

Debtor **Ronald Howland, D.M.D., P.A.**
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(53A))
- 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. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

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 \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 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 operations, 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	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Ronald Howland, D.M.D., P.A.**
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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Ronald Howland, D.M.D., P.A.**
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

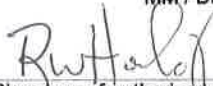
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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 4/22/2016
MM / DD / YYYY

X 
Signature of authorized representative of debtor

Ronald W. Howland, D.M.D.
Printed name

Title President, Owner

18. Signature of attorney

X 
Signature of attorney for debtor

Date 4/22/16
MM / DD / YYYY

Richard R. Thames
Printed name

Thames Markey & Heekin, PA
Firm name

50 North Laura Street
Suite 1600
Jacksonville, FL 32202
Number, Street, City, State & ZIP Code

Contact phone 904-358-4000 Email address abd@tmhlaw.net

0718459
Bar number and State

Fill in this information to identify the case:

Debtor name **Ronald Howland, D.M.D., P.A.**

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 4/22/2016

X 
Signature of individual signing on behalf of debtor

Ronald W. Howland, D.M.D.
Printed name

President, Owner
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Ronald Howland, D.M.D., P.A.
 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>375,000.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>14,392.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>389,392.00</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>832,917.50</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 5a of <i>Schedule E/F</i>	\$ <u>0.00</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 5b of <i>Schedule E/F</i>	+\$ <u>86,277.07</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>919,194.57</u>

Fill in this information to identify the case:

Debtor name Ronald Howland, D.M.D., P.A.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

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. First Citizens Bank [balance as of 03/31/2016]Business Checking Account1054\$1,795.003.2. First Citizens Bank [balance as of 03/31/2016]Business Checking Account4326\$497.004. **Other cash equivalents** (Identify all)5. **Total of Part 1.**

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

\$2,292.00**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

10. Does the debtor have any accounts receivable?

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

11. **Accounts receivable**

Debtor Ronald Howland, D.M.D., P.A. Case number (if known) _____
 Name

11a. 90 days old or less: 1,800.00 - 0.00 = ... \$1,800.00
 face amount doubtful or uncollectible accounts

12. **Total of Part 3.** **\$1,800.00**
 Current value on lines 11a + 11b = line 12. Copy the total to line 82.

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				
22.	Other inventory or supplies Inventory and supplies [estimated value]		\$0.00		\$300.00

23. **Total of Part 5.** **\$300.00**
 Add lines 19 through 22. Copy the total to line 84.

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?

Debtor **Ronald Howland, D.M.D., P.A.**
Name

Case number (if known)

- No. Go to Part 8.
- 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
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Office equipment as described on attached listing	\$0.00	Comparable sale	\$1,000.00
Leased Biolase Waterlase MD equipment [approximate value of \$10,000]	\$0.00	N/A	\$0.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$1,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?
 No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?
 No
 Yes

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			
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Dentistry equipment as described on attached listing	\$0.00		\$9,000.00

Debtor Ronald Howland, D.M.D., P.A. Case number (if known) _____
 Name

51. **Total of Part 8.** \$9,000.00
 Add lines 47 through 50. Copy the total to line 87.

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.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Office condominium located at 3209 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32082 [Real Estate No. 062260.3209]	Fee simple	\$0.00	MAI Appraisal	\$375,000.00

56. **Total of Part 9.** \$375,000.00
 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
 No
 Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
 No
 Yes

Part 10: Intangibles and intellectual property

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

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

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.

Debtor **Ronald Howland, D.M.D., P.A.**
 Name _____

Case number (if known) _____

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 Commercial Property Insurance Policy No. FAO1063 through American Capital Assurance Corp. [11/19/2015 - 11/19/2016]	<u>\$0.00</u>
<hr/>		
	Spectrum Business Owner's Policy No. 21.SBA.BK5190 through The Hartford [08/27/2015 - 08/27/2016]	<u>\$0.00</u>
<hr/>		

- 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 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*

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
 No
 Yes

Debtor **Ronald Howland, D.M.D., P.A.**
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>\$2,292.00</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>\$1,800.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$300.00</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>\$1,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$9,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i>>		<u>\$375,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$14,392.00</u>	+ 91b. <u>\$375,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$389,392.00</u>

Ronald W. Howland, D.M.D., P.A.

