

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): William Glover, III, DMD, 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) 20-4164823		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): 1507 S Hiwassee Rd., Suite 209 Orlando, FL <div style="text-align: right;">ZIP Code 32835</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: Orange		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</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 checked="" 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 *** David R. McFarlin 328855 *** <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 checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" 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): William Glover, III, DMD, LLC	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: Middle District of Florida, Orlando Division		Case Number: 6-14-bk-06797-KSJ	Date Filed: 6/10/14
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: William Glover, III		Case Number: 6-14-bk-04817-CCJ	Date Filed: 4/27/14
District: Middle District of Florida, Orlando Division		Relationship: managing member of debtor	Judge: Cynthia C. Jackson
Exhibit A		Exhibit B	
(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 checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition.		(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 checked="" 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): William Glover, III, DMD, LLC</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 <u>/s/ David R. McFarlin</u> Signature of Attorney for Debtor(s)</p> <p><u>David R. McFarlin 328855</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Wolff, Hill, McFarlin & Herron, P. A.</u> Firm Name</p> <p><u>1851 West Colonial Drive</u> <u>Orlando, FL 32804</u> Address</p> <p><u>(407) 648-0058 Fax: (407) 648-0681</u> Telephone Number</p> <p><u>March 25, 2015</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/ William Glover, III</u> Signature of Authorized Individual</p> <p><u>William Glover, III</u> Printed Name of Authorized Individual</p> <p><u>Manager</u> Title of Authorized Individual</p> <p><u>March 25, 2015</u> Date</p>	

B 1A (Official Form 1, Exhibit A) (9/97)

[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 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

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

In re William Glover, III, DMD, LLC Debtor(s) Case No. _____ Chapter 11

EXHIBIT "A" TO VOLUNTARY PETITION

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is NOT APPLICABLE.

2. The following financial data is the latest available information and refers to the debtor's condition on ____.

a. Total assets		\$	<u>0.00</u>					
b. Total debts (including debts listed in 2.c., below)		\$	<u>0.00</u>					
c. Debt securities held by more than 500 holders:				Approximate number of holders:				
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$	<u>0.00</u>	<u>0</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$	<u>0.00</u>	<u>0</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$	<u>0.00</u>	<u>0</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$	<u>0.00</u>	<u>0</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$	<u>0.00</u>	<u>0</u>
d. Number of shares of preferred stock			<u>0</u>					<u>0</u>
e. Number of shares common stock			<u>0</u>					<u>0</u>

Comments, if any:

3. Brief description of Debtor's business:

4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

B4 (Official Form 4) (12/07)

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

In re William Glover, III, DMD, 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>
Metrowest Professional Plaza Condominium Assn, Inc. 1507 N Hiawassee Rd # 205 Orlando, FL 32835	Metrowest Professional Plaza Condominium Assn, Inc. 1507 N Hiawassee Rd # 205 Orlando, FL 32835	Business condominiums located at 1507 S. Hiawassee Rd., Suites 209 and 210, Orlando, FL 32835	Disputed	35,322.54 (317,250.00 secured) (877,687.04 senior lien)
GPS Dental Lab Inc 3501 Parkway Center Ct Orlando, FL 32808	GPS Dental Lab Inc 3501 Parkway Center Ct Orlando, FL 32808	dental lab work/supplies	Disputed	2,947.58
Recigno Laboratories Inc PO Box 560 Willow Grove, PA 19090	Recigno Laboratories Inc PO Box 560 Willow Grove, PA 19090	judgment	Disputed	2,485.95
Benco Dental PO Box 1108 Wilkes Barre, PA 18773-1108	Benco Dental PO Box 1108 Wilkes Barre, PA 18773-1108	dental supplies		1,828.52
Dental Marketing.Net aka 123 Postcards 520 N Main St Ste 501 Heber City, UT 84032	Dental Marketing.Net aka 123 Postcards 520 N Main St Ste 501 Heber City, UT 84032	advertising		1,000.00
Safeguard America 55 Sebeth Dr Cromwell, CT 06416-1016	Safeguard America 55 Sebeth Dr Cromwell, CT 06416-1016	security		516.10
Oscar Gonzalez, Jr., Esq. PO Box 950969 Lake Mary, FL 32795-0969	Oscar Gonzalez, Jr., Esq. PO Box 950969 Lake Mary, FL 32795-0969	legal fees		Unknown

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

In re William Glover, III, DMD, 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 Manager 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 March 25, 2015

