

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number *(if known)* _____ Chapter 11 Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

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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	<u>North Beaches Pharmacy, Inc.</u>	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business as</i> names	_____	
3. Debtor's federal Employer Identification Number (EIN)	<u>59-2230796</u>	
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>1510 Penman Road</u> <u>Jacksonville Beach, FL 32250</u> Number, Street, City, State & ZIP Code	_____
	<u>Duval</u> County	<u>Location of principal assets, if different from principal place of business</u> _____
		Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	_____	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor North Beaches Pharmacy, 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(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 North Beaches Pharmacy, 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

<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 **North Beaches Pharmacy, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

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 **September 28, 2016**
MM / DD / YYYY

X /s/ Judy L. Wood
Signature of authorized representative of debtor

Title **President**

Judy L. Wood
Printed name

18. Signature of attorney

X /s/ Jason A. Burgess
Signature of attorney for debtor

Date **September 28, 2016**
MM / DD / YYYY

Jason A. Burgess
Printed name

The Law Offices of Jason A. Burgess, LLC
Firm name

1855 Mayport Road
Atlantic Beach, FL 32233
Number, Street, City, State & ZIP Code

Contact phone **(904) 372-4791** Email address **jason@jasonaburgess.com**

40757
Bar number and State

Fill in this information to identify the case:

Debtor name North Beaches Pharmacy, 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 September 28, 2016

X /s/ Judy L. Wood

Signature of individual signing on behalf of debtor

Judy L. Wood

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **North Beaches Pharmacy, 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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alabama Dept. of Revenue 50 N Ripley Street Montgomery, AL 36130		Payroll				\$897.14
Attix Pharmaceuticals 822 Chesapeake Drive Cambridge, MD 21613		Supplier				\$2,649.00
Brightlink 13500 Sutton Park Dr. S. Suite 105 Jacksonville, FL 32224		IT Provider				\$2,961.00
Clever Solutions 198 Mayport Road Suite 7 Atlantic Beach, FL 32233		IT Provider				\$546.25
Duval County Tax Collector 231 East Forsyth Street Jacksonville, FL 32202		All Personal Property Assets of the Debtor		\$1,891.68	Unknown	Unknown
Dynalabs 2327 Chouteau Avenue Saint Louis, MO 63103		Supplier				\$3,800.00

Debtor **North Beaches Pharmacy, Inc.**

Case number (if known)

Name

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,	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
Florida Dept. of Revenue 5050 West Tennessee Street Tallahassee, FL 32399		Corporate Tax				Unknown
Frascoigna Curtney, PLLC P.O. Box 23126 Jackson, MS 39225		Attorney Fees				\$812.50
Great American Financial P.O. Box 660831 Dallas, TX 75266		Print Services				\$761.42
Humco Compounding 7400 Alumax Road Texarkana, TX 75501		Supplier				\$6,388.00
Internal Revenue Service 400 West Bay Street Jacksonville, FL 32202		Payroll Taxes				Unknown
Judy L. Wood 696 Bonaire Circle Jacksonville Beach, FL 32250		Various Loans to Business				\$185,357.02
LEAF P.O. Box 644006 Cincinnati, OH 45274		Print Services				\$500.00
Medical Tech. Associate 6840 Cross Bayou Drive Seminole, FL 33777		Supplier				\$1,925.00
NEC Cloud 24189 Network Place Chicago, IL 60673		Phone Service Provider				\$1,446.53
Proforma North Point P.O. Box 640814 Cincinnati, OH 45264		Advertising				\$1,547.29
QS1 P.O. Box 890898 Charlotte, NC 28289		CPU Software				\$295.50
Remote Express Business Sol. 2018 Woodford Green Dr. Kingwood, TX 77339		FedEx Account				\$18,470.57

Debtor North Beaches Pharmacy, 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,	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
Richardson Kontogouris 2942 Columbia Street Torrance, CA 90503		Former Accountants				\$5,027.50
RMS P.O. Box 361598 Columbus, OH 43236		Former Dental Insurance				\$5,027.50

Fill in this information to identify the case:

Debtor name North Beaches Pharmacy, 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>240,032.76</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>240,032.76</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>163,474.68</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>190,897.14</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>237,515.08</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>591,886.90</u>

Fill in this information to identify the case:

Debtor name North Beaches Pharmacy, 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

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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
\$563.40

2. **Cash on hand**

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. Fidelity bank Checking Account 0728 \$7,386.96

3.2. Ameris Bank Checking 1789 \$681.00

4. **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.

\$8,631.36

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.

Debtor North Beaches Pharmacy, Inc.
Name

Case number (If known) _____

11. **Accounts receivable**

11a. 90 days old or less: 42,933.00 - 5,000.00 = \$37,933.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 36,339.00 - 28,426.00 = \$7,913.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

<u>\$45,846.00</u>

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 Medication Inventory		\$0.00	Replacement	\$159,240.00

22. **Other inventory or supplies**

23. **Total of Part 5.**

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

<u>\$159,240.00</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.

Debtor North Beaches Pharmacy, Inc.
Name

Case number (If known) _____

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.
 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 <u>See Separate Notice of Filing for Details</u>	<u>Unknown</u>	<u>Liquidation</u>	<u>\$26,315.40</u>

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. \$26,315.40

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.

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?

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.