Office Equipment and Dentistry Equipment Listing - Schedule B.41 and B.50

Description	Estimated Value
Operating Room 1	
Pelton Chairman	
Pelton LFTII Light	
Pelton SCT-15 Inst. Delivery System	
Gendex 770 Pass Thru X-Ray Unit	
Custom Cabinetry	
Viewsonic VS11979 Monitor	
Operating Room 2	
Pelton Chairman	
Pelton LFTII Light	
Pelton SCT-15 Inst. Delivery System	
Link Ergonomics Dr. Stool	
Pass Thru Room 1 X-Ray	
Custom Cabinetry	
JHM Egin MC-102/103 Caitron	
Dell Monitor	
Dell Optiplex 3020 CPU	
Dexis 601P Sensor	
Airtec A5350 Intra Oral Camera	
Sharp Flat Screen Television	
Operating Room 3	
Midmark 153758-001 Chair	
Pelton HBT-3 Light	
Midmark Rear Delivery Inst. Delivery System	
BienAir OptimaMX Electric HP	
Midmark 153812 Assistant Stool	
Instrumentarium Focus X-Ray Unit	
Midmark DM-FTC004 Rear Base Cabinetry	
Midmark DM-OUC041-001 Rear Upper Cabinetry	
3M 5530BA Curing Light	
Airtec A5350 Intra Oral Camera	
Discus BS4000 Whitener	
Belmed 5000 Flow Meter	
Dexis 601P Sensor	
Sharp Flat Screen Television	
Operating Room 4	
Midmark 153758-001 Chair	

Pelton HBT-3 Light
Midmark Rear Delivery Inst. Delivery System
BienAir OptimaMX Electric HP
Link Ergonomics Dr. Stool
Link Ergonomics Assistant Stool
Pass Through with Room 5 X-Ray Unit
Midmark DM-FTC004 Rear Base Cabinetry
Midmark DM-OUC041-001 Rear Upper Cabinetry
Discus Dental CR1050 Flashlite 1401 Curing Light
Dell Monitor
Dell CPU
Airtec A5350 Acclaim Intra Oral Camera
Airtec 53150 Master Shut Off
Dell Dedicated Server
Dell Business Workstation

Total

\$10,000.00

Fill in this information to identify the case:

Debtor name **Ronald Howland, D.M.D., P.A.**

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.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<p>2.1 CenterState Bank Creditor's Name</p> <p>1234 King St. Jacksonville, FL 32204 Creditor's mailing address</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number 0285</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <ol style="list-style-type: none"> 1. CenterState Bank 2. U.S. Small Business Administration 3. St. Johns County Tax Collector 4. St. Johns County Tax Collector 5. The Falls at Sawgrass Village </p>	<p>Describe debtor's property that is subject to a lien Office condominium located at 3209 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32082 [Real Estate No. 062260.3209]</p> <p>Describe the lien First Mortgage</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$404,970.11</p> <p>\$375,000.00</p>

<p>2.2 CenterState Bank Creditor's Name</p> <p>1234 King St. Jacksonville, FL 32204 Creditor's mailing address</p> <p>Creditor's email address, if known _____</p>	<p>Describe debtor's property that is subject to a lien Office and dental equipment as described on attached listings</p> <p>Describe the lien Security Agreement</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$58,124.56</p> <p>\$10,000.00</p>
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Debtor **Ronald Howland, D.M.D., P.A.**
Name

Case number (if know)

Date debt was Incurred

Is anyone else llable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number
0421

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.3 St. Johns County Tax Collector

Creditor's Name
**P.O. Box 9001
 Saint Augustine, FL
 32085-9001**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
3209

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

Describe debtor's property that is subject to a lien

\$3,936.73

\$375,000.00

**Office condominium located at 3209
 Sawgrass Village Circle, Ponte Vedra Beach,
 Florida 32082 [Real Estate No. 062260.3209]**

Describe the lien

Real Estate Taxes [2014]

Is the creditor an insider or related party?

