

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Total Sleep Management, Inc.

2. All other names debtor used in the last 8 years
 Include any assumed names, trade names and doing business as names

DBA Sleep Lab Downtown Orlando
 DBA Sleep Lab Deland
 DBA Sleep Lab Titusville
 DBA Sleep Lab Baldwin Park
 DBA Sleep Lab Orange City
 DBA Sleep Lab Oviedo

3. Debtor's federal Employer Identification Number (EIN) 51-0430781

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>1910 N. Orange Ave Ste 2</u> <u>Orlando, FL 32804</u> Number, Street, City, State & ZIP Code <u>Orange</u> County	<u>PO Box 1197</u> <u>Altoona, FL 32702</u> P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business _____ Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.sleeptester.com

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership

Other. Specify: _____

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply.

- 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 after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A)* with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor See Attachment	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, 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.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number, Street, City, State & ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49

50-99

100-199

200-999

1,000-5,000

5,001-10,000

10,001-25,000

25,001-50,000

50,001-100,000

More than 100,000

15. Estimated Assets

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signature

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 19, 2016**
MM / DD / YYYY

X /s/ Nicholas L. Holland
Signature of authorized representative of debtor

Title **Vice President**

Nicholas L. Holland
Printed name

18. Signature of attorney

X /s/ Taylor J. King
Signature of attorney for debtor

Date **January 19, 2016**
MM / DD / YYYY

Taylor J. King
Printed name

Mickler & Mickler
Firm name

5452 Arlington Expressway
Jacksonville, FL 32211
Number, Street, City, State & ZIP Code

Contact phone **904-725-0822** Email address **tjking@planlaw.com**

72049
Bar number and State

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known)

Fill in this information to identify your case:

Debtor 1 **Nicholas L. Holland**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known)

Check if this is an amended filing

FORM 101. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	Charles G. Holland	Relationship to you	Affiliate
District	Middle District of Florida, Orlando Division	When 8/24/15	6:15-bk-07266-ABB
Debtor	Nicholas L. Holland	Relationship to you	Affiliate
District	Middle District of Florida, Orlando Division	When 7/23/14	6:14-bk-09673-KSJ

Fill in this information to identify the case:

Debtor name Total Sleep Management, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 19, 2016 X /s/ Nicholas L. Holland
Signature of individual signing on behalf of debtor

Nicholas L. Holland
Printed name

Vice President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Total Sleep Management, Inc.**
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**
 Case number (if known): _____

Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
BB&T 6905 N. Wickham Road Suite 200 Melbourne, FL 32940		December 2015 & January 2016 rent (Rockledge Lease)				\$3,314.58
BP Business Solutions PO Box 70995 Charlotte, NC 28272-0995						\$1,000.00
Carlton Harbison PO Box 1346 Altoona, FL 32702		Money Loaned				\$10,549.64
FMDD, LLC c/o Todd A. Jennings 625 Court Street, Suite 200 Clearwater, FL 33756		Breach of Contract Claim; Lease; Settlement				\$40,000.00
ImageFirst PO Box 18139 Clearwater, FL 33762		Goods/services to Orlando sleep lab				\$7,661.01
ImageFirst PO Box 18139 Clearwater, FL 33762		Goods/Services to Kissimmee sleep lab				\$2,358.81
Internal Revenue Service 850 Trafalgar Ct. Maitland, FL 32751						\$48,000.00
Jean E. Arthur 17715 SE 294th Ct. Rd. Umatilla, FL 32784		backpay - 2014				\$1,701.95

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Kewa's Cleaning Service Inc. 1043 Porpoise Dr Rockledge, FL 32955		cleaning service				\$6,390.00
M3 Holdings, Inc. 4250 Alafaya Trail Suite 212-339 Oviedo, FL 32765		January 2016 rent - Oviedo Lease				\$2,866.00
Mark Webster, D.O. 211 S. Volusia Ave Orange City, FL 32763						\$5,964.00
Medicare Part B PO Box 44141 Jacksonville, FL 32231-4141		Alleged Medicare Overpayment from 2014	Contingent Unliquidated Disputed			\$423,008.00
MVAP 1415 Lawrence Dr Newbury Park, CA 91320						\$8,690.63
NGM Orlando, LLC 1350 N. Orange Avenue #100 Winter Park, FL 32789		December 2015 & January 2016 rent (Cypress Crossing)				\$6,066.88
Nicholas Lake 3317 Timberwood Circle Naples, FL 34105		backpay				\$3,876.00
Office Depot 6600 North Military Trail Boca Raton, FL 33496		Office Supplies				\$1,136.57
On Deck Capital 1400 Broadway, 25th Floor New York, NY 10018		Money Loaned				\$95,674.84
PM Orthodontics 9398 Viscount Blvd, Suite 3A El Paso, TX 79925		December 2015 & January 2016 rent (Melbourne Lease)				\$4,991.50
Resmed PO Box 534593 Atlanta, GA 30353-4593		HST rental				\$14,840.74
Respiroics co Richard Avis & Associates 8755 W. Higgins Road Ste 610 Chicago, IL 60631		HST rental				\$58,927.35

