.00	20,500.00
Account No.		1st Mortgage					
Encore National Bank 7920 Summerlin Lakes Dr. Fort Myers, FL 33907	X	Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)					
		Value \$ 500,000.00				754,557.85	254,557.85
Account No.		Representing: Encore National Bank					
Encore National Bank 3003 Tamiami Trail, Ste. 100 Naples, FL 34103						Notice Only	
Account No. JBR		3rd Mortgage					
JBR Realty, LLC 25 Parkers Point Blvd. Saint Petersburg, FL 33706	X	Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)			X		
		Value \$ 500,000.00				133,081.81	133,081.81
Subtotal (Total of this page)						908,139.66	408,139.66

2 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No.									
FCI Lender Services PO Box 27370 Anaheim, CA 92809-0112								Notice Only	
Account No.									
JBR Realty, LLC 25 Parkers Point Blvd. Saint Petersburg, FL 33706	X					X			
							11,783.48	11,783.48	
Account No.									
FCI Lender Services PO Box 27370 Anaheim, CA 92809-0112								Notice Only	
Account No.									
Regions Bank PO Box 1984 Birmingham, AL 35201	X								
							99,176.38	99,176.38	
Account No. 9509									
Regions Bank PO Box 11407 Birmingham, AL 35246-0054	X								
							62,429.56	12,429.56	
Subtotal							173,389.42	123,389.42	
(Total of this page)									

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No.	X -						
SBA c/o Gulfcoast Business Fin 227 Second Avenue N. Saint Petersburg, FL 33701		2nd Mortgage Dental office located at 1950-1960 East Bay Drive, Largo, Florida 33771 (approximately 4200 square feet)					
		Value \$				538,159.14	538,159.14
Account No.							
US Small Business Admin c/o US Attorneys Office "Civil Process Clerk" 400 N. Tampa Street Tampa, FL 33602		Representing: SBA				Notice Only	
		Value \$					
Account No.							
US Small Business Admin c/o Dept of Justice, Tax Div PO Box 14198 Ben Franklin Station Washington, DC 20044		Representing: SBA				Notice Only	
		Value \$					
Account No.							
US Small Business Admin c/o US Attorney General 10th St. & Constitution Ave. Washington, DC 20530		Representing: SBA				Notice Only	
		Value \$					
Account No.							
		Value \$					
Subtotal (Total of this page)						538,159.14	538,159.14
Total (Report on Summary of Schedules)						1,619,688.22	1,069,688.22

Sheet 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

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

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

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

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

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

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "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).

 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).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Internal Revenue Service Special Procedures Staff 400 W. Bay St., Stop 5720 Jacksonville, FL 32202		-					19,000.00	0.00
Account No.								
Dept. of Justice, Tax Div PO Box 14198 Benjamin Franklin Station Washington, DC 20044							Notice Only	
Account No.								
Dept. of Labor & Security Hartman Building, Ste. 307 2012 Capital Circle S.E. Tallahassee, FL 32399-0648							Notice Only	
Account No.								
Internal Revenue Service Centralized Insolvency Op. PO Box 7346 Philadelphia, PA 19101-7346							Notice Only	
Account No.								
U.S. Attorney General 10th St.&Constitution Ave.NW Washington, DC 20530							Notice Only	
Subtotal							19,000.00	0.00
(Total of this page)							19,000.00	19,000.00

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/10) - Cont.

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
US Securities & Exchange Comm Atlanta Regional Office Reorganization Branch, 950 E Paces Ferry Rd, NE, Ste.900 Atlanta, GA 30326-1382			Representing: Internal Revenue Service				Notice Only	
Account No.								
Account No.								
Account No.								
Account No.								

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page) **0.00** **0.00**

Total
(Report on Summary of Schedules) **19,000.00** **19,000.00**

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.
Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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

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

Report 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 (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. 7-81006 American Express PO Box 650448 Dallas, TX 75265-0448							93,995.04
Account No. American Express c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355							Notice Only
Account No. American Express Business Finance Corporation 1851 E. First St., Ste. 450 Santa Ana, CA 92705							Notice Only
Account No. 0788 Capital One Bank (USA), NA PO Box 71083 Charlotte, NC 28272-1083							3,692.38
Subtotal (Total of this page)							97,687.42

1 continuation sheets attached

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A., Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Darby Dental Supply PO Box 26582 New York, NY 10087						5,054.74
Account No. Darby Dental Supply 4460 Holmes Road Memphis, TN 38118						Notice Only
Account No.						
Account No.						
Account No.						

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

Subtotal
 (Total of this page) **5,054.74**

Total
 (Report on Summary of Schedules) **102,742.16**

B6G (Official Form 6G) (12/07)

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A., Case No. _____
 Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

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

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Baytech Dental Labs 1960 E. Bay Dr. Largo, FL 33771	Month to month lease of space/\$1000.00 per month
San Michael Cosmetics, LLC 1960 E. Bay Dr. Largo, FL 33771	Month to month lease of space/\$1700.00 per month
TW Communications	Internet/voice service

B6H (Official Form 6H) (12/07)

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A. Case No. _____
 Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Hani Samuel Tadros 2184 Laurence Drive Clearwater, FL 33764 Guarantor	SBA c/o Gulfcoast Business Fin 227 Second Avenue N. Saint Petersburg, FL 33701
Hani Samuel Tadros 2184 Laurence Drive Clearwater, FL 33764	Regions Bank PO Box 11407 Birmingham, AL 35246-0054
Hani Samuel Tadros 2184 Laurence Drive Clearwater, FL 33764	JBR Realty, LLC 25 Parkers Point Blvd. Saint Petersburg, FL 33706
Hani Samuel Tadros 2184 Laurence Drive Clearwater, FL 33764	JBR Realty, LLC 25 Parkers Point Blvd. Saint Petersburg, FL 33706
Hani Samuel Tadros 2184 Laurence Drive Clearwater, FL 33764	Encore National Bank 7920 Summerlin Lakes Dr. Fort Myers, FL 33907
Suzanne J. Yassaoui 2184 Laurence Drive Clearwater, FL 33764	Regions Bank PO Box 11407 Birmingham, AL 35246-0054
Suzanne J. Yassaoui 2184 Laurence Drive Clearwater, FL 33764	Regions Bank PO Box 1984 Birmingham, AL 35201

0 continuation sheets attached to Schedule of Codebtors

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

In re **Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.**

Debtor(s)

Case No. _____

Chapter **11**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ **645,000.00**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ **70,000.00**

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ **13,818.00**4. Payroll Taxes **2,666.00**5. Unemployment Taxes **0.00**6. Worker's Compensation **0.00**7. Other Taxes **0.00**8. Inventory Purchases (Including raw materials) **2,500.00**9. Purchase of Feed/Fertilizer/Seed/Spray **0.00**10. Rent (Other than debtor's principal residence) **21,000.00**11. Utilities **1,181.00**12. Office Expenses and Supplies **300.00**13. Repairs and Maintenance **865.00**14. Vehicle Expenses **1,022.00**15. Travel and Entertainment **130.00**16. Equipment Rental and Leases **0.00**17. Legal/Accounting/Other Professional Fees **245.00**18. Insurance **1,400.00**19. Employee Benefits (e.g., pension, medical, etc.) **0.00**

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

TOTAL

21. Other (Specify):

DESCRIPTION

TOTAL

Advertising**148.00****Bank fees for terminals****744.00****Lab Fees****4,000.00****Independent Contractor****2,000.00****Dues****561.00****Patient refunds****900.00****Phone Service****565.00****Salary - Dr. Tadros****15,167.00**22. Total Monthly Expenses (Add items 3-21) \$ **69,212.00**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ **788.00**

B6 Declaration (Official Form 6 - Declaration). (12/07)

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

In re **Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.**
Debtor(s)

Case No. _____
Chapter **11**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **December 7, 2012**

Signature **/s/ Hani Samuel Tadros**
Hani Samuel Tadros
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.