- No

- Yes

Is anyone else llable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.4 St. Johns County Tax Collector

Creditor's Name
**P.O. Box 9001
 Saint Augustine, FL
 32085-9001**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
0000

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$3,150.53

\$10,000.00

**Office and dental equipment as described on
 attached listings**

Describe the lien

2015 Tangible Personal Property Taxes

Is the creditor an Insider or related party?

- No

- Yes

Is anyone else llable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

Debtor **Ronald Howland, D.M.D., P.A.**
Name

Case number (if know)

2.5	<p>St. Johns County Tax Collector Creditor's Name P.O. Box 9001 Saint Augustine, FL 32085-9001 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 3209</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. Specified on line 2.1</p>	<p>Describe debtor's property that is subject to a lien Office condominium located at 3209 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32082 [Real Estate No. 062260.3209]</p> <p>Describe the lien Real Estate Taxes [2015] Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$3,414.88</p> <p>\$375,000.00</p>
-----	--	--	---

2.6	<p>The Falls at Sawgrass Village Creditor's Name Condominium Association, Inc. c/o Association Management of Pont 3108 Sawgrass Village Cir. Ponte Vedra Beach, FL 32082 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. Specified on line 2.1</p>	<p>Describe debtor's property that is subject to a lien Office condominium located at 3209 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32082 [Real Estate No. 062260.3209]</p> <p>Describe the lien Condominium Association Dues Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$18,686.00</p> <p>\$375,000.00</p>
-----	---	---	--

2.7	<p>U.S. Small Business Administration Creditor's Name 2120 Riverfront Dr., #100 Little Rock, AR 72202 Creditor's mailing address</p>	<p>Describe debtor's property that is subject to a lien Office condominium located at 3209 Sawgrass Village Circle, Ponte Vedra Beach, Florida 32082 [Real Estate No. 062260.3209]</p> <p>Describe the lien Second Mortgage Is the creditor an insider or related party? <input checked="" type="checkbox"/> No</p>	<p>\$289,501.49</p> <p>\$375,000.00</p>
-----	--	---	---

Debtor **Ronald Howland, D.M.D., P.A.**
Name

Case number (if know)

Creditor's email address, if known

Yes
Is anyone else liable on this claim?

Date debt was incurred

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number
6503

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.8 U.S. Small Business Administration

Creditor's Name

**2120 Riverfront Dr., #100
Little Rock, AR 72202**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$51,133.20

\$10,000.00

Office and dental equipment as described on attached listings

Describe the lien

Security Agreement

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
6501

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$832,917.50

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

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

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Adrian Rust, Esq.
Burr & Forman, LLP
50 N. Laura St., #3000
Jacksonville, FL 32202**

Line 2.1

**Adrian Rust, Esq.
Burr & Forman, LLP
50 N. Laura St., #3000
Jacksonville, FL 32202**

Line 2.2

**Attorney General of the U.S.
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530**

Line 2.7

Debtor **Ronald Howland, D.M.D., P.A.**
Name

Case number (if know)