Debtor **Total Sleep Management, Inc.**
Name _____

Case number (if known) _____

Fill in this information to identify the case:

Debtor name Total Sleep Management, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
1a. Real property:		
Copy line 88 from <i>Schedule A/B</i>	\$	<u>0.00</u>
1b. Total personal property:		
Copy line 91A from <i>Schedule A/B</i>	\$	<u>76,261.36</u>
1c. Total of all property:		
Copy line 92 from <i>Schedule A/B</i>	\$	<u>76,261.36</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)		
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	<u>0.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$	<u>48,000.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$	<u>699,318.50</u>
4. Total liabilities		
Lines 2 + 3a + 3b	\$	<u>747,318.50</u>

Fill in this information to identify the case:

Debtor name Total Sleep Management, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2.	Cash on hand		\$0.00
3.	Checking, savings, money market, or financial brokerage accounts (Identify all)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	Checking Wells Fargo	Checking	\$10,000.00
3.2.	Money Market Wells Fargo	Money Market	\$5,154.36
3.3.	Primary Wells Fargo	Primary	\$0.00
4.	Other cash equivalents (Identify all)		
5.	Total of Part 1.		\$15,154.36

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes Fill in the information below.

Part 3: Accounts receivable

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known) _____

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale DME Equipment held for re-sale (cost - \$3805; current market value - \$500)		\$3,805.00	N/A	\$500.00

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

<u>\$500.00</u>

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known) _____

Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.. <u>2005 Honda Civic</u>	<u>\$4,507.00</u>	<u>N/A</u>	<u>\$4,507.00</u>
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
Equipment:			
8 Respironic Alice 5 (\$16,000) - located at 1910 N Orange Ave			
3 Respironic Alice 5 (\$6,000) - located at 1978 Rockledge			
3 Respironic Alice 5 (\$6,000) - located at 380 N. Babcock			
3 Respironic Alice 5 (\$6,000) - located at 110 Burnsed Place #			
	<u>\$0.00</u>	<u>N/A</u>	<u>\$44,000.00</u>
Furniture and fixtures (value listed on Nov 2015 balance sheet - 68,544.64)			
	<u>\$0.00</u>	<u>N/A</u>	<u>\$10,000.00</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

<u>\$58,507.00</u>

52. Is a depreciation schedule available for any of the property listed in Part 8?

No

Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No

Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.

Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known) _____

- No. Go to Part 11.
 Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites Website (value listed on Nov 2015 balance sheet - \$12,400); www.sleeptester.com	\$0.00	N/A	\$1,000.00
62.	Licenses, franchises, and royalties Medicare Provider License	\$0.00		Unknown
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$1,000.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

		Current value of debtor's interest
71.	Notes receivable Description (include name of obligor)	
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities	
74.	Causes of action against third parties (whether or not a lawsuit has been filed)	
75.	Other contingent and unliquidated claims or causes of action of	

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known) _____

every nature, including counterclaims of the debtor and rights to set off claims

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Total Leasehold improvements (value listed on Nov 2015 balance sheet - \$276,732.34) **\$0.00**

Signs (value listed on Nov 2015 balance sheet - \$15,091.43) **\$100.00**

Software (value listed on Nov 2015 balance sheet - 15,549.99) **\$1,000.00**

Medicare provider number 1043210651 - statutory right per In re BDK Health Management, 1998 Bankr. LEXIS 2031 (Bankr. M.D. Fla 1998) **Unknown**

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$1,100.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- No
 Yes

Debtor **Total Sleep Management, Inc.**
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$15,154.36</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$500.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$58,507.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$1,000.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$1,100.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$76,261.36</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$76,261.36</u>

Fill in this information to identify the case:

Debtor name **Total Sleep Management, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name Total Sleep Management, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Internal Revenue Service 850 Trafalgar Ct. Maitland, FL 32751</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <hr/> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim:</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$48,000.00 \$ 48,000.00</p>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p>BB&T 6905 N. Wickham Road Suite 200 Melbourne, FL 32940</p> <hr/> <p>Basis for the claim: December 2015 & January 2016 rent (Rockledge Lease)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>\$3,314.58</p>

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Last 4 digits of account number _____ Yes

3.2 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$1,000.00**
BP Business Solutions *Check all that apply.*
PO Box 70995 Contingent
Charlotte, NC 28272-0995 Unliquidated
 _____ Disputed
Basis for the claim: _____

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Last 4 digits of account number **H989** Yes

3.3 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$10,549.64**
Carlton Harbison *Check all that apply.*
PO Box 1346 Contingent
Altoona, FL 32702 Unliquidated
 _____ Disputed
Basis for the claim: **Money Loaned**

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Last 4 digits of account number _____ Yes

3.4 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$100.00**
Charles G. Holland *Check all that apply.*
1717 Dormont Lane Contingent
Orlando, FL 32804 Unliquidated
 _____ Disputed
Basis for the claim: **Note payable**

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Last 4 digits of account number _____ Yes

3.5 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$40,000.00**
FMDD, LLC *Check all that apply.*
c/o Todd A. Jennings Contingent
625 Court Street, Suite 200 Unliquidated
Clearwater, FL 33756 Disputed

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Last 4 digits of account number _____ Yes

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

Basis for the claim: Breach of Contract Claim; Lease; Settlement

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.6

Nonpriority creditor's name and mailing address

**ImageFirst
 PO Box 18139
 Clearwater, FL 33762**

As of the petition filing date, the claim is:

\$2,358.81

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Goods/Services to Kissimmee sleep lab

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.7

Nonpriority creditor's name and mailing address

**ImageFirst
 PO Box 18139
 Clearwater, FL 33762**

As of the petition filing date, the claim is:

\$7,661.01

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Goods/services to Orlando sleep lab

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.8

Nonpriority creditor's name and mailing address

**Indus Pavilion, LLC
 2425 Pineapple Ave #108
 Melbourne, FL 32935**

As of the petition filing date, the claim is:

Unknown

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.9

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$0.00

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

Integra Lifesciences Corp.
PO box 404129
Atlanta, GA 30384-4129

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **9649**

3.10 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$1,701.95**

Jean E. Arthur
17715 SE 294th Ct. Rd.
Umatilla, FL 32784

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **backpay - 2014**

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

3.11 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$6,390.00**

Kewa's Cleaning Service Inc.
1043 Porpoise Dr
Rockledge, FL 32955

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **cleaning service**

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

3.12 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$2,866.00**

M3 Holdings, Inc.
4250 Alafaya Trail
Suite 212-339
Oviedo, FL 32765

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **January 2016 rent - Oviedo Lease**

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

3.13	Nonpriority creditor's name and mailing address Mark Webster, D.O. 211 S. Volusia Ave Orange City, FL 32763	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,964.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

3.14	Nonpriority creditor's name and mailing address Medicare Part B PO Box 44141 Jacksonville, FL 32231-4141	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$423,008.00
		Basis for the claim: Alleged Medicare Overpayment from 2014	
	Date or dates debt was incurred 2014	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 6000		

3.15	Nonpriority creditor's name and mailing address MVAP 1415 Lawrence Dr Newbury Park, CA 91320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,690.63
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

3.16	Nonpriority creditor's name and mailing address Navin Verma MD 1825 Lake Baldwin Lane Orlando, FL 32814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
		Basis for the claim: Backpay	

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.17

Nonpriority creditor's name and mailing address

NGM Orlando, LLC
1350 N. Orange Avenue #100
Winter Park, FL 32789

As of the petition filing date, the claim is: _____

\$6,066.88

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: **December 2015 & January 2016 rent (Cypress Crossing)**

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.18

Nonpriority creditor's name and mailing address

Nicholas Holland
323 Churchill Downs Blvd
Deland, FL 32724

As of the petition filing date, the claim is: _____

\$200.00

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: **Note payable**

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.19

Nonpriority creditor's name and mailing address

Nicholas Lake
3317 Timberwood Circle
Naples, FL 34105

As of the petition filing date, the claim is: _____

\$3,876.00

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: **backpay**

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.20

Nonpriority creditor's name and mailing address

Office Depot
6600 North Military Trail
Boca Raton, FL 33496

As of the petition filing date, the claim is: _____

\$1,136.57

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

Basis for the claim: **Office Supplies**

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.21

Nonpriority creditor's name and mailing address
Office Depot
PO Box 183015
Columbus, OH 43218-3015

