

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Middle District of Florida		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Spine Injury Physicians, LLC.		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)/Complete EIN (if more than one, state all) 46-1065685		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): 607 W. Martin Luther King Jr. Blvd. Suite 101 Tampa, FL <div style="text-align: right;">ZIP Code 33603</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Hillsborough		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): c/o Visum Management, LLC 3006 Gulf To Bay Blvd. Clearwater, FL <div style="text-align: right;">ZIP Code 33759</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	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 \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information *** 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 checked="" 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 type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Spine Injury Physicians, LLC.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: See Attachment		Case Number:	Date Filed:
District:		Relationship:	Judge:
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). X _____ 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 with 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): Spine Injury Physicians, LLC.</p>
Signatures	
<p>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>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Buddy D. Ford, Esquire</u> Signature of Attorney for Debtor(s)</p> <p><u>Buddy D. Ford, Esquire 0654711</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Buddy D. Ford, P.A.</u> Firm Name</p> <p><u>115 N. MacDill Ave.</u> <u>Tampa, FL 33609</u></p> <p>_____ Address</p> <p style="text-align: right;">Email: All@tampaesq.com</p> <p><u>(813)877-4669 Fax: (813)877-5543</u> Telephone Number</p> <p><u>January 14, 2014</u> Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Eric K. Groteke as Managing Member of</u> Signature of Authorized Individual</p> <p><u>Eric K. Groteke as Managing Member of</u> Printed Name of Authorized Individual</p> <p><u>EKG Consulting, PLLC, Managing Member</u> Title of Authorized Individual</p> <p><u>January 14, 2014</u> Date</p>	

In re **Spine Injury Physicians, LLC.**

Case No. _____

Debtor

FORM 1. VOLUNTARY PETITION
Pending Bankruptcy Cases Filed Attachment

Name of Debtor / District

Eric K. Groteke
Middle District of Florida, Tampa Division

Visum Management, LLC
Middle District of Florida, Tampa Division

Wellness Worx Center, PLLC.
Middle District of Florida, Tampa Division

Case No. / Relationship

8:10-bk-21394-MGW
Manager of Managing Member

8:14-bk-
Affiliate / Manages Debtor

8:14-bk-
Affiliate

Date Filed / Judge

09/02/10
Michael G. Williamson

01/16/14

01/16/14

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

In the Matter of: }
 } Chapter 11
SPINE INJURY PHYSICIANS, LLC., }
 } Case No: 8:14-bk-
Debtor, }
_____ }

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, *Eric K. Groteke*, declare, under penalty of perjury, that I am the Managing Member of EKG CONSULTING, PLLC, as Managing Member on behalf of SPINE INJURY PHYSICIANS, LLC.. (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 14th day of January, 2014.

"**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 *Eric K. Groteke*, Managing Member 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 *Eric K. Groteke*, Managing Member 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 *Eric K. Groteke*, Managing Member 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 1-14-14

SPINE INJURY PHYSICIANS, LLC.,

By:  EKG Consulting, PLLC, Managing Mmbr

By: _____

Name: Eric K. Groteke

Title: Managing Member

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

In re Spine Injury Physicians, LLC.
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
EKG Consulting, PLLC 11842 Derbyshire Drive Tampa, FL 33609			50%
GP13 Enterprises, PLLC 1120 McCarty Street Dunedin, FL 34698			50%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the EKG Consulting, PLLC, Managing Member 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 January 14, 2014

Signature /s/ Eric K. Groteke as Managing Member of
**Eric K. Groteke as Managing Member of
EKG Consulting, PLLC, 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.

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

In re **Spine Injury Physicians, LLC.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the EKG Consulting, PLLC, Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 14, 2014**

/s/ Eric K. Groteke as Managing Member of

**Eric K. Groteke as Managing Member of/EKG Consulting, PLLC,
Managing Member**

Signer/Title

Spine Injury Physicians, LLC.
c/o Visum Management, LLC
3006 Gulf To Bay Blvd.
Clearwater, FL 33759

Buddy D. Ford, Esquire
Buddy D. Ford, P.A.
115 N. MacDill Ave.
Tampa, FL 33609

Adeo Media Group, Inc.
737 Stirling Center Place
Suite 1809
Lake Mary, FL 32746

Bracco Diagnostics
PO Box 532411
Charlotte, NC 28290-2411

Carlson Bronstein
360 Central Avenue, Ste.1200
Saint Petersburg, FL 33701

CIPM
12001 Network Blvd.
Suite 208
San Antonio, TX 78249

Dean Lock & Safe
5835 Memorial Hwy., Ste.15
Tampa, FL 33615

Dept. of Revenue
Bankruptcy Section
PO Box 6668
Tallahassee, FL 32314

Doug Belden, Hillsborough
County Tax Collector
PO Box 30012
Tampa, FL 33630-3012

Dr. Brown
625 - 6th Ave. S., Ste.475
Saint Petersburg, FL 33701

Epimed
141 Sal Landrio Dr.
Crossroads Business Park
Johnstown, NY 12095

EtherSpeak
c/o Kosto & Rotella, PA
PO Box 113
Orlando, FL 32802

Florida Printing
PO Box 13884
Tampa, FL 33681

Integrated Services Group
2495 Enterprise Rd., Ste.103
Clearwater, FL 33763

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

MAI Assoc.
8010 Firenze Blvd.
Orlando, FL 32836

PPF
PO Box 40519
Austin, TX 78704

RP & G Printing
2664 Cypress Ridge Blvd.
Suite 104
Wesley Chapel, FL 33544

Sarasota County Tax Collectr
101 S. Washington Blvd.
Sarasota, FL 34236-6940

Siemens Medical Solutions
51 Valley Parkway
Malvern, PA 19355

Stryker
4100 E. Milham Avenue
Portage, MI 49002

TDRS
PO Box 7925
Sarasota, FL 34278

Tri-Med Corporation
3905 Tampa Road, #2304
Oldsmar, FL 34677

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

In re **Spine Injury Physicians, LLC.**

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>10,287.00</u>
Prior to the filing of this statement I have received.....	\$	<u>10,287.00</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 due after depletion of the retainer, if any, 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: **January 14, 2014**

/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 Spine Injury Physicians, LLC.
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 Spine Injury Physicians, LLC. 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:

EKG Consulting, PLLC
11842 Derbyshire Drive
Tampa, FL 33609

GP13 Enterprises, PLLC
1120 McCarty Street
Dunedin, FL 34698

None [*Check if applicable*]

January 14, 2014
Date

/s/ Buddy D. Ford, Esquire
Buddy D. Ford, Esquire 0654711
Signature of Attorney or Litigant
Counsel for Spine Injury Physicians, LLC.
Buddy D. Ford, P.A.
115 N. MacDill Ave.
Tampa, FL 33609
(813)877-4669 Fax:(813)877-5543
All@tampaesq.com