Signature /s/ William Glover, III
William Glover, III
 Manager

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) (12/14)

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

In re William Glover, III, DMD, LLC,
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	1	317,250.00		
B - Personal Property	Yes	4	30,004.29		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	4		1,301,461.30	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		590,778.15	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			43,500.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			41,070.48
Total Number of Sheets of ALL Schedules		18			
Total Assets			347,254.29		
				Total Liabilities	1,892,239.45

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

In re William Glover, III, DMD, LLC
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 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	

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 William Glover, III, DMD, LLC 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
Business condominiums located at 1507 S. Hiawassee Rd., Suites 209 and 210, Orlando, FL 32835	condominium interest	-	317,250.00	1,301,461.30

Sub-Total > **317,250.00** (Total of this page)
 Total > **317,250.00**
 (Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re William Glover, III, DMD, LLC

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 ending 5941 at CNL Bank	-	4,604.29
3. Security deposits with public utilities, telephone companies, landlords, and others.		Utility deposit with OUC	-	900.00
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 > **5,504.29**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

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

In re William Glover, III, DMD, LLC

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.		Accounts Receivable (face amount \$70,000)	-	20,000.00
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 > **20,000.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

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

In re William Glover, III, DMD, LLC

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.		Office furnishings and equipment as listed on attached exhibit	-	1,000.00
29. Machinery, fixtures, equipment, and supplies used in business.		Dental equipment as listed on attached exhibit	-	3,500.00
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **4,500.00**
(Total of this page)
Total > **30,004.29**

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

(Report also on Summary of Schedules)

Depreciation Schedule by Category
For the 12 Months Ended 12/31/13

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/13	Current Depreciation	Accum Depr 12/31/13
Line 10) Office Furniture & Machines									
4	Waterfall for entrance	01/01/07	200% DB	07/00	N	2,500.00	2,283.07	216.93	2,500.00
6	Office Furniture	01/01/07	200% DB	07/00	N	1,300.00	1,187.20	112.80	1,300.00
8	5 Hydraulic Chairs	03/13/07	200% DB	07/00	N	51,600.00	46,186.64	4,531.83	50,718.47
22	Phone Equipment	04/24/07	200% DB	07/00	N	4,825.71	4,267.10	426.55	4,693.65
26	Reception Area Cabinets	11/10/08	200% DB	05/00	N	375.00	339.73	35.27	375.00
27	(1) Office Furniture	01/31/07	200% DB	07/00	N	9,090.95	8,232.74	793.03	9,025.77
42	Buildout - Signs Lighting	01/01/11	200% DB	05/00	N	149.80	95.87	21.57	117.44
48	Buildout - Lumber	01/01/11	200% DB	05/00	N	790.18	505.71	113.79	619.50
50	Buildout - Supplies	01/01/11	200% DB	05/00	N	1,379.20	882.69	198.60	1,081.29
51	Buildout - Door and Millwork	01/01/11	200% DB	05/00	N	680.77	435.69	98.03	533.72
56	Buildout - Doors, Frame & Hardwa	01/01/11	200% DB	05/00	N	3,600.00	2,304.00	518.40	2,822.40
Total for (Line 10) Office Furniture & Machines)						76,291.61	66,720.44	7,066.80	73,787.24
Line 11) EDP Equip., Computers, & Word Processors									
16	Computer Equipment	01/18/07	200% DB	05/00	N	16,005.00	16,005.00	0.00	16,005.00
23	Computer Equipment	03/13/07	200% DB	05/00	N	16,589.75	16,589.75	0.00	16,589.75
58	Computers	05/16/12	200% DB	05/00	N	2,406.90	605.01	720.76	1,325.77
61	Neat Printer	11/26/12	200% DB	05/00	N	815.44	32.08	313.34	345.42
62	New Server	03/18/13	200% DB	05/00	N	1,500.00	0.00	475.07	475.07
Total for (Line 11) EDP Equip., Computers, & Word Processors)						37,317.09	33,231.84	1,509.17	34,741.01
Line 15) Dental Equipment									
13	Air Compressor	01/01/07	200% DB	07/00	N	9,025.00	8,241.90	783.10	9,025.00
14	Vaccuum	01/01/07	200% DB	07/00	N	9,952.43	9,088.87	863.56	9,952.43
15	X-Ray Machine	01/18/07	200% DB	07/00	N	49,718.00	45,189.27	4,327.19	49,516.46
17	Ultra Sonic Cleaner	03/30/07	200% DB	07/00	N	595.00	529.97	52.40	582.37
18	Cavitron	03/30/07	200% DB	07/00	N	3,042.00	2,709.54	267.88	2,977.42
19	Dental Equipment	03/30/07	200% DB	07/00	N	4,791.00	4,267.39	421.89	4,689.28
20	Defibulator	03/30/07	200% DB	07/00	N	1,515.00	1,349.42	133.41	1,482.83
21	Autoclave	03/30/07	200% DB	07/00	N	3,620.00	3,224.37	318.77	3,543.14
57	Statim Machine	04/24/12	200% DB	07/00	N	2,178.00	428.46	499.87	928.33
59	Satelec Surprasson P5 Endo Scal	05/17/12	200% DB	07/00	N	1,180.25	210.99	276.93	487.92
60	Intraoral Camera	08/07/12	200% DB	07/00	N	2,520.00	289.18	637.38	926.56
Total for (Line 15) Dental Equipment)						88,136.68	75,529.36	8,582.38	84,111.74
Client Subtotal Before Sales						201,745.38	175,481.64	17,158.35	192,639.99
Less Assets Sold						0.00			0.00
Total						201,745.38	175,481.64	17,158.35	192,639.99