**CBE Companies
P.O. Box 2040
Waterloo, IA 50701**Line 2.8**Christian George, Esq.
Akerman LLP
50 N. Laura St., #3100
Jacksonville, FL 32202**Line 2.1**Christian George, Esq.
Akerman LLP
50 N. Laura St., #3100
Jacksonville, FL 32202**Line 2.2**Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101-7346**Line 2.7**Rosanne P. Perrine, Esq.
Law Office of Rosanne P. Perrine,
P.O. Box 3060
Ponte Vedra Beach, FL 32004**Line 2.6**U.S. Attorneys' Office
Middle District of Florida
Attn: Civil Process Clerk
300 N. Hogan St., #700
Jacksonville, FL 32202**Line 2.7**U.S. Small Business Administration
409 3rd St. SW
Washington, DC 20416**Line 2.7**U.S. Small Business Administration
801 Tom Martin Dr., #120
Birmingham, AL 35211**Line 2.7**U.S. Small Business Administration
Little Rock Servicing Center
2120 Riverfront Dr., #100
Little Rock, AR 72202**Line 2.7**U.S. Small Business Administration
Litigation Unit
7825 Baymeadows Way, #100-B
Jacksonville, FL 32256**Line 2.7

Fill in this information to identify the case:

Debtor name Ronald Howland, D.M.D., P.A.

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	Priority creditor's name and mailing address FL Dept. of Revenue 5050 W. Tennessee St. Tallahassee, FL 32399	\$0.00	\$0.00
	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		
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (B)		
	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address FL Dept. of State Clifton Building 2661 Executive Center Dr. Tallahassee, FL 32301	\$0.00	\$0.00
	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		
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (B)		
	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Ronald Howland, D.M.D., P.A. Case number (if known) _____
 Name

2.3 Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	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 \$0.00
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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.

3.1 Nonpriority creditor's name and mailing address CenterState Bank 1234 King St. Jacksonville, FL 32204 Date(s) debt was incurred _____ Last 4 digits of account number <u>0367</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,731.62
---	---	--------------------

3.2 Nonpriority creditor's name and mailing address Choice Health Finance d/b/a Lyon Financial Services, Inc 1550 American Blvd. E, #450 Minneapolis, MN 55425 Date(s) debt was incurred _____ Last 4 digits of account number <u>6322</u>	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 Basis for the claim: <u>Lease of equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,511.06
--	--	--------------------

3.3 Nonpriority creditor's name and mailing address CitiCard Box 6062 Sioux Falls, SD 57117 Date(s) debt was incurred _____ Last 4 digits of account number <u>3776</u>	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 Basis for the claim: <u>Business credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,090.39
---	--	--------------------

3.4 Nonpriority creditor's name and mailing address Ronald W. Howland, D.M.D. 101 Seven Iron Ct. Ponte Vedra Beach, FL 32082 Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,944.00
--	---	--------------------

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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	--	---

Debtor Name	Case number (if known)	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
Ronald Howland, D.M.D., P.A. <small>Name</small> Name and mailing address			
4.1 Adrian Rust, Esq. Burr & Forman, LLP 50 N. Laura St., #3000 Jacksonville, FL 32202		Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2 Christian George, Esq. Akerman LLP 50 N. Laura St., #3100 Jacksonville, FL 32202		Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3 U.S. Bank Equipment Finance 1310 Madrid St. Marshall, MN 56258		Line <u>3.2</u> <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.

- 5a. Total claims from Part 1
- 5b. Total claims from Part 2
- 5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

	Total of claim amounts
5a. \$	0.00
5b. + \$	86,277.07
5c. \$	86,277.07

Fill in this information to identify the case:

Debtor name **Ronald Howland, D.M.D., P.A.**

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 AVB: 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 Biolase Waterlase MD equipment

State the term remaining

**Choice Health Finance
d/b/a Lyon Financial Services, Inc
1550 American Blvd. E, #450
Minneapolis, MN 55425**

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Ronald Howland, D.M.D., P.A.
 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 Marilee Howland	101 Seven Iron Ct. Ponte Vedra Beach, FL 32082	CenterState Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
2.2 Ronald W. Howland, D.M.D.	101 Seven Iron Ct. Ponte Vedra Beach, FL 32082	CenterState Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Ronald W. Howland, D.M.D.	101 Seven Iron Ct. Ponte Vedra Beach, FL 32082	CenterState Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
2.4 Ronald W. Howland, D.M.D.	101 Seven Iron Ct. Ponte Vedra Beach, FL 32082	CenterState Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5 Ronald W. Howland, D.M.D.	101 Seven Iron Ct. Ponte Vedra Beach, FL 32082	Choice Health Finance	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____

Debtor Ronald Howland, D.M.D., P.A.