B7 (Official Form 7) (12/12)

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.
Debtor(s)

Case No. _____
Chapter 11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

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

DEFINITIONS

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

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

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

AMOUNT	SOURCE
\$645,383.16	2012 - Estimated Gross receipts or sales
\$908,982.00	2011 - Gross receipts or sales
\$924,843.00	2010 - Gross receipts or sales

2. Income other than from employment or operation of business

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

AMOUNT	SOURCE
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3. Payments to creditors

None **Complete a. or b., as appropriate, and c.**

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

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
See attached		\$0.00	\$0.00

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

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

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

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
JBR Realty, LLC, vs. Hani S. Tadros, Et.Al., Case No.: 12-13919-CI-19	Circuit Civil - Complaint for Damages	6th Judicial Circuit in and for Pinellas County, Florida	Pending
Encore National Bank vs. Implant, General & Cosmetic Dentistry of Tampa Bay, PA	Circuit Civil - Foreclosure	6th Judicial Circuit in and for Pinellas County, Florida	Pending

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

5. Repossessions, foreclosures and returns

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

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

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

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

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

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

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

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

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

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

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Buddy D. Ford, P.A. 115 N. MacDill Ave. Tampa, FL 33609	11/28/12 - \$15,000	\$13,787.00 retainer + \$1,213.00 filing fee. Additional fees and/or costs after depletion of the retain, if any, shall be applied for

10. Other transfers

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

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

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

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Regions Bank TriCity Plaza Office 5200 East Bay Drive Clearwater, FL 33764	Advantage Business Checking Account, Acct #xxx9168	\$32.50 - 10/2012

12. Safe deposit boxes

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

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

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

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

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

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

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

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

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

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

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

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

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

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

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

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

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

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

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

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

19. Books, records and financial statements

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

NAME AND ADDRESS	DATES SERVICES RENDERED
Daniel F. Johnson, CPA 31940 U.S. Hwy 19 North Palm Harbor, FL 34684	2006 to present
Suzanne J. Yassaoui 2184 Laurence Drive Clearwater, FL 33764	08/23/2006 (Incorporation) to present

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

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

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

NAME AND ADDRESS

DATE ISSUED

20. Inventories

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

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21. Current Partners, Officers, Directors and Shareholders

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

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

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Hani Samuel Tadros 2184 Laurence Drive Clearwater, FL 33764	President/Director/Sole Shareholder	100%

22. Former partners, officers, directors and shareholders

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

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

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distributions by a corporation

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

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Hani Samuel Tadros 2184 Laurence Drive Clearwater, FL 33764 Officer / Shareholder	Bi-Weekly - Salary plus Draws & Reimbursements	\$7,000 gross bi-weekly [Year-to-date = Est. \$72,471.37]
Suzanne J. Yassaoui Insider / Employee	Bi-weekly - Salary	\$1,000.00 gross bi-weekly [Year-to-date = Est. \$24,000]

24. Tax Consolidation Group.

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

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

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

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

B 7 (12/12)

9

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date December 7, 2012

Signature /s/ Hani Samuel Tadros
Hani Samuel Tadros
President

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

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

3:50 PM

12/08/12

IGCD
Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Check		9/4/2012	CSA		REGIONS	
				CSA		-1,719.30
				Interest Expense		-1,338.53
				Interest Expense		-289.58
				Interest Expense		-46.33
TOTAL						-3,393.74
Check		9/5/2012	First Professional...		REGIONS	
				Malpractice Insurance		-1,133.00
TOTAL						-1,133.00
Check		9/5/2012	TW TELECOM		REGIONS	
				Telephone		-565.00
TOTAL						-565.00
Check		9/5/2012	Visa & Mastercard		REGIONS	
				Bank Service Charg...		-339.32
TOTAL						-339.32
Check		9/7/2012	PATTERSON DEN...		REGIONS	
				DENTAL MATERIA...		-119.01
TOTAL						-119.01
Check		9/10/2012			REGIONS	
				Bank Service Charg...		-38.00
TOTAL						-38.00
Check		9/12/2012	REGIONS LOAN		REGIONS	
				Finance Charge		-554.15
				REGIONS BANK		-9,047.01
TOTAL						-9,601.16
Check		9/17/2012	New York Life		REGIONS	
				Life Ins.		-505.54
TOTAL						-505.54
Check		9/17/2012	HARTFORD		REGIONS	
				Insurance		-789.99
TOTAL						-789.99
Check		9/18/2012	AMERICAN EXPR...		REGIONS	
				AM/X BUSINESS		-1,881.00
TOTAL						-1,881.00

3:50 PM

12/08/12

IGCD
Check Detail

September 1 through December 1, 2012

<u>Type</u>	<u>Num</u>	<u>Date</u>	<u>Name</u>	<u>Item</u>	<u>Account</u>	<u>Paid Amount</u>
Check		9/18/2012	CAPITAL ONE BK(...		REGIONS	
					CAPITAL ONE	-100.00
TOTAL						-100.00
Check		9/18/2012	Progress Energy F...		REGIONS	
					Subs Distribution/S...	-765.96
TOTAL						-765.96
Check		9/19/2012	Progress Energy F...		REGIONS	
					Gas and Electric	-1,066.44
TOTAL						-1,066.44
Check		9/24/2012	AMERICAN EXPR...		REGIONS	
					DENTAL MATERIA...	-464.00
TOTAL						-464.00
Check		9/24/2012	Regions		REGIONS	
					Regions Bank 2	-200.00
TOTAL						-200.00
Check		9/26/2012	BMW		REGIONS	
					AUTO/S	-1,022.47
TOTAL						-1,022.47
Check		9/26/2012	AMERICAN HONDA		REGIONS	
					Subs Distribution/S...	-672.29
TOTAL						-672.29
Check		9/26/2012	Amex		REGIONS	
					Bank Service Charg...	-7.95
TOTAL						-7.95
Check		9/27/2012	REGIONS LINE		REGIONS	
					Finance Charge	-424.00
TOTAL						-424.00
Check		9/28/2012	Amex		REGIONS	
					Bank Service Charg...	-100.72
TOTAL						-100.72

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Check		10/1/2012	CSA		REGIONS	
				CSA		-1,719.30
				Interest Expense		-1,338.53
				Interest Expense		-289.58
				Interest Expense		-46.33
TOTAL						-3,393.74
Check		10/1/2012	INTUIT		REGIONS	
				Office Supplies		-304.92
TOTAL						-304.92
Check		10/2/2012	TW TELECOM		Regions Bank 2	
				Telephone		-565.00
TOTAL						-565.00
Check		10/2/2012	AUDI FINANCIAL S...		Regions Bank 2	
				Subs Distribution/S...		-690.00
TOTAL						-690.00
Check		10/2/2012	Visa & Mastercard		REGIONS	
				Bank Service Charg...		-451.04
TOTAL						-451.04
Check		10/2/2012			REGIONS	
				Bank Service Charg...		-72.00
TOTAL						-72.00
Check		10/2/2012	Regions		Regions Bank 2	
				REGIONS		-1,200.00
TOTAL						-1,200.00
Check		10/2/2012			REGIONS	
				Bank Service Charg...		-72.00
TOTAL						-72.00
Check		10/4/2012	AAID		Regions Bank 2	
				Dues and Subscript...		-1,195.00
TOTAL						-1,195.00
Check		10/4/2012	AMERICAN EXPR...		REGIONS	
				AM/X BUSINESS		-350.00
TOTAL						-350.00

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Check		10/5/2012	Regions		REGIONS	
					Regions Bank 2	-2,000.00
TOTAL						-2,000.00
Check		10/10/2012			REGIONS	
					Bank Service Charg...	-38.00
TOTAL						-38.00
Check		10/10/2012	Harris Auto		Regions Bank 2	
					Subs Distribution/S...	-484.00
TOTAL						-484.00
Check		10/15/2012	New York Life		REGIONS	
					Life Ins.	-505.54
TOTAL						-505.54
Check		10/15/2012	HARTFORD		REGIONS	
					Insurance	-789.99
TOTAL						-789.99
Check		10/17/2012	Progress Energy F...		Regions Bank 2	
					Gas and Electric	-1,227.68
TOTAL						-1,227.68
Check		10/17/2012	PATTERSON DEN...		REGIONS	
					DENTAL MATERIA...	-100.76
TOTAL						-100.76
Check		10/18/2012	CAPITAL ONE BK(...		Regions Bank 2	
					CAPITAL ONE	-100.00
TOTAL						-100.00
Check		10/18/2012	AMERICAN EXPR...		Regions Bank 2	
					AM/X BUSINESS	-1,551.00
TOTAL						-1,551.00
Check		10/19/2012	Progress Energy F...		Regions Bank 2	
					Gas and Electric	-723.00
TOTAL						-723.00
Check		10/23/2012	BMW		Regions Bank 2	
					AUTO/S	-1,023.00
TOTAL						-1,023.00