As of the petition filing date, the claim is:

Unknown

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: **credit card**

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.22

Nonpriority creditor's name and mailing address
On Deck Capital
1400 Broadway, 25th Floor
New York, NY 10018

As of the petition filing date, the claim is:

\$95,674.84

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: **Money Loaned**

Date or dates debt was incurred **February 2, 2015**

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.23

Nonpriority creditor's name and mailing address
Parvesh Bansal
1400 Pine St
Melbourne, FL 32901

As of the petition filing date, the claim is:

Unknown

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

No

Last 4 digits of account number _____

Yes

3.24

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Unknown

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

Pitney Bowes
PO Box 371874
Pittsburgh, PA 15250-7874

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

3.25 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$4,991.50**

PM Orthodontics
9398 Viscount Blvd, Suite 3A
El Paso, TX 79925

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: December 2015 & January 2016 rent (Melbourne Lease)

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

3.26 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$14,840.74**

Resmed
PO Box 534593
Atlanta, GA 30353-4593

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: HST rental

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **4566**

3.27 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$58,927.35**

Respironics
co Richard Avis & Associates
8755 W. Higgins Road Ste 610
Chicago, IL 60631

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: HST rental

Date or dates debt was incurred _____

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **5178**

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

3.28	Nonpriority creditor's name and mailing address Respironics PO Box 405740 Atlanta, GA 30384-5740	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
		Basis for the claim: HST Rental	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 4370		

3.29	Nonpriority creditor's name and mailing address Simmy Pinto MD 402 N. Babcock, Suite 102 Melbourne, FL 32935	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown
		Basis for the claim: backpay	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

3.30	Nonpriority creditor's name and mailing address Sommerset Park 16630 N. Dale Mabry Tampa, FL 33618-1400	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

3.31	Nonpriority creditor's name and mailing address Steve Culpepper 2506 Lake Debra Drive Orlando, FL 32835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown
		Basis for the claim: Lawsuit for Wrongful Termination	

Debtor **Total Sleep Management, Inc.** Case number (if known) _____
Name

Date or dates debt was incurred _____ **Is the claim subject to offset?**
 No
 Last 4 digits of account number **5111** Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Jonathan Neil & Associates c/o Jessica Seeley 71 West Main St., Ste 304 Freehold, NJ 07728	Line 3.26 <input type="checkbox"/> Not listed. Explain _____	
4.2	Richard W. Smith 390 N. Orange Avenue Suite 2200 Orlando, FL 32801-1642	Line 3.31 <input type="checkbox"/> Not listed. Explain _____	
4.3	Total Merchant Resources LLC 255 Old New Brunswick Road Piscataway, NJ 08854	Line 3.22 <input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ 48,000.00
5b. Total claims from Part 2	5b. + \$ 699,318.50
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ 747,318.50

Fill in this information to identify the case:Debtor name Total Sleep Management, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

 Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases? No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease of Real Property (Rockledge)- Debtor as Lessee; \$1,657.29 per month**

State the term remaining _____

List the contract number of any government contract _____

BB&T
6905 N. Wickham Road
Suite 200
Melbourne, FL 32940

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease of Real Property (Oviedo) - Debtor as Lessee; \$2,866.24 per month**

State the term remaining **11/1/2013 to 10/31/16**

List the contract number of any government contract _____

M3 Holdings, Inc.
4250 Alafaya Trail
Suite 212-339
Oviedo, FL 32765

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease of Real Property (Cypress Crossing) - Debtor as Lessee; \$3,033.44 per month**

State the term remaining **6/1/2011 to 5/31/2016**

List the contract number of any government contract _____

NGM Orlando, LLC
1350 N. Orange Avenue #100
Winter Park, FL 32789

2.4. State what the contract or lease is for and the nature of the debtor's interest **Lease of Real Property (Melbourne) - Debtor as Lessee; \$2,495.75 per month**

State the term remaining **9/1/2015 to 9/1/2020**

List the contract number of any government contract _____

PM Orthodontics
9398 Viscount Blvd, Suite 3A
El Paso, TX 79925

Debtor 1 **Total Sleep Management, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **HST Rental - Debtor as Lessee (see attachment for list of equipment)**

State the term remaining

List the contract number of any government contract _____

**Resmed
PO Box 534593
Atlanta, GA 30353-4593**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **HST Rental - Debtor as Lessee**