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.6	Ronald W. Howland, D.M.D.	101 Seven Iron Ct. Ponte Vedra Beach, FL 32082	U.S. Small Business Administration	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Ronald W. Howland, D.M.D.	101 Seven Iron Ct. Ponte Vedra Beach, FL 32082	U.S. Small Business Administration	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	------------------------------	---	---------------------------------------	--

Fill in this information to identify the case:

Debtor name Ronald Howland, D.M.D., P.A.
 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**

04/16

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)

2016 YTD [through 03/31]
 From / / to 12/31/1999

Operating a business
 Other **Debtor Gross Revenues**

\$131,228.00

2015
 From / / to 12/31/1999

Operating a business
 Other **Debtor Gross Revenues**

\$498,110.00

2014
 From / / to 12/31/1999

Operating a business
 Other **Debtor Gross Revenues**

\$546,323.00

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 \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
-----------------------------	-------	-----------------------	--

Debtor Ronald Howland, D.M.D., P.A.

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attached check registers.		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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 \$6,425. (This amount may be adjusted on 4/01/19 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
-----------------------------	--------------------------	------	-------------------

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
-----------------------------	---	-----------------------	--------

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. First Southern Bank vs. Ronald Howland, D.M.D., P.A., et al. CA14-0651	Foreclosure action	Circuit Court Seventh Judicial Circuit	<input checked="" type="checkbox"/> Pending <input 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.

 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**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 2

Debtor Ronald Howland, D.M.D., P.A.

Case number (if known) _____

 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. Thames Markey & Heekin, PA 50 North Laura Street Suite 1600 Jacksonville, FL 32202	Attorney Fees	06/30/2015 - \$10,000.00 08/24/2015 - \$7,500.00	\$17,500.00

Email or website address _____

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.

 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
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Part 7: Previous Locations

14. Previous addresses

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 3

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Best Case Bankruptcy

Debtor **Ronald Howland, D.M.D., P.A.**

Case number (if known)

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
15.1. Ronald W. Howland, D.M.D., P.A. 3209 Sawgrass Village Cir. Ponte Vedra Beach, FL 32082	Cosmetic dentistry office	
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 3209 Sawgrass Village Cir. Ponte Vedra Beach, FL 32082	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

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.

HIPAA protected information

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
--	---------------------------------	-------------------------------	--	---

Debtor **Ronald Howland, D.M.D., P.A.**

Case number (if known) _____

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
18.1. First Southern Bank	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	2015	\$100.00

19. Safe deposit boxes

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?
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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?
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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
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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?

Debtor Ronald Howland, D.M.D., P.A.

Case number (if known) _____

- 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.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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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
26a.1. Joseph S. Knecht & Company, P.A. P.O. Box 3515 Ponte Vedra Beach, FL 32004-3515	

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

Name and address	Date of service From-To
26b.1. Joseph S. Knecht & Company, P.A. P.O. Box 3515 Ponte Vedra Beach, FL 32004-3515	

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
26c.1. Joseph S. Knecht & Company, P.A. P.O. Box 3515 Ponte Vedra Beach, FL 32004-3515	

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

Debtor Ronald Howland, D.M.D., P.A.

Case number (if known) _____

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
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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
Ronald W. Howland, D.M.D.		President, Owner	100% ownership interest

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	\$121,824 - Payroll/Distributions/Loan Repayments	2015	
	\$30,000 - Insurance	2015	
Ronald W. Howland, D.M.D. 101 Seven Iron Ct. Ponte Vedra Beach, FL 32082	\$18,650 - Payroll/Distribution/Loan Repayments	2016	
	\$7,500 - Insurance	2016	
Relationship to debtor President, Owner			

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

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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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
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Debtor Ronald Howland, D.M.D., P.A.