B6C (Official Form 6C) (4/13)

In re William Glover, III, DMD, LLC 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 \$155,675. (Amount subject to adjustment on 4/1/16, 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 William Glover, III, DMD, LLC

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 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. xx6570 CenterState Bank of Florida PO Box 9602 Winter Haven, FL 33883-9602		-				X	404,289.95	96,187.62
			06/29/2006 mortgage Business condominiums located at 1507 S. Hiawasse Rd., Suites 209 and 210, Orlando, FL 32835				Value \$ 317,250.00	
Account No. CenterState Bank c/o South Milhausen PA 1000 Legion Place Ste 1200 Orlando, FL 32801			For Notice Only: CenterState Bank of Florida				Notice Only	
			Value \$					
Account No. Delphini Construction Co 2450 N Beardall Ave Sanford, FL 32771		-				X	6,256.11	6,256.11
			07/23/09 amended final judgment, judgment lien certificate Business condominiums located at 1507 S. Hiawasse Rd., Suites 209 and 210, Orlando, FL 32835 and all personal property				Value \$ 317,250.00	
Account No. Delphini Construction Co c/o Killgore Pearlman et al PO Box 1913 Orlando, FL 32802-1913			For Notice Only: Delphini Construction Co				Notice Only	
			Value \$					
Subtotal							410,546.06	102,443.73
(Total of this page)								

3 continuation sheets attached

In re William Glover, III, DMD, LLC
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 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.								
Direct Capital Corporation 155 Commerce Way Portsmouth, NH 03801	-					X		
							118,810.83	118,810.83
Account No.								
Direct Capital Corporation c/o Eric B Zwiebel, PA 7900 Peters Rd Building B Suite 100 Plantation, FL 33324							Notice Only	
Account No. xxxxx5.901								
Financial Pacific Leasing 3455 S 344th Way Ste 300 Auburn, WA 98001	-					X		
							27,088.60	27,088.60
Account No.								
Wells Fargo NA MAC N9311-161 Sixth & Marquette Minneapolis, MN 55479							Notice Only	
Account No.								
Metrowest Professional Plaza Condominium Assn, Inc. 1507 N Hiawasse Rd # 205 Orlando, FL 32835	-					X		
							35,322.54	35,322.54
Subtotal							181,221.97	181,221.97
(Total of this page)								