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Check Detail

September 1 through December 1, 2012

<u>Type</u>	<u>Num</u>	<u>Date</u>	<u>Name</u>	<u>Item</u>	<u>Account</u>	<u>Paid Amount</u>
Check		10/23/2012	AMERICAN EXPR...		Regions Bank 2	
					DENTAL MATERIA...	-305.00
TOTAL						-305.00
Check		10/25/2012	PURCHASE POWER		Regions Bank 2	
					Postage and Delivery	-151.28
TOTAL						-151.28
Check		10/30/2012	AUDI FINANCIAL S...		Regions Bank 2	
					Subs Distribution/S...	-690.00
TOTAL						-690.00
Check		10/30/2012	AMERICAN HONDA		Regions Bank 2	
					Subs Distribution/S...	-680.00
TOTAL						-680.00
Check		10/30/2012	Harris Auto		Regions Bank 2	
					Subs Distribution/S...	-484.00
TOTAL						-484.00
Check		10/31/2012	PATTERSON DEN...		Regions Bank 2	
					DENTAL MATERIA...	-1,463.68
TOTAL						-1,463.68
Check		11/10/2012	Universal property...		Regions Bank 2	
					Subs Distribution/S...	-1,108.97
TOTAL						-1,108.97
Check		11/19/2012	BMW		Regions Bank 2	
					AUTO/S	-1,023.00
TOTAL						-1,023.00
Check		11/19/2012	AMERICAN HONDA		Regions Bank 2	
					Subs Distribution/S...	-680.00
TOTAL						-680.00
Check		11/22/2012	HARTFORD		Regions Bank 2	
					Insurance	-789.99
TOTAL						-789.99
Check		11/26/2012	Universal property...		Regions Bank 2	
					Subs Distribution/S...	-232.00
TOTAL						-232.00

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Check		11/28/2012	AUDI FINANCIAL S...		Regions Bank 2	
					Subs Distribution/S...	-690.00
TOTAL						-690.00
Check		11/28/2012	Harris Auto		Regions Bank 2	
					Subs Distribution/S...	-484.00
TOTAL						-484.00
Bill Pmt -Check	auto	9/20/2012	HENRY SCHEIN,IN...		REGIONS	
Bill	2859...	8/15/2011			DENTAL MATERIA...	-500.00
TOTAL						-500.00
Bill Pmt -Check	online	10/31/2012	TW TELECOM		Regions Bank 2	
Bill		9/20/2012			Telephone	-564.85
Bill		10/31/2012			Telephone	-7.43
TOTAL						-572.28
Liability Check	online	11/13/2012	United States Trea...		Regions Bank 2	
					Payroll Liabilities	-3,606.00
					Payroll Liabilities	-591.48
					Payroll Liabilities	-591.48
					Payroll Liabilities	-2,529.12
					Payroll Liabilities	-1,713.26
					Penalty	-1,963.15
TOTAL						-10,994.49
Check	online	11/16/2012	Progress Energy F...		Regions Bank 2	
					Gas and Electric	-1,109.13
TOTAL						-1,109.13
Bill Pmt -Check	phone	9/25/2012	Den-Mat Holding		REGIONS	
Bill	864994	5/2/2012			Laboratory Fees	-499.99
Bill	930330	6/5/2012			Laboratory Fees	-514.99
Bill		9/25/2012			Laboratory Fees	-29.98
TOTAL						-1,044.96
Check	0	10/4/2012	David Schrader		Regions Bank 2	
					ATTORNEY	-1,000.00
TOTAL						-1,000.00
Bill Pmt -Check	475	10/29/2012	DANIEL F. JOHNS...		Regions Bank 2	
Bill		7/31/2012			Accounting	-475.00
TOTAL						-475.00

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	1000	9/28/2012	Elaina Mc Duffie		Regions Bank 2	
					Payroll Expenses	-972.07
					Payroll Expenses	-36.00
					Payroll Liabilities	78.00
					Payroll Expenses	-62.50
					Payroll Liabilities	62.50
					Payroll Liabilities	42.34
					Payroll Expenses	-14.62
					Payroll Liabilities	14.62
					Payroll Liabilities	14.62
TOTAL						-873.11
Paycheck	1001	9/28/2012	Jennifer N William...		Regions Bank 2	
					Payroll Expenses	-126.75
					Payroll Expenses	-7.85
					Payroll Liabilities	7.85
					Payroll Liabilities	5.32
					Payroll Expenses	-1.84
					Payroll Liabilities	1.84
					Payroll Liabilities	1.84
					Payroll Expenses	-0.76
					Payroll Liabilities	0.76
TOTAL						-119.59
Paycheck	1002	9/28/2012	Karen E Gruber		Regions Bank 2	
					Payroll Expenses	-844.67
					Payroll Liabilities	53.00
					Payroll Expenses	-52.37
					Payroll Liabilities	52.37
					Payroll Liabilities	35.47
					Payroll Expenses	-12.25
					Payroll Liabilities	12.25
					Payroll Liabilities	12.25
TOTAL						-743.95
Paycheck	1003	9/28/2012	Kimberly Brown		Regions Bank 2	
					Payroll Expenses	-1,131.35
					Payroll Expenses	-36.00
					Payroll Liabilities	95.00
					Payroll Expenses	-72.37
					Payroll Liabilities	72.37
					Payroll Liabilities	49.03
					Payroll Expenses	-16.92
					Payroll Liabilities	16.92
					Payroll Liabilities	16.92
TOTAL						-1,006.40

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	1004	9/28/2012	Moira A Shaffer		Regions Bank 2	
				Payroll Expenses		-1,360.00
				Payroll Expenses		-32.30
				Payroll Expenses		-36.00
				Payroll Liabilities		185.00
				Payroll Expenses		-88.55
				Payroll Liabilities		88.55
				Payroll Liabilities		59.98
				Payroll Expenses		-20.71
				Payroll Liabilities		20.71
				Payroll Liabilities		20.71
TOTAL						-1,162.61
Paycheck	1005	9/28/2012	Suzanne Yassaoui		Regions Bank 2	
				Payroll Expenses		-1,000.00
				Payroll Liabilities		70.00
				Payroll Expenses		-62.00
				Payroll Liabilities		62.00
				Payroll Liabilities		42.00
				Payroll Expenses		-14.50
				Payroll Liabilities		14.50
				Payroll Liabilities		14.50
TOTAL						-873.50
Check	1006	9/28/2012	TERESA BIRNEY, ...		Regions Bank 2	
				Independent Contra...		-300.00
TOTAL						-300.00
Bill Pmt -Check	1007	9/27/2012	BAYTEK DENTAL ...		Regions Bank 2	
Bill		8/20/2012		Laboratory Fees		-2,799.00
TOTAL						-2,799.00
Check	1013	10/10/2012	CITY OF LARGO		Regions Bank 2	
				Dues and Subscript...		-25.00
TOTAL						-25.00
Check	1014	10/10/2012	Bank Of America		Regions Bank 2	
				BANK OF AMERIC...		-226.00
TOTAL						-226.00
Check	1015	10/10/2012	Hani S Tadros		Regions Bank 2	
				Subs Distribution/S...		-1,000.00
TOTAL						-1,000.00