Case number (if known) _____

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

4/22/2016

R. Howland
Signature of individual signing on behalf of the debtor

Ronald W. Howland, D.M.D.
Printed name

Position or relationship to debtor President, Owner

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

- No
- Yes

Ronald W. Howland, D.M.D., P.A.

Check Register - SOFA 3.b

Date	Description	Check No.	Amount
1/25/2016	Citibank	12415	\$750.00
1/27/2016	US Bank	1.09	1,275.42
1/29/2016	IRS	1.04	3,000.00
1/29/2016	Emily Wadsworth	12417	1,746.14
1/29/2016	Kristine Cayabyab	12418	1,250.27
1/29/2016	Arielle Evans	12419	1,374.98
1/29/2016	Renaissance Systems	12420	459.43
1/29/2016	Televox	12421	358.00
1/29/2016	Beaches Energy	12422	179.00
1/31/2016	Credit Card Charges	1.05	874.46
1/31/2016	Returned Check	1.06	926.00
1/31/2016	Returned Check Fee	1.07	9.00
1/31/2016	US Bank	1.08	1,275.42
1/31/2016	Charge from December	1.1	3.00
1/31/2016	Charge from December	1.11	3.00
2/1/2016	Joseph Knecht & Co.	12424	4,000.00
2/1/2016	IRS	12425	168.00
2/2/2016	FL Department of Revenue	2.03	100.57
2/3/2016	MS Society	12426	250.00
2/5/2016	RW Howland	12427	1,800.00
2/8/2016	PDR	12428	1,113.00
2/8/2016	Alian Technology	12429	1,649.00
2/8/2016	STRADIS	12430	526.00
2/8/2016	Exacta Dental Products	12431	472.90
2/8/2016	Hartford	12432	400.00
2/8/2016	Principal ICS	12433	785.29
2/8/2016	Blue Cross / Blue Shield	12434	1,976.00
2/12/2016	IRS	2.04	2,750.00
2/12/2016	Arielle Evans	12435	1,567.90
2/12/2016	Emily Wadsworth	12436	1,635.84
2/12/2016	Kristine Cayabyab	12437	1,246.02
2/12/2016	Capital One	12438	500.00
2/16/2016	Comcast	12439	256.00
2/16/2016	Verizon	12440	239.00
2/16/2016	BENCO	12441	200.00
2/16/2016	Great Lates	12442	310.55
2/16/2016	Dental PC	12443	178.55
2/16/2016	Gartner, Brock	12444	1,446.50
2/16/2016	Sterilize Monitor	12445	180.00
2/19/2016	RW Howland	12446	1,800.00
2/19/2016	Resthitive Visitors	12447	523.50
2/26/2016	IRS	2.05	2,750.00
2/26/2016	Credit Card Charges	2.06	707.90
2/26/2016	Joseph Knecht & Co.	12448	2,000.00
2/26/2016	Kristine Cayabyab	12449	1,287.17

