

B4 (Official Form 4) (12/07)

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

In re CYPRESS MEDPRO PARTNERS, LLC

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>
<b>U.S. Premium Finance P.O. Box 924647 Norcross, GA 30010</b>	<b>U.S. Premium Finance P.O. Box 924647 Norcross, GA 30010</b>	<b>Insurance</b>		<b>13,182.36</b>
<b>Westfield Insurance - Payment Processing P.O. Box 9001566 Louisville, KY 40290-1566</b>	<b>Westfield Insurance - Payment Processing P.O. Box 9001566 Louisville, KY 40290-1566</b>	<b>Insurance</b>		<b>1,203.25</b>
<b>Florida Dept. of Revenue 5050 W. Tennessee Street Tallahassee, FL 32399</b>	<b>Florida Dept. of Revenue 5050 W. Tennessee Street Tallahassee, FL 32399</b>	<b>Sales Tax</b>		<b>Unknown</b>
<b>Internal Revenue Service 4210 Metro Parkway Fort Myers, FL 33916</b>	<b>Internal Revenue Service 4210 Metro Parkway Fort Myers, FL 33916</b>	<b>Income Tax</b>		<b>Unknown</b>

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

In re **CYPRESS MEDPRO PARTNERS, LLC**  
 Debtor(s)

Case No. \_\_\_\_\_

**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 Managing Member 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 **September 4, 2013**

Signature   
**Maxwell M. Oaks**  
**Managing Member**

*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.*