Sheet 1 of 3 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

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

In re William Glover, III, DMD, LLC
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 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.								
JC Fuller, PA Attn: Joyce C Fuller, Esq. 1700 N Maitland Ave Maitland, FL 32751							Notice Only	
Account No. xx-xx-xx-xxxx-x0210								
Orange County Tax Collector Attn: Scott Randolph PO Box 545100 Orlando, FL 32854		2014	real estate taxes - Suite 209					
			Business condominiums located at 1507 S. Hiawasse Rd., Suites 209 and 210, Orlando, FL 32835				4,798.17	0.00
			Value \$ 317,250.00					
Account No. xx-xx-xx-xxxx-x0209								
Orange County Tax Collector Attn: Scott Randolph PO Box 545100 Orlando, FL 32854		2014	real estate taxes - Suite 210					
			Business condominiums located at 1507 S. Hiawasse Rd., Suites 209 and 210, Orlando, FL 32835				4,349.50	0.00
			Value \$ 317,250.00					
Account No. x4895								
Pentech Funding, LLC 75 E Santa Clara St Ste 1100 San Jose, CA 95113		03/18/14	UCC-1			X		
			Business condominiums located at 1507 S. Hiawasse Rd., Suites 209 and 210, Orlando, FL 32835 and equipment of debtor				236,296.18	236,296.18
			Value \$ 317,250.00					
Account No. xxx4500								
US Small Business Admin 409 3rd St SW Washington, DC 20416			Second mortgage			X		
			Business condominiums located at 1507 S. Hiawasse Rd., Suites 209 and 210, Orlando, FL 32835				464,249.42	464,249.42
			Value \$ 317,250.00					
Subtotal							709,693.27	700,545.60
(Total of this page)								

Sheet 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

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

In re William Glover, III, DMD, LLC,
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	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	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. xxxx4500							Notice Only	
US Small Business Admin 504 Liquidation Dept 2120 Riverfront Dr Ste 100 Little Rock, AR 72202			For Notice Only: US Small Business Admin					
Value \$								
Account No.								
Value \$								
Account No.								
Value \$								
Account No.								
Value \$								
Account No.								
Value \$								

Sheet **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal
(Total of this page)

0.00

0.00

Total
(Report on Summary of Schedules)

1,301,461.30

984,211.30

In re William Glover, III, DMD, LLC

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 \$12,475* 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 \$6,150* 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 \$2,775* 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 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

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

In re William Glover, III, DMD, LLC Case No. _____
 Debtor

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. xxx-x8251 Benco Dental PO Box 1108 Wilkes Barre, PA 18773-1108							1,828.52
Account No. Dental Marketing.Net aka 123 Postcards 520 N Main St Ste 501 Heber City, UT 84032							1,000.00
Account No. Angela Glover 9226 Longfellow Place Apopka, FL 32703							4,000.00
Account No. William Glover, III 9226 Longfellow Place Apopka, FL 32703							578,000.00
Subtotal (Total of this page)							584,828.52

1 continuation sheets attached

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

In re William Glover, III, DMD, LLC

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 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					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
Oscar Gonzalez, Jr., Esq. PO Box 950969 Lake Mary, FL 32795-0969	-		legal fees			Unknown	
Account No.							
GPS Dental Lab Inc 3501 Parkway Center Ct Orlando, FL 32808	-		dental lab work/supplies		X	2,947.58	
Account No.							
Recigno Laboratories Inc PO Box 560 Willow Grove, PA 19090	-		2014 judgment		X	2,485.95	
Account No. xx1910							
Safeguard America 55 Sebethe Dr Cromwell, CT 06416-1016	-		2014 security			516.10	
Account No.							
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	5,949.63
						Total (Report on Summary of Schedules)	590,778.15

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

In re William Glover, III, DMD, LLC 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.
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**The Golding Law Group
 Attn Wayne C. Golding
 1507 S Hiwassee Rd Ste 210
 Orlando, FL 32835**

month to month lease of Unit 210

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

In re William Glover, III, DMD, LLC
 Debtor

Case No. _____

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
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0 continuation sheets attached to Schedule of Codebtors

William Glover, III DMD, LLC Monthly Operating Budget

	Total	
Income		
Rental	1,500.00	
Income from Dental Practice	42,000.00	
Total Income	43,500.00	
Expenses		
Payroll:		
Doctor (net)	6,800.00	*
Angela (net)	1,744.00	*
All Others Employees(net)	11,504.00	
Payroll Taxes	7,508.00	
Payroll Fees	72.00	
Health Ins (Doc)	289.01	*
Health Ins (Angela)	400.00	*
Dental Labs	3,318.00	
Dental Supplies	1,596.00	
Office Supplies	924.00	
Property Assessments fees	1,275.00	
Property Taxes	750.00	
Merchant Charges	250.00	
Bank Charges	150.00	
Life Gas	74.81	
Cell Phone (for Doc and Angela)	231.30	*
Electricity	350.00	
SteriCycle (BioHazard)	304.48	
Culligans	20.00	
Pitney Bowes	40.00	
Brighthouse (Cable, Phone rental, I)	580.00	
Insurance (malpractice)	750.00	
Insurance(Office)	339.88	
Repairs & Maintenance	400.00	
Janitorial	400.00	
Misc	350.00	
Uniforms	50.00	
Advertising	500.00	
Dues and Subscriptions (AGD)	100.00	
Professional Fees (accountant)	-	
Total Expenses	41,070.48	