2/26/2016	Arielle Evans	12450	1,518.75
2/26/2016	Emily Wadsworth	12451	1,717.70
2/26/2016	US Postage	12454	196.00
2/26/2016	RW Howland	12455	1,800.00
2/26/2016	Costco	12456	111.44
2/26/2016	Tom Botono	12452	250.00
2/26/2016	Beaches Energy	12453	164.00
2/29/2016	USAA	12457	4,113.00
2/29/2016	Bank Service Charge	2.01	3.00
3/1/2016	Transfer	3.09	4,000.00
3/2/2016	US Bank	3.1	1,275.42
3/3/2016	Citibank	12458	750.00
3/11/2016	RW Howland	12460	1,750.00
3/12/2016	Ponte Vedra Band Boosters	12466	450.00
3/14/2016	Emily Wadsworth	12459	1,718.96
3/14/2016	Kristine Cayabyab	12461	1,198.55
3/14/2016	Arielle Evans	12462	1,610.47
3/15/2016	IRS	3.07	1,750.00
3/15/2016	Hartford	12464	400.00
3/15/2016	Capital One	12465	750.00
3/22/2016	Gartner, Brock	12467	2,689.00
3/23/2016	RW Howland	12471	1,750.00
3/24/2016	Kristine Cayabyab	12468	1,133.03
3/24/2016	Emily Wadsworth	12469	1,658.53
3/24/2016	Arielle Evans	12470	1,513.13
3/25/2016	Beaches Energy	12472	164.00
3/25/2016	Joseph Knecht & Co.	12473	2,750.00
3/29/2016	Citibank	12476	500.00
3/29/2016	Capital One	12477	847.89
3/29/2016	Costco	12478	154.95
3/30/2016	IRS	3.06	2,750.00
3/30/2016	Reclass Payment	3.11	15,821.00
3/30/2016	Bank Charge	3.12	3.00
3/31/2016	Credit Card Fees	3.05	767.98
3/31/2016	IRS	3.08	2,500.00
3/31/2016	Kristine Cayabyab	12479	621.41
3/31/2016	RW Howland	12480	3,500.00
3/31/2016	RW Howland	12481	3,250.00
3/31/2016	Joseph Knecht & Co.	12482	4,790.10
3/31/2016	Joseph Knecht & Co.	12483	9,000.00

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

In re Ronald Howland, D.M.D., P.A.

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President, Owner 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:

4/22/2014


Ronald W. Howland, D.M.D./President, Owner
Signer/Title

Ronald Howland, D.M.D., P.A.
3209 Sawgrass Village Cir.
Ponte Vedra Beach, FL 32082

FL Dept. of Revenue
5050 W. Tennessee St.
Tallahassee, FL 32399

U.S. Attorneys' Office
Middle District of Florida
Attn: Civil Process Clerk
300 N. Hogan St., #700
Jacksonville, FL 32202

Richard R. Thames
Thames Markey & Heekin, PA
50 North Laura Street
Suite 1600
Jacksonville, FL 32202

FL Dept. of State
Clifton Building
2661 Executive Center Dr.
Tallahassee, FL 32301

U.S. Bank Equipment Finance
1310 Madrid St.
Marshall, MN 56258

Adrian Rust, Esq.
Burr & Forman, LLP
50 N. Laura St., #3000
Jacksonville, FL 32202

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

U.S. Small Business Administrator
2120 Riverfront Dr., #100
Little Rock, AR 72202

Attorney General of the U.S.
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101-7346

U.S. Small Business Administrator
409 3rd St. SW
Washington, DC 20416

CBE Companies
P.O. Box 2040
Waterloo, IA 50701

Marilee Howland
101 Seven Iron Ct.
Ponte Vedra Beach, FL 32082

U.S. Small Business Administrator
Litigation Unit
7825 Baymeadows Way, #100-B
Jacksonville, FL 32256

CenterState Bank
1234 King St.
Jacksonville, FL 32204

Ronald W. Howland, D.M.D.
101 Seven Iron Ct.
Ponte Vedra Beach, FL 32082

U.S. Small Business Administrator
Little Rock Servicing Center
2120 Riverfront Dr., #100
Little Rock, AR 72202

Choice Health Finance
d/b/a Lyon Financial Services, Inc
1550 American Blvd. E, #450
Minneapolis, MN 55425

Rosanne P. Perrine, Esq.
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P.O. Box 3060
Ponte Vedra Beach, FL 32004

U.S. Small Business Administrator
801 Tom Martin Dr., #120
Birmingham, AL 35211

Christian George, Esq.
Akerman LLP
50 N. Laura St., #3100
Jacksonville, FL 32202

St. Johns County Tax Collector
P.O. Box 9001
Saint Augustine, FL 32085-9001

CitiCard
Box 6062
Sioux Falls, SD 57117

The Falls at Sawgrass Village
Condominium Association, Inc.
c/o Association Management of Pont
3108 Sawgrass Village Cir.
Ponte Vedra Beach, FL 32082