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Check Detail

September 1 through December 1, 2012

<u>Type</u>	<u>Num</u>	<u>Date</u>	<u>Name</u>	<u>Item</u>	<u>Account</u>	<u>Paid Amount</u>
Paycheck	1016	10/12/2012	Elaina Mc Duffie		Regions Bank 2	
				Payroll Expenses		-943.37
				Payroll Expenses		-36.00
				Payroll Liabilities		74.00
				Payroll Expenses		-60.72
				Payroll Liabilities		60.72
				Payroll Liabilities		41.13
				Payroll Expenses		-14.20
				Payroll Liabilities		14.20
				Payroll Liabilities		14.20
TOTAL						-850.04
Paycheck	1017	10/12/2012	Karen E Gruber		Regions Bank 2	
				Payroll Expenses		-625.80
				Payroll Liabilities		31.00
				Payroll Expenses		-38.80
				Payroll Liabilities		38.80
				Payroll Liabilities		26.29
				Payroll Expenses		-9.07
				Payroll Liabilities		9.07
				Payroll Liabilities		9.07
TOTAL						-559.44
Paycheck	1018	10/12/2012	Kimberly Brown		Regions Bank 2	
				Payroll Expenses		-1,080.92
				Payroll Expenses		-36.00
				Payroll Liabilities		87.00
				Payroll Expenses		-69.25
				Payroll Liabilities		69.25
				Payroll Liabilities		46.91
				Payroll Expenses		-16.20
				Payroll Liabilities		16.20
				Payroll Liabilities		16.20
TOTAL						-966.81
Paycheck	1019	10/12/2012	Maira A Shaffer		Regions Bank 2	
				Payroll Expenses		-1,360.00
				Payroll Expenses		-19.97
				Payroll Expenses		-36.00
				Payroll Liabilities		183.00
				Payroll Expenses		-87.79
				Payroll Liabilities		87.79
				Payroll Liabilities		59.47
				Payroll Expenses		-20.53
				Payroll Liabilities		20.53
				Payroll Liabilities		20.53
TOTAL						-1,152.97

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	1020	10/12/2012	Suzanne Yassaoui		Regions Bank 2	
					Payroll Expenses	-1,000.00
					Payroll Liabilities	70.00
					Payroll Expenses	-62.00
					Payroll Liabilities	62.00
					Payroll Liabilities	42.00
					Payroll Expenses	-14.50
					Payroll Liabilities	14.50
					Payroll Liabilities	14.50
TOTAL						-873.50
Check	1021	10/12/2012	TERESA BIRNEY, ...		Regions Bank 2	
					Independent Contra...	-300.00
TOTAL						-300.00
Check	1022	10/11/2012	SUNCOAST DENT...		Regions Bank 2	
					IMPLANTS	-1,647.00
TOTAL						-1,647.00
Check	1023	10/11/2012	Albert J. Fontaine,...		Regions Bank 2	
					Independent Contra...	-307.29
TOTAL						-307.29
Check	1024	10/11/2012	Dilandayshe Islami		Regions Bank 2	
					Cleaning Service	-240.00
TOTAL						-240.00
Bill Pmt -Check	1025	10/15/2012	David Swingle La...		Regions Bank 2	
Bill		5/1/2012			Lawn Care	-150.00
Bill	5193	5/1/2012			Lawn Care	-150.00
TOTAL						-300.00
Bill Pmt -Check	1026	10/15/2012	ORTHO TECHNOL...		Regions Bank 2	
Bill		7/1/2012			ORTHO	-400.41
TOTAL						-400.41
Bill Pmt -Check	1027	10/15/2012	Steiner Laboratories		Regions Bank 2	
Bill	1777	3/14/2012			DENTAL MATERIA...	-170.00
Bill	1804	4/10/2012			DENTAL MATERIA...	-170.00
Bill	1822	4/27/2012			DENTAL MATERIA...	-37.50
TOTAL						-377.50
Bill Pmt -Check	1028	10/15/2012	BAY AREA MEDIC...		Regions Bank 2	
Bill		10/15/2012			Telephone	-65.58
TOTAL						-65.58

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Bill Pmt -Check	1029	10/15/2012	PINELLAS CRISIS ...		Regions Bank 2	
Bill		10/15/2012			MAINTANANCE	-202.23
TOTAL						-202.23
Bill Pmt -Check	1030	10/15/2012	Spectrio		Regions Bank 2	
Bill		10/15/2012			Dues and Subscript...	-51.36
TOTAL						-51.36
Bill Pmt -Check	1031	10/15/2012	MSA GROUP		Regions Bank 2	
Bill		5/2/2012			Liability Insurance	-620.30
TOTAL						-620.30
Bill Pmt -Check	1032	10/15/2012	WM WASTE MANA...		Regions Bank 2	
Bill		10/15/2012			MAINTANANCE	-36.25
TOTAL						-36.25
Check	1033	10/15/2012	P & R SECURITY S...		Regions Bank 2	
					MAINTANANCE	-60.99
TOTAL						-60.99
Check	1034	10/17/2012	REGIONS LINE		Regions Bank 2	
					REGIONS LN 2	-420.00
TOTAL						-420.00
Check	1035	10/17/2012	Regions		Regions Bank 2	
					REGIONS LN 2	-871.00
TOTAL						-871.00
Check	1036	10/17/2012	Bank Of America ...		Regions Bank 2	
					Bank of America, N...	-300.00
TOTAL						-300.00
Bill Pmt -Check	1037	10/22/2012	AIRGAS		Regions Bank 2	
Bill		9/6/2012			Gas and Electric	-39.11
Bill		9/30/2012			Gas and Electric	-199.69
TOTAL						-238.80
Bill Pmt -Check	1038	10/22/2012	FLORIDA DEPART...		Regions Bank 2	
Bill		10/22/2012			Dues and Subscript...	-97.00
TOTAL						-97.00
Bill Pmt -Check	1039	10/22/2012	Pinellas County H...		Regions Bank 2	
Bill		10/22/2012			Licenses and Permits	-85.00
TOTAL						-85.00

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Bill Pmt -Check	1040	10/22/2012	Zephyrhills		Regions Bank 2	
Bill		8/26/2012			Office Supplies	-15.00
Bill		10/22/2012			Office Supplies	-65.71
TOTAL						-80.71
Bill Pmt -Check	1041	10/22/2012	COMMUNITY BLO...		Regions Bank 2	
Bill	10251...	5/24/2012			BONE	-290.00
TOTAL						-290.00
Bill Pmt -Check	1042	10/22/2012	CINTAS DOCUME...		Regions Bank 2	
Bill		8/31/2012			Dues and Subscript...	-37.45
TOTAL						-37.45
Bill Pmt -Check	1043	10/22/2012	MICHAELANGELO...		Regions Bank 2	
Bill		9/6/2012			ORTHO	-76.00
					ORTHO	-95.00
					ORTHO	-76.00
TOTAL						-247.00
Check	1044	10/22/2012	REGIONS LINE		Regions Bank 2	
					REGIONS BANK LI...	-420.00
TOTAL						-420.00
Bill Pmt -Check	1046	10/22/2012	BIOMET 3 I		Regions Bank 2	
Bill		10/22/2012			IMPLANTS	-196.34
TOTAL						-196.34
Check	1047	10/22/2012	CITY OF LARGO		Regions Bank 2	
					Dues and Subscript...	-170.50
TOTAL						-170.50
Check	1048	10/24/2012	Hani S Tadros		Regions Bank 2	
					Subs Distribution/S...	-500.00
TOTAL						-500.00
Paycheck	1049	10/26/2012	Elaina Mc Duffie		Regions Bank 2	
					Payroll Expenses	-1,060.03
					Payroll Expenses	-36.00
					Payroll Liabilities	91.00
					Payroll Expenses	-67.95
					Payroll Liabilities	67.95
					Payroll Liabilities	46.04
					Payroll Expenses	-15.90
					Payroll Liabilities	15.90
					Payroll Liabilities	15.90
TOTAL						-943.09