State the term remaining

List the contract number of any government contract _____

**Respironics
co Richard Avis & Associates
8755 W. Higgins Road Ste 610
Chicago, IL 60631**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **HST Rental - Debtor as Lessee**

State the term remaining

List the contract number of any government contract _____

**Respironics
PO Box 405740
Atlanta, GA 30384-5740**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Lease of Real Property (Orlando Lease) - Debtor as Lessee; \$7,188.75 per month 5/15/2010 to 5/14/2017**

State the term remaining

List the contract number of any government contract _____

**SASA, LLC
c/o Contango Investments Inc
238 N. Westmonte Drive
Altamonte Springs, FL 32714**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Lease of Real Property (Eustis Lease) - Debtor as Lessee; \$1,926 per month 1/1/2015 to 12/31/2017**

State the term remaining

List the contract number of any government contract _____

**Todd McNamara
1611 Banning Beach Road
Tavares, FL 32778**



Return Address:
 Attn: AR Department
 9001 Spectrum Center Blvd.
 San Diego, CA 92123

INVOICE NO. 143722
 INVOICE DATE 31-DEC-15

PLEASE REMIT PAYMENT TO:
 RESMED
 PO Box 534593
 ATLANTA GA 30353-4593
 Phone: 800-424-0737

BILL TO: ATTN: Accounts Payable
 5454 1 MB 0.439 E0190 I0286 D1583081748 P3023941 0004:0005

DELIVERY ADDRESS:

TOTAL SLEEP MANAGEMENT, INC
 1910 N ORANGE AVE, STE 2
 ORLANDO FL 32804



TOTAL SLEEP MANAGEMENT, INC
 PO BOX 1197
 ALTOONA FL 32702-1197

ACCOUNT NUMBER	CURRENCY	ORDER REFERENCE	TERMS			
94566	USD	APNEALINK RENTAL	30 Days			
CONTRACT NUMBER		BILLING PERIOD	SALES REP			
28364381		01-OCT-15-31-DEC-15	Fayer, Justin			
STOCK CODE	DESCRIPTION	ORDERED QTY	SHIPPED QTY	UNIT PRICE	AMOUNT	
RENT/APNEALINK- RSV					2,580.00	
	ApneaLink Air Complete Set - US; Serial# 201350001431			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001433			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001440			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001441			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001442			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001443			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001444			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001445			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001446			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001447			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001451			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001675			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001676			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001677			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001678			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001679			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001680			129.00		
	ApneaLink Air Complete Set - US; Serial# 201350001681			129.00		



Return Address:
 Attn: AR Department
 9001 Spectrum Center Blvd.
 San Diego, CA 92123

INVOICE NO. 143722
INVOICE DATE 31-DEC-15

PLEASE REMIT PAYMENT TO:
RESMED
PO Box 534593
ATLANTA GA 30353-4593
Phone: 800-424-0737

ACCOUNT NUMBER	CURRENCY	ORDER REFERENCE	TERMS
94566	USD	APNEALINK RENTAL	30 Days
CONTRACT NUMBER		BILLING PERIOD	SALES REP
28364381		01-OCT-15-31-DEC-15	Fayer, Justin

STOCK CODE	DESCRIPTION	ORDERED QTY	SHIPPED QTY	UNIT PRICE	AMOUNT
	ApneaLink Air Complete Set - US; Serial# 201350001682			129.00	
	ApneaLink Air Complete Set - US; Serial# 201350001694			129.00	



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*Combined responses of those expressing a preference in an independent patient survey in the USA, UK, Germany, France & Australia, from September 2012. Visit www.resmed.com/maskbrand.

SUBTOTAL	2,580.00
FREIGHT	0.00
TAX	167.80
TOTAL DUE	2,747.80

All orders subject to the Terms and Conditions of Sale on the back of the first page.



Return Address:
 Attn: AR Department
 9001 Spectrum Center Blvd.
 San Diego, CA 92123

INVOICE NO. 143671
 INVOICE DATE 31-DEC-15

PLEASE REMIT PAYMENT TO:
 RESMED
 PO Box 534593
 ATLANTA GA 30353-4593
 Phone: 800-424-0737

BILL TO: ATTN: Accounts Payable
 5454 1 MB 0.439 E0190X I0283 D1583081702 P3023941 0001:0005

DELIVERY ADDRESS:



TOTAL SLEEP MANAGEMENT, INC
 1910 N ORANGE AVE, STE 2
 ORLANDO FL 32804



TOTAL SLEEP MANAGEMENT, INC
 PO BOX 1197
 ALTOONA FL 32702-1197

ACCOUNT NUMBER	CURRENCY	ORDER REFERENCE	TERMS		
94566	USD	VPAP RENTALS	30 Days		
CONTRACT NUMBER	BILLING PERIOD	SALES REP			
28250666	01-OCT-15-31-DEC-15	Fayer, Justin			
STOCK CODE	DESCRIPTION	ORDERED QTY	SHIPPED QTY	UNIT PRICE	AMOUNT
VPAP TX - RSVP					200.00
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	



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*Combined responses of those expressing a preference in an independent patient survey in the USA, UK, Germany, France & Australia, from September 2012. Visit www.resmed.com/maskbrand.