* Subject to court approval

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

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

In re **William Glover, III, DMD, LLC**
Debtor(s)

Case No. _____
Chapter **11**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Manager 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 **20** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 25, 2015**

Signature **/s/ William Glover, III**
William Glover, III
Manager

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) (04/13)

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

In re William Glover, III, DMD, LLC

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
\$108,540.00	2015 Year-to-date gross income from operation of business
\$457,226.49	2014 Gross income from operation of business
\$480,087.00	2013 Gross income from operation of business

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
\$4,500.00	2015 Rent of unit 210

B7 (Official Form 7) (04/13)

2

AMOUNT
\$10,500.00SOURCE
2014 Rent of unit 210**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 \$6,225*. 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
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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
Case no. 2008-SC-14260 Delphini Construction Company v. William Glover, III, DMD, LLC	breach of contract	County Court, Ninth Judicial Circuit, Orange County, Florida	final judgment 05/19/2010
Case no. 2009-CA-36790-O CenterState Bank v. William Glover, III, DMD, LLC, et al.	foreclosure	Circuit Court, Ninth Judicial Circuit, Orange County, Florida	pending
Case no. 2010-CA-016645-O Financial Pacific Leasing, LLC v. William Glover, III, DMD, LLC and William Glover, III	breach of contract	Circuit Court, Ninth Judicial Circuit, Orange County, Florida	final judgment 09/22/10
Case no. 2013-CA-2092 Direct Capital Corporation v William Glover, III, DMD, LLC and William Glover, III	breach of contract	Circuit Court, Ninth Judicial Circuit, Orange County, Florida	final judgment 05/07/14
Case no. 2014-06559 Recigno Laboratories, Inc. v. William Glover, III, DMD, LLC	breach of contract	Clerk of Common Pleas, Civil Division, Montgomery County, Pennsylvania	judgment 03/26/2014

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

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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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
various	none	throughout year	\$336.00

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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B7 (Official Form 7) (04/13)

4

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 PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Wolff, Hill, McFarlin & Herron, P.A. 1851 West Colonial Drive Orlando, FL 32804	Loans to Debtor or direct payments from William Glover, III:	
	12/01/2014	\$10,000.00
	12/17/2014	\$ 1,500.00
	01/20/2015	\$ 750.00
	01/26/2015	\$ 750.00
	02/18/2015	\$ 500.00
Oscar Gonzalez, Jr., Esq. PO Box 950969 Lake Mary, FL 32795-0969	02/2014	\$10,000.00 (payment returned 12/01/2014)

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
William and Angela Glover 9226 Longfellow Place Apopka, FL 32703 principal and spouse	01/21/2015	Quit Claim Deed of timeshare at Grande Vista Condominium erroneously deeded to Debtor in 2006

- 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
PNC Bank 249 Fifth Avenue, One PNC Place Pittsburgh, PA 15222	Checking acct # 1173	\$0 balance, closed 3/23/15

B7 (Official Form 7) (04/13)

5

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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B7 (Official Form 7) (04/13)

6

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 Angela Glover 9226 Longfellow Place Apopka, FL 32703 Jennifer Allard 4518 Longworth Dr Orlando, FL 32812	DATES SERVICES RENDERED bookkeeping from March 2014 through the present bookkeeping from 2012 to March 2014
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B7 (Official Form 7) (04/13)

7

NAME AND ADDRESS

**Baldwin Accounting CPA
5728 Major Blvd., Suite 501
Orlando, FL 32819**

DATES SERVICES RENDERED

tax return preparation from 2000 to the 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

Baldwin Accounting CPA

ADDRESS

**5728 Major Blvd., Suite 501
Orlando, FL 32819**

DATES SERVICES RENDERED

2000 to the present

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

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)**

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

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

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

**William Glover III
9226 Longfellow Place
Apopka, FL 32703**

TITLE

Managing Member

**NATURE AND PERCENTAGE
OF STOCK OWNERSHIP**

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

B7 (Official Form 7) (04/13)

8

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

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
William Glover, III 9226 Longfellow Place Apopka, FL 32703 100% member	payroll throughout the last 12 months health insurance at \$289.01 per month Cell phones for Dr. Glover and spouse at \$240.00 per month	see attached
Angela Glover 9226 Longfellow Place Apopka, FL 32703 spouse of debtor	payroll throughout the last 12 months health insurance at \$400.00 per month	see attached