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	1050	10/26/2012	Jennifer N William...		Regions Bank 2	
					Payroll Expenses	-152.25
					Payroll Expenses	-9.44
					Payroll Liabilities	9.44
					Payroll Liabilities	6.39
					Payroll Expenses	-2.21
					Payroll Liabilities	2.21
					Payroll Liabilities	2.21
					Payroll Expenses	-0.91
					Payroll Liabilities	0.91
TOTAL						-143.65
Paycheck	1051	10/26/2012	Karen E Gruber		Regions Bank 2	
					Payroll Expenses	-918.87
					Payroll Liabilities	61.00
					Payroll Expenses	-56.97
					Payroll Liabilities	56.97
					Payroll Liabilities	38.59
					Payroll Expenses	-13.32
					Payroll Liabilities	13.32
					Payroll Liabilities	13.32
				TOTAL		
Paycheck	1052	10/26/2012	Kimberly Brown		Regions Bank 2	
					Payroll Expenses	-1,307.02
					Payroll Expenses	-36.00
					Payroll Liabilities	121.00
					Payroll Expenses	-83.27
					Payroll Liabilities	83.27
					Payroll Liabilities	56.41
					Payroll Expenses	-19.47
					Payroll Liabilities	19.47
					Payroll Liabilities	19.47
TOTAL						-1,146.14
Paycheck	1053	10/26/2012	Maira A Shaffer		Regions Bank 2	
					Payroll Expenses	-654.78
					Payroll Expenses	-680.00
					Payroll Expenses	-36.00
					Payroll Liabilities	176.00
					Payroll Expenses	-84.99
					Payroll Liabilities	84.99
					Payroll Liabilities	57.58
					Payroll Expenses	-19.87
					Payroll Liabilities	19.87
	Payroll Liabilities	19.87				
TOTAL						-1,117.33

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Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	1054	10/26/2012	Suzanne Yassaoui		Regions Bank 2	
					Payroll Expenses	-1,000.00
					Payroll Liabilities	70.00
					Payroll Expenses	-62.00
					Payroll Liabilities	62.00
					Payroll Liabilities	42.00
					Payroll Expenses	-14.50
					Payroll Liabilities	14.50
					Payroll Liabilities	14.50
TOTAL						-873.50
Check	1055	10/25/2012	TERESA BIRNEY, ...		Regions Bank 2	
					Independent Contra...	-300.00
TOTAL						-300.00
Bill Pmt -Check	1056	10/25/2012	MICHAELANGELO...		Regions Bank 2	
Bill		10/22/2012			ORTHO	-60.00
					ORTHO	-104.00
TOTAL						-164.00
Check	1057	10/25/2012	MR. SHAKER YOU...		Regions Bank 2	
					MR. SHAKER YOU...	-1,250.00
TOTAL						-1,250.00
Check	1058	10/25/2012	KNIGHT DENTAL ...		Regions Bank 2	
					Laboratory Fees	-125.00
TOTAL						-125.00
Check	1059	10/27/2012	MIKE MIKHAIL		Regions Bank 2	
					Miscellaneous	-1,000.00
TOTAL						-1,000.00
Check	1061	10/31/2012	FLORIDA DEPART...		Regions Bank 2	
					Taxes	-8.21
TOTAL						-8.21
Bill Pmt -Check	1062	10/31/2012	BAYTEK DENTAL ...		Regions Bank 2	
Bill		9/24/2012			Laboratory Fees	-1,964.00
TOTAL						-1,964.00
Check	1063	10/31/2012	SEVEN LINES		Regions Bank 2	
					ADVERTISING	-80.95
TOTAL						-80.95

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Check Detail
September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Check	1064	10/31/2012	KNIGHT DENTAL ...		Regions Bank 2	
					Laboratory Fees	-245.16
TOTAL						-245.16
Bill Pmt -Check	1065	11/7/2012	ALIGN TECHNOLO...		Regions Bank 2	
Bill		6/22/2012			ORTHO	-1,549.00
TOTAL						-1,549.00
Bill Pmt -Check	1066	11/7/2012	ALIGN TECHNOLO...		Regions Bank 2	
Bill		11/7/2012			ORTHO	-65.00
TOTAL						-65.00
Check	1067	11/5/2012	Sami Riad		Regions Bank 2	
					ADVERTISING	-300.00
TOTAL						-300.00
Check	1068	11/5/2012	KNIGHT DENTAL ...		Regions Bank 2	
					Laboratory Fees	-177.73
TOTAL						-177.73
Bill Pmt -Check	1069	11/1/2012	BAY AREA MEDIC...		Regions Bank 2	
Bill		10/22/2012			Telephone	-31.62
TOTAL						-31.62
Bill Pmt -Check	1070	11/1/2012	Spectrio		Regions Bank 2	
Bill		10/22/2012			Dues and Subscript...	-51.36
TOTAL						-51.36
Check	1071	11/5/2012	Bank Of America		Regions Bank 2	
					BANK OF AMERIC...	-250.00
TOTAL						-250.00
Check	1072	11/12/2012	Dilandayshe Islami		Regions Bank 2	
					Cleaning Service	-720.00
TOTAL						-720.00
Check	1073	11/14/2012	Albert J. Fontaine,...		Regions Bank 2	
					Independent Contra...	-699.42
TOTAL						-699.42
Check	1074	11/14/2012	Albert J. Fontaine,...		Regions Bank 2	
					Independent Contra...	-534.10
TOTAL						-534.10

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IGCD
Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	1075	11/9/2012	Elaina Mc Duffie		Regions Bank 2	
					Payroll Expenses	-872.20
					Payroll Expenses	-112.00
					Payroll Expenses	-36.00
					Payroll Liabilities	80.00
					Payroll Expenses	-63.25
					Payroll Liabilities	63.25
					Payroll Liabilities	42.84
					Payroll Expenses	-14.79
					Payroll Liabilities	14.79
					Payroll Liabilities	14.79
TOTAL						-882.57
Paycheck	1076	11/9/2012	Karen E Gruber		Regions Bank 2	
					Payroll Expenses	-456.87
					Payroll Liabilities	15.00
					Payroll Expenses	-28.32
					Payroll Liabilities	28.32
					Payroll Liabilities	19.19
					Payroll Expenses	-6.63
					Payroll Liabilities	6.63
					Payroll Liabilities	6.63
					Payroll Liabilities	6.63
				TOTAL		
Paycheck	1077	11/9/2012	Kimberly Brown		Regions Bank 2	
					Payroll Expenses	-1,204.73
					Payroll Expenses	-36.00
					Payroll Liabilities	106.00
					Payroll Expenses	-76.92
					Payroll Liabilities	76.92
					Payroll Liabilities	52.11
					Payroll Expenses	-17.99
					Payroll Liabilities	17.99
					Payroll Liabilities	17.99
				TOTAL		
Paycheck	1078	11/9/2012	Moir A Shaffer		Regions Bank 2	
					Payroll Expenses	-1,360.00
					Payroll Expenses	-29.33
					Payroll Expenses	-36.00
					Payroll Liabilities	185.00
					Payroll Expenses	-88.37
					Payroll Liabilities	88.37
					Payroll Liabilities	59.86
					Payroll Expenses	-20.67
					Payroll Liabilities	20.67
					Payroll Liabilities	20.67
TOTAL						-1,159.80

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IGCD
Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	1079	11/9/2012	Suzanne Yassaoui		Regions Bank 2	
					Payroll Expenses	-1,000.00
					Payroll Liabilities	70.00
					Payroll Expenses	-62.00
					Payroll Liabilities	62.00
					Payroll Liabilities	42.00
					Payroll Expenses	-14.50
					Payroll Liabilities	14.50
					Payroll Liabilities	14.50
TOTAL						-873.50
Check	1080	11/9/2012	TERESA BIRNEY, ...		Regions Bank 2	
					Independent Contra...	-300.00
TOTAL						-300.00
Paycheck	1083	11/23/2012	Jennifer N William...		Regions Bank 2	
					Payroll Expenses	-107.75
					Payroll Expenses	-6.68
					Payroll Liabilities	6.68
					Payroll Liabilities	4.53
					Payroll Expenses	-1.56
					Payroll Liabilities	1.56
					Payroll Liabilities	1.56
					Payroll Expenses	-0.65
					Payroll Liabilities	0.65
TOTAL						-101.66
Paycheck	1084	11/23/2012	Karen E Gruber		Regions Bank 2	
					Payroll Expenses	-950.13
					Payroll Liabilities	64.00
					Payroll Expenses	-58.91
					Payroll Liabilities	58.91
					Payroll Liabilities	39.90
					Payroll Expenses	-13.77
					Payroll Liabilities	13.77
					Payroll Liabilities	13.77
TOTAL						-832.46
Paycheck	1085	11/23/2012	Kimberly Brown		Regions Bank 2	
					Payroll Expenses	-1,090.55
					Payroll Expenses	-36.00
					Payroll Liabilities	89.00
					Payroll Expenses	-69.85
					Payroll Liabilities	69.85
					Payroll Liabilities	47.31
					Payroll Expenses	-16.34
					Payroll Liabilities	16.34
					Payroll Liabilities	16.34
TOTAL						-973.90