SUBTOTAL	200.00
FREIGHT	0.00
TAX	13.04
TOTAL DUE	213.04

All orders subject to the Terms and Conditions of Sale on the back of the first page.



Return Address:
 Attn: AR Department
 9001 Spectrum Center Blvd.
 San Diego, CA 92123

INVOICE NO. 143672
INVOICE DATE 31-DEC-15

PLEASE REMIT PAYMENT TO:
RESMED
PO Box 534593
ATLANTA GA 30353-4593
Phone: 800-424-0737

BILL TO: ATTN: Accounts Payable
 5454 1 MB 0.439 E0190 I0284 D1583081703 P3023941 0002:0005

DELIVERY ADDRESS:

TOTAL SLEEP MANAGEMENT, INC
 2200 W EAU GALLIE BLVD
 MELBOURNE FL 32935



TOTAL SLEEP MANAGEMENT, INC
 PO BOX 1197
 ALTOONA FL 32702-1197

ACCOUNT NUMBER	CURRENCY	ORDER REFERENCE	TERMS		
94566	USD	VPAP RENTAL	30 Days		
CONTRACT NUMBER	BILLING PERIOD	SALES REP			
28250699	01-OCT-15-31-DEC-15	Cussen, Ryan			
STOCK CODE	DESCRIPTION	ORDERED QTY	SHIPPED QTY	UNIT PRICE	AMOUNT
VPAP TX - RSVP					125.00
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	S9 VPAP Tx FG - Americas			25.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Cleanable H5i S9 VPAP Tx AMER			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	
	Tx Link			0.00	



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*Combined responses of those expressing a preference in an independent patient survey in the USA, UK, Germany, France & Australia, from September 2012. Visit www.resmed.com/maskbrand.

SUBTOTAL	125.00
FREIGHT	0.00
TAX	7.50
TOTAL DUE	132.50

All orders subject to the Terms and Conditions of Sale on the back of the first page.



Return Address:
 Attn: AR Department
 9001 Spectrum Center Blvd.
 San Diego, CA 92123

INVOICE NO. 143696
INVOICE DATE 31-DEC-15

PLEASE REMIT PAYMENT TO:
RESMED
PO Box 534593
ATLANTA GA 30353-4593
Phone: 800-424-0737

BILL TO: ATTN: Accounts Payable
 5454 1 MB 0.439 E0190 I0285 D1583081726 P3023941 0003:0005

DELIVERY ADDRESS:



TOTAL SLEEP MANAGEMENT, INC
 694 8TH STREET NORTH
 NAPLES FL 34102



TOTAL SLEEP MANAGEMENT, INC
 PO BOX 1197
 ALTOONA FL 32702-1197

ACCOUNT NUMBER	CURRENCY	ORDER REFERENCE	TERMS
94566	USD	VPAP RENTALS	30 Days
CONTRACT NUMBER		BILLING PERIOD	SALES REP
28285300		01-OCT-15-31-DEC-15	Moore, Tracey

STOCK CODE	DESCRIPTION	ORDERED QTY	SHIPPED QTY	UNIT PRICE	AMOUNT
VPAP TX - RSVP					50.00
	S9 VPAP Tx FG - Americas; Serial# 22131302756			25.00	
	S9 VPAP Tx FG - Americas; Serial# 22131303168			25.00	
	Cleanable H5i S9 VPAP Tx AMER; Serial# 22131303610			0.00	
	Cleanable H5i S9 VPAP Tx AMER; Serial# 22131303996			0.00	
	Tx Link			0.00	
	Tx Link			0.00	



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*Combined responses of those expressing a preference in an independent patient survey in the USA, UK, Germany, France & Australia, from September 2012. Visit www.resmed.com/maskbrand.

SUBTOTAL	50.00
FREIGHT	0.00
TAX	3.00
TOTAL DUE	53.00

All orders subject to the Terms and Conditions of Sale on the back of the first page.