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)

* * * * *

B7 (Official Form 7) (04/13)

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 March 25, 2015

Signature /s/ William Glover, III
William Glover, III
Manager

[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

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
3/26/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 11949
4/2/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 11957
4/9/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 11965
4/16/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 11972
4/23/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 11980
4/30/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 11987
5/7/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 11994
5/14/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 12000
5/21/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC FED MEDCARE	507.38 148.80 34.80		1,709.02 Check No: 12009
5/28/2014	Regular		0.00	2,400.00	2,400.00	FED FIT FED SOCSEC	507.38 148.80		1,709.02

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 3/26/2014 To: 12/31/2014
 Pay Period from: 03/15/2014 to: 12/31/2014

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
6/4/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC FED	34.80	507.38 148.80 34.80	1,709.02 Check No: 12016
6/11/2014	Regular		0.00	2,400.00	2,400.00	MEDICARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12023	
6/18/2014	Regular		0.00	2,400.00	2,400.00	MEDICARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12030	
6/25/2014	Regular		0.00	2,400.00	2,400.00	MEDICARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12037	
7/2/2014	Regular		0.00	2,400.00	2,400.00	MEDICARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12044	
7/16/2014	Regular		0.00	2,400.00	2,400.00	MEDICARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12051	
7/23/2014	Regular Regular		0.00 0.00	1,500.00 2,400.00	3,900.00	MEDICARE FED FIT FED SOCSEC FED	762.76 241.80 56.55	2,835.89 Check No: 12070	
7/23/2014	Regular Regular		0.00 0.00	(2,400.00) (1,500.00)	(3,900.00)	MEDICARE FED FIT FED SOCSEC FED	(762.76) (241.80) (56.55)	(2,835.89) Check No: 12077	
7/30/2014	Regular		0.00	2,400.00	2,400.00	MEDICARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12077	
8/6/2014	Regular		0.00	2,400.00	2,400.00	MEDICARE FED FIT FED SOCSEC FED	507.38 148.80	1,709.02 Check No: 12077	

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 3/26/2014 To: 12/31/2014
 Pay Period from: 03/15/2014 to: 12/31/2014

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
8/13/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12084 1,709.02
8/20/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12090 1,709.02
8/27/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12096 1,709.02
9/3/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12102 1,709.02
9/10/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12108 1,709.02
9/17/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12114 1,709.02
10/1/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12120 1,709.02
10/9/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12131 1,709.02
10/15/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Manual Check No: 12127 1,709.02
10/22/2014	Regular		0.00	2,400.00	2,400.00	FED MEDICARE FED FIT FED SOCSEC	34.80	507.38 148.80 34.80	Check No: 12143 1,709.02

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 3/26/2014 To: 12/31/2014
 Pay Period from: 03/15/2014 to: 12/31/2014

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
10/29/2014	Regular		0.00	2,400.00	2,400.00	FED MEDCARE FED FIT FED SOCSEC FED	34.80	507.38 148.80 34.80	1,709.02 Check No: 12150
11/5/2014	Regular		0.00	2,400.00	2,400.00	MEDCARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12157	
11/12/2014	Regular		0.00	2,400.00	2,400.00	MEDCARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12164	
11/19/2014	Regular		0.00	2,400.00	2,400.00	MEDCARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12175	
11/26/2014	Regular		0.00	2,400.00	2,400.00	MEDCARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12177	
12/3/2014	Regular		0.00	2,400.00	2,400.00	MEDCARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Check No: 12183	
12/24/2014	Regular		0.00	1,322.20	1,322.20	MEDCARE FED FIT FED SOCSEC FED	221.05 81.98 19.17	1,000.00 Manual Check No: 1489	
12/31/2014	Regular		0.00	2,400.00	2,400.00	MEDCARE FED FIT FED SOCSEC FED	507.38 148.80 34.80	1,709.02 Manual Check No: 0091	
Employee Totals :	Regular		0.00	\$85,322.20	\$85,322.20	FED FIT FED SOCSEC FED MEDCARE	\$17,979.35 \$5,289.98 \$1,237.17	\$60,812.70	

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 3/26/2014 To: 12/31/2014
 Pay Period from: 03/15/2014 to: 12/31/2014