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IGCD
Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	1086	11/23/2012	Moira A Shaffer		Regions Bank 2	
					Payroll Expenses	-1,360.00
					Payroll Expenses	-2.98
					Payroll Expenses	-36.00
					Payroll Liabilities	181.00
					Payroll Expenses	-86.74
					Payroll Liabilities	86.74
					Payroll Liabilities	58.76
					Payroll Expenses	-20.29
					Payroll Liabilities	20.29
					Payroll Liabilities	20.29
TOTAL						-1,138.93
Paycheck	1087	11/23/2012	Suzanne Yassaoui		Regions Bank 2	
					Payroll Expenses	-1,000.00
					Payroll Liabilities	70.00
					Payroll Expenses	-62.00
					Payroll Liabilities	62.00
					Payroll Liabilities	42.00
					Payroll Expenses	-14.50
					Payroll Liabilities	14.50
					Payroll Liabilities	14.50
TOTAL						-873.50
Paycheck	1088	11/21/2012	Elaina Mc Duffie		Regions Bank 2	
					Payroll Expenses	-903.23
					Payroll Expenses	-36.00
					Payroll Liabilities	68.00
					Payroll Expenses	-58.24
					Payroll Liabilities	58.24
					Payroll Liabilities	39.45
					Payroll Expenses	-13.62
					Payroll Liabilities	13.62
					Payroll Liabilities	13.62
TOTAL						-818.16
Check	1089	11/23/2012	TERESA BIRNEY, ...		Regions Bank 2	
					Independent Contra...	-300.00
TOTAL						-300.00
Check	1090	11/26/2012	MR. SHAKER YOU...		Regions Bank 2	
					MR. SHAKER YOU...	-1,250.00
TOTAL						-1,250.00
Bill Pmt -Check	1091	11/26/2012	PINELLAS CRISIS ...		Regions Bank 2	
Bill		10/25/2012			MAINTANANCE	-144.90
TOTAL						-144.90
Bill Pmt -Check	1092	11/26/2012	AIRGAS		Regions Bank 2	
Bill		10/31/2012			Gas and Electric	-25.00
TOTAL						-25.00

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IGCD
Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Bill Pmt -Check	1093	11/26/2012	BAY AREA MEDIC...		Regions Bank 2	
Bill		11/13/2012			Telephone	-29.76
TOTAL						-29.76
Bill Pmt -Check	1094	11/26/2012	CINTAS DOCUME...		Regions Bank 2	
Bill		11/9/2012			Dues and Subscript...	-37.45
TOTAL						-37.45
Bill Pmt -Check	1095	11/26/2012	MICHAELANGELO...		Regions Bank 2	
Bill		10/31/2012			ORTHO	-257.00
TOTAL						-257.00
Bill Pmt -Check	1096	11/26/2012	Spectrio		Regions Bank 2	
Bill		11/26/2012			Dues and Subscript...	-51.36
TOTAL						-51.36
Bill Pmt -Check	1097	11/26/2012	Steiner Laboratories		Regions Bank 2	
Bill	1822	4/27/2012			DENTAL MATERIA...	-207.50
Bill	1851	6/4/2012			DENTAL MATERIA...	-170.00
TOTAL						-377.50
Bill Pmt -Check	1098	11/26/2012	WM WASTE MANA...		Regions Bank 2	
Bill		11/1/2012			MAINTANANCE	-41.32
TOTAL						-41.32
Bill Pmt -Check	1099	11/26/2012	MSA GROUP		Regions Bank 2	
Bill		5/2/2012			Liability Insurance	-508.10
Bill		11/26/2012			Liability Insurance	-112.20
TOTAL						-620.30
Bill Pmt -Check	1104	11/30/2012	BAYTEK DENTAL ...		Regions Bank 2	
Bill		11/1/2012			Laboratory Fees	-2,045.00
TOTAL						-2,045.00
Check	2463	10/20/2012	DR. LARRY DUFFY		REGIONS	
TOTAL						0.00
Bill Pmt -Check	2522	9/6/2012	BAYTEK DENTAL ...		REGIONS	
Bill		9/6/2012			Laboratory Fees	-2,183.00
TOTAL						-2,183.00
Check	2523	9/7/2012	Hani S Tadros		REGIONS	
					Subs Distribution/S...	-1,500.00
TOTAL						-1,500.00

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IGCD
Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	2524	9/14/2012	Elaina Mc Duffie		REGIONS	
					Payroll Expenses	-807.57
					Payroll Expenses	-112.00
					Payroll Expenses	-36.00
					Payroll Liabilities	70.00
					Payroll Expenses	-59.25
					Payroll Liabilities	59.25
					Payroll Liabilities	40.13
					Payroll Expenses	-13.85
					Payroll Liabilities	13.85
					Payroll Liabilities	13.85
TOTAL						-831.59
Paycheck	2525	9/14/2012	Jennifer N William...		REGIONS	
					Payroll Expenses	-8.50
					Payroll Expenses	-0.53
					Payroll Liabilities	0.53
					Payroll Liabilities	0.36
					Payroll Expenses	-0.12
					Payroll Liabilities	0.12
					Payroll Liabilities	0.12
					Payroll Expenses	-0.05
					Payroll Liabilities	0.05
TOTAL						-8.02
Paycheck	2526	9/14/2012	Karen E Gruber		REGIONS	
					Payroll Expenses	-721.00
					Payroll Liabilities	41.00
					Payroll Expenses	-44.70
					Payroll Liabilities	44.70
					Payroll Liabilities	30.29
					Payroll Expenses	-10.46
					Payroll Liabilities	10.46
					Payroll Liabilities	10.46
TOTAL						-639.25
Paycheck	2527	9/14/2012	Kimberly Brown		REGIONS	
					Payroll Expenses	-894.77
					Payroll Expenses	-136.00
					Payroll Expenses	-136.00
					Payroll Expenses	-36.00
					Payroll Liabilities	100.00
					Payroll Expenses	-74.58
					Payroll Liabilities	74.58
					Payroll Liabilities	50.52
					Payroll Expenses	-17.44
					Payroll Liabilities	17.44
					Payroll Liabilities	17.44
TOTAL						-1,034.81

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IGCD
Check Detail

September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Paycheck	2528	9/14/2012	Moira A Shaffer		REGIONS	
					Payroll Expenses	-1,222.58
					Payroll Expenses	-136.00
					Payroll Expenses	-36.00
					Payroll Liabilities	180.00
					Payroll Expenses	-86.47
					Payroll Liabilities	86.47
					Payroll Liabilities	58.58
					Payroll Expenses	-20.23
					Payroll Liabilities	20.23
					Payroll Liabilities	20.23
TOTAL						-1,135.77
Paycheck	2529	9/14/2012	Suzanne Yassaoui		REGIONS	
					Payroll Expenses	-1,000.00
					Payroll Liabilities	70.00
					Payroll Expenses	-62.00
					Payroll Liabilities	62.00
					Payroll Liabilities	42.00
					Payroll Expenses	-14.50
					Payroll Liabilities	14.50
					Payroll Liabilities	14.50
TOTAL						-873.50
Check	2530	9/13/2012	KNIGHT DENTAL ...		REGIONS	
					Laboratory Fees	-169.00
TOTAL						-169.00
Check	2531	9/14/2012	TERESA BIRNEY, ...		REGIONS	
					Independent Contra...	-225.00
TOTAL						-225.00
Bill Pmt -Check	2532	9/18/2012	BAY AREA MEDIC...		REGIONS	
Bill		8/21/2012			Telephone	-31.46
TOTAL						-31.46
Bill Pmt -Check	2533	9/18/2012	MSA GROUP		REGIONS	
Bill		5/2/2012			Liability Insurance	-843.10
TOTAL						-843.10
Bill Pmt -Check	2534	9/18/2012	PINELLAS CRISIS ...		REGIONS	
Bill		9/6/2012			MAINTANANCE	-268.23
TOTAL						-268.23
Bill Pmt -Check	2535	9/18/2012	Spectrio		REGIONS	
Bill		9/1/2012			Dues and Subscript...	-51.36
TOTAL						-51.36