Fill in this information to identify the case:

Debtor name Total Sleep Management, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____ Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____ Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Total Sleep Management, Inc.
 United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA
 Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

Operating a business

Unknown

Other _____

For prior year:
From 1/01/2015 to 12/31/2015

Operating a business

\$2,114,000.00

Other _____

For year before that:
From 1/01/2014 to 12/31/2014

Operating a business

\$2,757,800.00

Other _____

For the fiscal year:
From 1/01/2013 to 12/31/2013

Operating a business

\$3,265,073.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

Debtor **Total Sleep Management, Inc.**

Case number (if known) _____

None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
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4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership 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(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Steve Culpepper vs. Total Sleep Management, Inc. 2015-CA-005111	Wrongful Termination	Orange County Circuit Court 425 N. Orange Avenue Orlando, FL 32801	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	FMDD, LLC v. Total Sleep Management, Inc. 15-001657-CO	Pending	County Court, Pinellas County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Audit by Centers for Medicare & Medicaid Services			<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor **Total Sleep Management, Inc.**

Case number (if known)

 None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Offices of Mickler & Mickler, LLP 5452 Arlington Expressway Jacksonville, FL 32211	\$11,717 (\$10,000 attorney fee retainer and \$1,717 chapter 11 filing fee paid by counsel to the bankruptcy court)	December 22, 2015	\$11,717.00
Email or website address planlaw.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor **Total Sleep Management, Inc.**

Case number (if known) _____

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	---	---------------------------	--------------------------

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
- Yes. State the nature of the information collected and retained.

**Name, Address, DOB, insurance information, brief medical history,
and SSN**

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---	------------------------------------	----------------------------------	---	---

19. Safe deposit boxes

Debtor **Total Sleep Management, Inc.**

Case number (if known) _____

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Debtor **Total Sleep Management, Inc.**

Case number (if known)

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
------------------	----------------------------

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Nicholas L. Holland	323 Churchill Downs Blvd Deland, FL 32724	Vice President	33

Name	Address	Position and nature of any interest	% of interest, if any
Charles G. Holland	1717 Dormont Ln Orlando, FL 32804	President	33

Debtor **Total Sleep Management, Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Jean E. Arthur	17715 SE 294th Ct Rd Umatilla, FL 32784	Treasurer	33

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Charles G. Holland 1717 Dormont Lane Orlando, FL 32804	\$38,074.63 salary; plus health insurance of \$537.40 monthly	2015 salary	2015 salary; regular salary \$55k; Facilitates direction of sleep study results. Documentation specialist, creates various necessary documents and distributes to physicians on daily basis.
	Relationship to debtor President			

Debtor **Total Sleep Management, Inc.**

Case number (if known) _____

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value	
30.2	Nicholas Holland 323 Churchill Downs Blvd Deland, FL 32724	\$40,833.31 - 2015 salary; plus health insurance of \$537.40 monthly	2015 salary	2015 salary Insurance credentialing, regulatory oversight. Coordinate inter-departmental projects and meetings. Develop, implement, and educate staff on policies and procedure relating to billing, scheduling, insurance eligibility, and insurance contracting. Establish and maintain computer networks; test and calibrate sleep lab devices and safety equipment regularly. Ensure accountability among departments.
	Relationship to debtor Vice President			
30.3	Jean E. Arthur 17715 SE 294th Ct. Rd. Umatilla, FL 32784	\$42,916.31 - 2015 salary; plus monthly health insurance of \$638.47 and dental insurance of \$12.99 monthly	2015 salary	2015 salary; regular salary \$55k; Regulatory oversight, supervisor of call center, bookkeeper. Keeps books for company while supervising scheduling/call center employees. Prepares necessary state regulations applications.
	Relationship to debtor Treasurer			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor **Total Sleep Management, Inc.**

Case number (if known) _____

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 19, 2016

/s/ Nicholas L. Holland
Signature of individual signing on behalf of the debtor

Nicholas L. Holland
Printed name

Position or relationship to debtor Vice President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

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

In re **Total Sleep Management, Inc.**

Debtor(s)

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
Charles G. Holland 1717 Dormont Lane Orlando, FL 32804	Common	1/3	Equity
Jean E. Arthur 17715 SE 294th Ct. Rd. Umatilla, FL 32784	Common	1/3	Equity
Nicholas Holland 323 Churchill Downs Blvd Deland, FL 32724	Common	1/3	Equity

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Vice President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **January 19, 2016**