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
1/7/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12215
1/14/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12221
1/21/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12227
1/28/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12233
2/4/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12239
2/11/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12245
2/18/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12251
2/25/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12257
3/4/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80 FED 34.80 MEDCARE			1,711.57 Check No: 12263
3/11/2015	Regular		0.00	2,400.00	2,400.00	FED FIT 504.83 FED SOCSEC 148.80			1,711.57

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 1/7/2015 To: 3/18/2015
 Pay Period from: 12/27/2014 to: 03/13/2015

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
3/18/2015	Regular		0.00	2,400.00	2,400.00	FED MEDCARE	34.80		Check No: 12269 1,711.57
						FED FIT FED SOCSEC	504.83 148.80		Check No: 12775
						FED MEDCARE	34.80		
Employee Totals :	Regular		0.00	\$26,400.00	\$26,400.00	FED FIT FED SOCSEC FED MEDCARE	\$5,553.13 \$1,636.80 \$382.80		\$18,837.27

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 1/7/2015 To: 3/18/2015
 Pay Period from: 12/27/2014 to: 03/13/2015

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
3/26/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Check No: 110950	
4/2/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Check No: 111958	
4/9/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Manual Check No: 111971	
4/16/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Check No: 110973	
4/23/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Check No: 111981	
4/30/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Check No: 111988	
5/7/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Check No: 111995	
5/14/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Check No: 112001	
5/21/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25	435.60 Check No: 12010	
5/28/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC	26.15 31.00	435.60	

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 3/26/2014 To: 12/31/2014
 Pay Period from: 03/15/2014 to: 12/31/2014

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
6/4/2014	Regular		0.00	500.00	500.00	FED MEDCARE	7.25		Check No: 12017 435.60
6/11/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12024 435.60
6/18/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12031 435.60
6/25/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12038 435.60
7/2/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12045 435.60
7/16/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12052 435.60
7/23/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12064 435.60
7/30/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12071 435.60
8/6/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12078 435.60
8/13/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12085 435.60

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 3/26/2014 To: 12/31/2014
 Pay Period from: 03/15/2014 to: 12/31/2014

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
8/20/2014	Regular		0.00	500.00	500.00	FED MEDCARE FED FIT FED SOCSEC	7.25 26.15 31.00 7.25		Check No: 12091 435.60
8/27/2014	Regular		0.00	500.00	500.00	FED MEDCARE FED FIT FED SOCSEC	7.25 26.15 31.00 7.25		Check No: 12097 435.60
9/3/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE FED FIT FED SOCSEC	7.25 96.78 62.00 14.50		Check No: 12103 826.72
9/10/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE FED FIT FED SOCSEC	7.25 96.78 62.00 14.50		Check No: 12109 826.72
9/17/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE FED FIT FED SOCSEC	7.25 96.78 62.00 14.50		Check No: 12115 826.72
10/1/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE FED FIT FED SOCSEC	7.25 96.78 62.00 14.50		Check No: 12121 826.72
10/10/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE FED FIT FED SOCSEC	7.25 96.78 62.00 14.50		Check No: 12132 826.72
10/15/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE FED FIT FED SOCSEC	7.25 96.78 62.00 14.50		Manual Check No: 1130 826.72
10/22/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE FED FIT FED SOCSEC	7.25 96.78 62.00 14.50		Check No: 12154 826.72
10/29/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE FED FIT FED SOCSEC	7.25 96.78 62.00 14.50		Check No: 12151 826.72

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 3/26/2014 To: 12/31/2014
 Pay Period from: 03/15/2014 to: 12/31/2014

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
11/5/2014	Regular		0.00	1,000.00	1,000.00	FED MEDCARE	14.50		Check No: 12158 826.72
11/26/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	96.78 62.00 14.50		Check No: 12165 433.60
12/3/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12184 433.60
12/17/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12191 433.60
12/24/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12206 433.60
12/31/2014	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	26.15 31.00 7.25		Check No: 12210 433.60
Employee Totals :	Regular		0.00	\$22,500.00	\$22,500.00	FED FIT FED SOCSEC FED MEDCARE	\$1,577.07 \$1,395.00 \$328.25		\$19,200.68

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 3/26/2014 To: 12/31/2014
 Pay Period from: 03/15/2014 to: 12/31/2014

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
1/7/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12216
1/14/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12222
1/21/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12228
1/28/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12234
2/4/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12240
2/11/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12246
2/18/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12252
2/25/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12258
3/4/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC FED MEDCARE	25.77 31.00 7.25		435.98 Check No: 12264
3/11/2015	Regular		0.00	500.00	500.00	FED FIT FED SOCSEC	25.77 31.00		435.98