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IGCD
Check Detail
September 1 through December 1, 2012

Type	Num	Date	Name	Item	Account	Paid Amount
Check	2536	9/17/2012	TATUM SURGICAL...		REGIONS	
					IMPLANTS	-255.00
TOTAL						-255.00
Check	2537	9/18/2012	WM WASTE MANA...		REGIONS	
					MAINTANANCE	-40.75
TOTAL						-40.75
Check	2538	9/21/2012	Bank Of America ...		REGIONS	
					Bank of America, N....	-232.00
TOTAL						-232.00
Check	2539	9/21/2012	Bank Of America		REGIONS	
					BANK OF AMERIC...	-237.00
TOTAL						-237.00
Check	2540	9/21/2012	REGIONS LINE		REGIONS	
					Finance Charge	-252.00
TOTAL						-252.00
Check	2541	9/21/2012	REGIONS LINE		REGIONS	
					Finance Charge	-858.00
TOTAL						-858.00
Check	2542	9/25/2012	MR. SHAKER YOU...		REGIONS	
					Loan Interest	-1,250.00
TOTAL						-1,250.00
Check	2543	9/27/2012	Regions Bank		REGIONS	
					Subs Distribution/S...	-1,200.00
TOTAL						-1,200.00
Check	2721	10/1/2012	Joe Holme		REGIONS	
					Computer Repairs	-255.00
TOTAL						-255.00
Check	2722	10/1/2012	Linda Harvey Group		REGIONS	
					Dues and Subscript...	-944.50
TOTAL						-944.50

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IGCD
Check Detail
 September 1 through December 1, 2012