Signature **/s/ Nicholas L. Holland
Nicholas L. Holland**

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

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

In re **Total Sleep Management, Inc.**

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Vice President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **January 19, 2016**

/s/ Nicholas L. Holland

Nicholas L. Holland/Vice President

Signer/Title

Total Sleep Management, Inc.
PO Box 1197
Altoona, FL 32702

Integra Lifesciences Corp.
PO box 404129
Atlanta, GA 30384-4129

Navin Verma MD
1825 Lake Baldwin Lane
Orlando, FL 32814

Taylor J. King
Mickler & Mickler
5452 Arlington Expressway
Jacksonville, FL 32211

Internal Revenue Service
850 Trafalgar Ct.
Maitland, FL 32751

NGM Orlando, LLC
1350 N. Orange Avenue #100
Winter Park, FL 32789

BB&T
6905 N. Wickham Road
Suite 200
Melbourne, FL 32940

Jean E. Arthur
17715 SE 294th Ct. Rd.
Umatilla, FL 32784

Nicholas Holland
323 Churchill Downs Blvd
Deland, FL 32724

BP Business Solutions
PO Box 70995
Charlotte, NC 28272-0995

Jonathan Neil & Associates
c/o Jessica Seeley
71 West Main St., Ste 304
Freehold, NJ 07728

Nicholas Lake
3317 Timberwood Circle
Naples, FL 34105

Carlton Harbison
PO Box 1346
Altoona, FL 32702

Kewa's Cleaning Service Inc.
1043 Porpoise Dr
Rockledge, FL 32955

Office Depot
6600 North Military Trail
Boca Raton, FL 33496

Charles G. Holland
1717 Dormont Lane
Orlando, FL 32804

M3 Holdings, Inc.
4250 Alafaya Trail
Suite 212-339
Oviedo, FL 32765

Office Depot
PO Box 183015
Columbus, OH 43218-3015

FMDD, LLC
c/o Todd A. Jennings
625 Court Street, Suite 200
Clearwater, FL 33756

Mark Webster, D.O.
211 S. Volusia Ave
Orange City, FL 32763

On Deck Capital
1400 Broadway, 25th Floor
New York, NY 10018

ImageFirst
PO Box 18139
Clearwater, FL 33762

Medicare Part B
PO Box 44141
Jacksonville, FL 32231-4141

Parvesh Bansal
1400 Pine St
Melbourne, FL 32901

Indus Pavilion, LLC
2425 Pineapple Ave #108
Melbourne, FL 32935

MVAP
1415 Lawrence Dr
Newbury Park, CA 91320

Pitney Bowes
PO Box 371874
Pittsburgh, PA 15250-7874

PM Orthodontics
9398 Viscount Blvd, Suite 3A
El Paso, TX 79925

Todd McNamara
1611 Banning Beach Road
Tavares, FL 32778

Resmed
PO Box 534593
Atlanta, GA 30353-4593

Total Merchant Resources LLC
255 Old New Brunswick Road
Piscataway, NJ 08854

Respironics
co Richard Avis & Associates
8755 W. Higgins Road Ste 610
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B2030 (Form 2030) (12/15)

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

In re **Total Sleep Management, Inc.**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

For legal services, I have agreed to accept	\$	<u>25,000.00</u>
Prior to the filing of this statement I have received	\$	<u>10,000.00</u>
Balance Due	\$	<u>15,000.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

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

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Services as outlined in Chapter 11 Representation agreement, including filing of Chapter 11 Plan and Disclosure Statement, case management summary, etc. \$10k retainer billed against at \$225 to \$300 per hour; any fees in excess of the original retainer shall be for costs and fees based on hours expended exceeding pre-petition retainer and paid upon approval by the bankruptcy court.

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

Without limitation, tax, corporate, healthcare, regulatory, advisory or other non-bankruptcy legal services; whether or not directly or indirectly related to the bankruptcy case. Client responsible for preparing monthly operating reports and paying US Trustee fees.

CERTIFICATION

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

January 19, 2016

Date

/s/ Taylor J. King

Taylor J. King 72049

Signature of Attorney

Mickler & Mickler

5452 Arlington Expressway

Jacksonville, FL 32211

904-725-0822 Fax: 904-725-0855

tjking@planlaw.com

Name of law firm

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

In re **Total Sleep Management, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

None [*Check if applicable*]

January 19, 2016

Date

/s/ Taylor J. King

Taylor J. King 72049

Signature of Attorney or Litigant

Counsel for **Total Sleep Management, Inc.**

Mickler & Mickler

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Jacksonville, FL 32211

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