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 1/7/2015 To: 3/18/2015
 Pay Period from: 12/27/2014 to: 03/13/2015

Earnings Record

Check Date	Earnings	Rate	Hours	Amount	Gross	Federal Taxes	State/Local Taxes	Deductions	Net Pay
3/18/2015	Regular		0.00	500.00	500.00	FED MEDCARE	7.25		Check No: 12270 435.98
						FED FIT FED SOCSEC	25.77 31.00		Check No: 12276 435.98
						FED MEDCARE	7.25		Check No: 12276 435.98
Employee Totals :	Regular		0.00	\$5,500.00	\$5,500.00	FED FIT FED SOCSEC FED MEDCARE	\$283.47 \$341.00 \$79.75		Case No: 15-bk-02566 \$4,795.78

Company: WILLIAM GLOVER III DMD LLC
 Check Dates From: 1/7/2015 To: 3/18/2015
 Pay Period from: 12/27/2014 to: 03/13/2015

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

In re William Glover, III, DMD, 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
William Glover III 9226 Longfellow Place Apopka, FL 32703			100% Managing Member

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Manager 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 March 25, 2015

Signature /s/ William Glover, III
**William Glover, III
Manager**

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.

William Glover, III, DMD, LLC
1507 S Hiawassee Rd., Suite 209
Orlando, FL 32835

Direct Capital Corporation
c/o Eric B Zwiebel, PA
7900 Peters Rd
Building B Suite 100
Plantation, FL 33324

Pentech Funding, LLC
75 E Santa Clara St Ste 1100
San Jose, CA 95113

David R. McFarlin
Wolff, Hill, McFarlin & Herron, P. A.
1851 West Colonial Drive
Orlando, FL 32804

Financial Pacific Leasing
3455 S 344th Way Ste 300
Auburn, WA 98001

Recigno Laboratories Inc
PO Box 560
Willow Grove, PA 19090

Benco Dental
PO Box 1108
Wilkes Barre, PA 18773-1108

Angela Glover
9226 Longfellow Place
Apopka, FL 32703

Safeguard America
55 Sebethe Dr
Cromwell, CT 06416-1016

CenterState Bank
c/o South Milhausen PA
1000 Legion Place Ste 1200
Orlando, FL 32801

William Glover, III
9226 Longfellow Place
Apopka, FL 32703

US Small Business Admin
409 3rd St SW
Washington, DC 20416

CenterState Bank of Florida
PO Box 9602
Winter Haven, FL 33883-9602

Oscar Gonzalez, Jr., Esq.
PO Box 950969
Lake Mary, FL 32795-0969

US Small Business Admin
504 Liquidation Dept
2120 Riverfront Dr Ste 100
Little Rock, AR 72202

Delphini Construction Co
2450 N Beardall Ave
Sanford, FL 32771

GPS Dental Lab Inc
3501 Parkway Center Ct
Orlando, FL 32808

Wells Fargo NA
MAC N9311-161
Sixth & Marquette
Minneapolis, MN 55479

Delphini Construction Co
c/o Killgore Pearlman et al
PO Box 1913
Orlando, FL 32802-1913

JC Fuller, PA
Attn Joyce C Fuller, Esq.
1700 N Maitland Ave
Maitland, FL 32751

William Glover III
9226 Longfellow Place
Apopka, FL 32703

Dental Marketing.Net
aka 123 Postcards
520 N Main St Ste 501
Heber City, UT 84032

Metrowest Professional Plaza
Condominium Assn, Inc.
1507 N Hiawassee Rd # 205
Orlando, FL 32835

Direct Capital Corporation
155 Commerce Way
Portsmouth, NH 03801

Orange County Tax Collector
Attn: Scott Randolph
PO Box 545100
Orlando, FL 32854

**United States Bankruptcy Court
MIDDLE DISTRICT OF FLORIDA**

In re William Glover, III, DMD, LLC

Debtor(s)

Case No. _____

Chapter 11

CORPORATE OWNERSHIP STATEMENT

William Glover, III, DMD, LLC, debtor, pursuant to Federal Rule of Bankruptcy Procedure 1007(a)(1) and 7007.1, states 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:

■ None [*Check if applicable*]

William Glover, III, DMD, LLC

03/25/2015
Date

By: /s/ William Glover, III
William Glover, III, Managing Member