Original Amount

-3,393.74

1,719.30
 1,338.53
 289.58
 46.33

3,393.74

-1,133.00

1,133.00

1,133.00

-565.00

565.00

565.00

-339.32

339.32

339.32

-119.01

119.01

119.01

-38.00

38.00

38.00

-9,601.16

554.15
 9,047.01

9,601.16

-505.54

505.54

505.54

-789.99

789.99

789.99

-1,881.00

1,881.00

1,881.00

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-100.00**100.00

100.00

-765.96765.96

765.96

-1,066.441,066.44

1,066.44

-464.00464.00

464.00

-200.00200.00

200.00

-1,022.471,022.47

1,022.47

-672.29672.29

672.29

-7.957.95

7.95

-424.00424.00

424.00

-100.72100.72

100.72

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-3,393.74**

1,719.30

1,338.53

289.58

46.33

3,393.74**-304.92**

304.92

304.92**-565.00**

565.00

565.00**-690.00**

690.00

690.00**-451.04**

451.04

451.04**-72.00**

72.00

72.00**-1,200.00**

1,200.00

1,200.00**-72.00**

72.00

72.00**-1,195.00**

1,195.00

1,195.00**-350.00**

350.00

350.00

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-2,000.00**

2,000.00

2,000.00**-38.00**

38.00

38.00**-484.00**

484.00

484.00**-505.54**

505.54

505.54**-789.99**

789.99

789.99**-1,227.68**

1,227.68

1,227.68**-100.76**

100.76

100.76**-100.00**

100.00

100.00**-1,551.00**

1,551.00

1,551.00**-723.00**

723.00

723.00**-1,023.00**

1,023.00

1,023.00

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-305.00**

305.00

305.00**-151.28**

151.28

151.28**-690.00**

690.00

690.00**-680.00**

680.00

680.00**-484.00**

484.00

484.00**-1,463.68**

1,463.68

1,463.68**-1,108.97**

1,108.97

1,108.97**-1,023.00**

1,023.00

1,023.00**-680.00**

680.00

680.00**-789.99**

789.99

789.99**-232.00**

232.00

232.00

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-690.00**

690.00

690.00**-484.00**

484.00

484.00**-500.00**

1,259.23

1,259.23**-572.28**

564.85

7.43

572.28**-10,994.49**

3,606.00

591.48

591.48

2,529.12

1,713.26

1,963.15

10,994.49**-1,109.13**

1,109.13

1,109.13**-1,044.96**

499.99

514.99

29.98

1,044.96**-1,000.00**

1,000.00

1,000.00**-475.00**

475.00

475.00

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-873.11**

972.07
36.00
-78.00
62.50
-62.50
-42.34
14.62
-14.62
-14.62

873.11**-119.59**

126.75
7.85
-7.85
-5.32
1.84
-1.84
-1.84
0.76
-0.76

119.59**-743.95**

844.67
-53.00
52.37
-52.37
-35.47
12.25
-12.25
-12.25

743.95**-1,006.40**

1,131.35
36.00
-95.00
72.37
-72.37
-49.03
16.92
-16.92
-16.92

1,006.40

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-1,162.61**

1,360.00
32.30
36.00
-185.00
88.55
-88.55
-59.98
20.71
-20.71
-20.71

1,162.61**-873.50**

1,000.00
-70.00
62.00
-62.00
-42.00
14.50
-14.50
-14.50

873.50**-300.00**

300.00

300.00**-2,799.00**

2,799.00

2,799.00**-25.00**

25.00

25.00**-226.00**

226.00

226.00**-1,000.00**

1,000.00

1,000.00

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-850.04**

943.37
36.00
-74.00
60.72
-60.72
-41.13
14.20
-14.20
-14.20

850.04**-559.44**

625.80
-31.00
38.80
-38.80
-26.29
9.07
-9.07
-9.07

559.44**-966.81**

1,080.92
36.00
-87.00
69.25
-69.25
-46.91
16.20
-16.20
-16.20

966.81**-1,152.97**

1,360.00
19.97
36.00
-183.00
87.79
-87.79
-59.47
20.53
-20.53
-20.53

1,152.97

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-873.50**

1,000.00

-70.00

62.00

-62.00

-42.00

14.50

-14.50

-14.50

873.50**-300.00**

300.00

300.00**-1,647.00**

1,647.00

1,647.00**-307.29**

307.29

307.29**-240.00**

240.00

240.00**-300.00**

150.00

150.00

300.00**-400.41**

400.41

400.41**-377.50**

170.00

170.00

245.00

585.00**-65.58**

65.58

65.58

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount

-202.23

202.23

202.23

-51.36

51.36

51.36

-620.30

3,062.33

3,062.33

-36.25

36.25

36.25

-60.99

60.99

60.99

-420.00

420.00

420.00

-871.00

871.00

871.00

-300.00

300.00

300.00

-238.80

39.11

199.69

238.80

-97.00

97.00

97.00

-85.00

85.00

85.00

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-80.71**

15.00

65.71

80.71**-290.00**

290.00

290.00**-37.45**

37.45

37.45**-247.00**

76.00

95.00

76.00

247.00**-420.00**

420.00

420.00**-196.34**

196.34

196.34**-170.50**

170.50

170.50**-500.00**

500.00

500.00**-943.09**

1,060.03

36.00

-91.00

67.95

-67.95

-46.04

15.90

-15.90

-15.90

943.09

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-143.65**

152.25

9.44

-9.44

-6.39

2.21

-2.21

-2.21

0.91

-0.91

143.65**-805.96**

918.87

-61.00

56.97

-56.97

-38.59

13.32

-13.32

-13.32

805.96**-1,146.14**

1,307.02

36.00

-121.00

83.27

-83.27

-56.41

19.47

-19.47

-19.47

1,146.14**-1,117.33**

654.78

680.00

36.00

-176.00

84.99

-84.99

-57.58

19.87

-19.87

-19.87

1,117.33

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-873.50**

1,000.00

-70.00

62.00

-62.00

-42.00

14.50

-14.50

-14.50

873.50**-300.00**

300.00

300.00**-164.00**

60.00

104.00

164.00**-1,250.00**

1,250.00

1,250.00**-125.00**

125.00

125.00**-1,000.00**

1,000.00

1,000.00**-8.21**

8.21

8.21**-1,964.00**

1,964.00

1,964.00**-80.95**

80.95

80.95

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount

-245.16

245.16

245.16

-1,549.00

1,549.00

1,549.00

-65.00

65.00

65.00

-300.00

300.00

300.00

-177.73

177.73

177.73

-31.62

31.62

31.62

-51.36

51.36

51.36

-250.00

250.00

250.00

-720.00

720.00

720.00

-699.42

699.42

699.42

-534.10

534.10

534.10

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-882.57**

872.20
112.00
36.00
-80.00
63.25
-63.25
-42.84
14.79
-14.79
-14.79

882.57**-416.05**

456.87
-15.00
28.32
-28.32
-19.19
6.63
-6.63
-6.63

416.05**-1,064.63**

1,204.73
36.00
-106.00
76.92
-76.92
-52.11
17.99
-17.99
-17.99

1,064.63**-1,159.80**

1,360.00
29.33
36.00
-185.00
88.37
-88.37
-59.86
20.67
-20.67
-20.67

1,159.80

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-873.50**

1,000.00

-70.00

62.00

-62.00

-42.00

14.50

-14.50

-14.50

873.50**-300.00**

300.00

300.00**-101.66**

107.75

6.68

-6.68

-4.53

1.56

-1.56

-1.56

0.65

-0.65

101.66**-832.46**

950.13

-64.00

58.91

-58.91

-39.90

13.77

-13.77

-13.77

832.46**-973.90**

1,090.55

36.00

-89.00

69.85

-69.85

-47.31

16.34

-16.34

-16.34

973.90

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-1,138.93**

1,360.00
2.98
36.00
-181.00
86.74
-86.74
-58.76
20.29
-20.29

1,138.93**-873.50**

1,000.00
-70.00
62.00
-62.00
-42.00
14.50
-14.50
-14.50

873.50**-818.16**

903.23
36.00
-68.00
58.24
-58.24
-39.45
13.62
-13.62
-13.62

818.16**-300.00**

300.00

300.00

-1,250.00

1,250.00

1,250.00

-144.90

144.90

144.90

-25.00

25.00

25.00

3:50 PM

12/08/12

IGCD
Check Detail
 September 1 through December 1, 2012

Original Amount

-29.76

29.76

29.76

-37.45

37.45

37.45

-257.00

257.00

257.00

-51.36

51.36

51.36

-377.50

245.00

170.00

415.00

-41.32

41.32

41.32

-620.30

3,062.33

2,240.00

5,302.33

-2,045.00

2,045.00

2,045.00

0.00

0.00

-2,183.00

2,183.00

2,183.00

-1,500.00

1,500.00

1,500.00

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-831.59**

807.57
112.00
36.00
-70.00
59.25
-59.25
-40.13
13.85
-13.85
-13.85

831.59**-8.02**

8.50
0.53
-0.53
-0.36
0.12
-0.12
-0.12
0.05
-0.05

8.02**-639.25**

721.00
-41.00
44.70
-44.70
-30.29
10.46
-10.46
-10.46

639.25**-1,034.81**

894.77
136.00
136.00
36.00
-100.00
74.58
-74.58
-50.52
17.44
-17.44
-17.44

1,034.81

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount**-1,135.77**

1,222.58
136.00
36.00
-180.00
86.47
-86.47
-58.58
20.23
-20.23
-20.23

1,135.77**-873.50**

1,000.00
-70.00
62.00
-62.00
-42.00
14.50
-14.50
-14.50

873.50**-169.00**

169.00

169.00

-225.00

225.00

225.00

-31.46

31.46

31.46

-843.10

3,062.33

3,062.33

-268.23

268.23

268.23

-51.36

51.36

51.36

3:50 PM

12/08/12

IGCD
Check Detail
September 1 through December 1, 2012

Original Amount

-255.00

255.00

255.00

-40.75

40.75

40.75

-232.00

232.00

232.00

-237.00

237.00

237.00

-252.00

252.00

252.00

-858.00

858.00

858.00

-1,250.00

1,250.00

1,250.00

-1,200.00

1,200.00

1,200.00

-255.00

255.00

255.00

-944.50

944.50

944.50

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.,
Debtor

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Hani "Sam" Tadros 2184 Laurence Drive Clearwater, FL 33764			100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF 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 of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 7, 2012

Signature /s/ Hani Samuel Tadros
Hani Samuel Tadros
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.

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, 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: December 7, 2012

/s/ Hani Samuel Tadros

Hani Samuel Tadros/President

Signer/Title

Implant, General & Cosmetic Dentistry of Tampa, P.A. Esquire
2184 Laurence Drive
Clearwater, FL 33764
Tampa, FL 33609
Buddy D. Ford, P.A.
115 N. MacDill Ave.
Tampa, FL 33609

American Express
PO Box 650448
Dallas, TX 75265-0448

American Express
c/o Becket and Lee LLP
PO Box 3001
Malvern, PA 19355

American Express Business
Finance Corporation
1851 E. First St., Ste. 450
Santa Ana, CA 92705

Capital One Bank (USA), NA
PO Box 71083
Charlotte, NC 28272-1083

Darby Dental Supply
PO Box 26582
New York, NY 10087

Darby Dental Supply
4460 Holmes Road
Memphis, TN 38118

Dept. of Justice, Tax Div
PO Box 14198
Benjamin Franklin Station
Washington, DC 20044

Dept. of Labor & Security
Hartman Building, Ste. 307
2012 Capital Circle S.E.
Tallahassee, FL 32399-0648

Diane Nelson, Pinellas
County Tax Collector
PO Box 4005
Seminole, FL 33775-4005

Encore National Bank
7920 Summerlin Lakes Dr.
Fort Myers, FL 33907

Encore National Bank
3003 Tamiami Trail, Ste. 100
Naples, FL 34103

FCI Lender Services
PO Box 27370
Anaheim, CA 92809-0112

Internal Revenue Service
Special Procedures Staff
400 W. Bay St., Stop 5720
Jacksonville, FL 32202

Internal Revenue Service
Centralized Insolvency Op.
PO Box 7346
Philadelphia, PA 19101-7346

JBR Realty, LLC
25 Parkers Point Blvd.
Saint Petersburg, FL 33706

Regions Bank
PO Box 1984
Birmingham, AL 35201

Regions Bank
PO Box 11407
Birmingham, AL 35246-0054

SBA
c/o Gulfcoast Business Fin
227 Second Avenue N.
Saint Petersburg, FL 33701

U.S. Attorney General
10th St.&Constitution Ave.NW
Washington, DC 20530

US Securities &Exchange Comm
Atlanta Regional Office
Reorganization Branch, 950 E
Paces Ferry Rd, NE, Ste.900
Atlanta, GA 30326-1382

US Small Business Admin
c/o US Attorneys Office
"Civil Process Clerk"
400 N. Tampa Street
Tampa, FL 33602

US Small Business Admin
c/o Dept of Justice, Tax Div
PO Box 14198
Ben Franklin Station
Washington, DC 20044

US Small Business Admin
c/o US Attorney General
10th St. & Constitution Ave.
Washington, DC 20530

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

In re **Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.**
Debtor(s)

Case No. _____
Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>13,787.00</u>
Prior to the filing of this statement I have received.....	\$	<u>13,787.00</u>
Balance Due.....	\$	<u>0.00</u>

2. \$ **1,213.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:
 Debtor Other (specify):

4. The source of compensation to be paid to me is:
 Debtor Other (specify): **Additional fees and/or costs after depletion of the retainer shall be applied for**

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **December 7, 2012**

/s/ Buddy D. Ford, Esquire
Buddy D. Ford, Esquire 0654711
Buddy D. Ford, P.A.
115 N. MacDill Ave.
Tampa, FL 33609
(813)877-4669 Fax: (813)877-5543
All@tampaesq.com

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

In re Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.
Debtor(s)

Case No. _____
Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

None [*Check if applicable*]

December 7, 2012
Date

/s/ Buddy D. Ford, Esquire
Buddy D. Ford, Esquire 0654711
Signature of Attorney or Litigant
Counsel for Implant, General & Cosmetic Dentistry of Tampa Bay, P.A.
Buddy D. Ford, P.A.
115 N. MacDill Ave.
Tampa, FL 33609
(813)877-4669 Fax:(813)877-5543
All@tampaesq.com