Debtor North Beaches Pharmacy, Inc.
Name

Case number (if known) _____

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

Debtor **North Beaches Pharmacy, 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>	\$8,631.36	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$45,846.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$159,240.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$26,315.40	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$240,032.76	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$240,032.76

Fill in this information to identify the case:

Debtor name North Beaches Pharmacy, 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.

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	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p>2.1 Duval County Tax Collector Creditor's Name</p> <p>231 East Forsyth Street Jacksonville, FL 32202 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All Personal Property Assets of the Debtor</p> <hr/> <p>Describe the lien Statutory Lien</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 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>\$1,891.68</p>	<p>Unknown</p>

<p>2.2 Fidelity Bank Creditor's Name</p> <p>P.O. Box 105075 Atlanta, GA 30348 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"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All Assets of the Debtor</p> <hr/> <p>Describe the lien Non-Purchase Money Security</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 <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	<p>\$50,000.00</p>	<p>Unknown</p>
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Debtor **North Beaches Pharmacy, Inc.** Case number (if know) _____
Name

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

<p>2.3 Fidelity Bank <small>Creditor's Name</small></p> <p>10611 Deerwood Park Blvd. Jacksonville, FL 32256 <small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All Assets of the Debtor</p> <hr/> <p>Describe the lien Non-Purchase Money Security 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 <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>\$111,583.00</p>	<p>Unknown</p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$163,474.68**

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

Fill in this information to identify the case:

Debtor name North Beaches Pharmacy, 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	Priority creditor's name and mailing address Alabama Dept. of Revenue 50 N Ripley Street Montgomery, AL 36130 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) (8)	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: Payroll Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$897.14	\$897.14
2.2	Priority creditor's name and mailing address Florida Dept. of Revenue 5050 West Tennessee Street Tallahassee, FL 32399 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) (8)	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: Corporate Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,000.00	Unknown

Debtor North Beaches Pharmacy, Inc. Case number (if known) _____
Name

2.3	Priority creditor's name and mailing address Internal Revenue Service 400 West Bay Street Jacksonville, FL 32202	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	\$125,000.00	Unknown
Date or dates debt was incurred _____		Basis for the claim: Payroll Taxes		
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		

2.4	Priority creditor's name and mailing address U.S. Dept. of Justice 950 Pennsylvania Avenue NW Washington, DC 20530	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	Unknown
Date or dates debt was incurred 2015		Basis for the claim: Settlement Agreement		
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 Apothetech, Inc. c/o Jennifer A. Kerr, Esq. 100 Almeria Avenue Ste. 340 Coral Gables, FL 33134	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	
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: Notice Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address Attix Pharmaceuticals 822 Chesapeake Drive Cambridge, MD 21613	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	\$2,649.00	
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.3	Nonpriority creditor's name and mailing address Ben Cvetkovic 2178 Chandlers Walk Lane Jacksonville, FL 32246	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	
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: Notice Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor North Beaches Pharmacy, Inc. Name _____		Case number (if known) _____	
3.4	Nonpriority creditor's name and mailing address Blake Carver 149 High Street Hingham, MA 02043 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: Notice Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.5	Nonpriority creditor's name and mailing address Brightlink 13500 Sutton Park Dr. S. Suite 105 Jacksonville, FL 32224 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: IT Provider Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,961.00
3.6	Nonpriority creditor's name and mailing address Cheri J. Warwick 3716 Lade Slipper Lane N. Minneapolis, MN 55443 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: Notice Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address Clever Solutions 198 Mayport Road Suite 7 Atlantic Beach, FL 32233 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: IT Provider Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$546.25
3.8	Nonpriority creditor's name and mailing address Dynalabs 2327 Chouteau Avenue Saint Louis, MO 63103 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: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
3.9	Nonpriority creditor's name and mailing address Evan H. Frederick 1641 Worthington Road Suite 100 West Palm Beach, FL 33409 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: Notice Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address Frascogna Curtney, PLLC P.O. Box 23126 Jackson, MS 39225 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: Attorney Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$812.50

Debtor North Beaches Pharmacy, Inc. Name		Case number (if known) _____	
3.11	Nonpriority creditor's name and mailing address George Cagna 149 High Street Hingham, MA 02043 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: Notice Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.12	Nonpriority creditor's name and mailing address Great American Financial P.O. Box 660831 Dallas, TX 75266 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: Print Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$761.42
3.13	Nonpriority creditor's name and mailing address Humco Compounding 7400 Alumax Road Texarkana, TX 75501 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: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,388.00
3.14	Nonpriority creditor's name and mailing address John Rhodes 9536 Princeton Square Blvd S Apartment 1215 Jacksonville, FL 32256 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: Notice Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address Judy L. Wood 696 Bonaire Circle Jacksonville Beach, FL 32250 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: Various Loans to Business Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185,357.02
3.16	Nonpriority creditor's name and mailing address LEAF P.O. Box 644006 Cincinnati, OH 45274 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: Print Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.17	Nonpriority creditor's name and mailing address Medical Tech. Associate 6840 Cross Bayou Drive Seminole, FL 33777 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: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,925.00

Debtor	North Beaches Pharmacy, Inc. Name	Case number (if known)	
3.18	Nonpriority creditor's name and mailing address NEC Cloud 24189 Network Place Chicago, IL 60673 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>Phone Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,446.53
3.19	Nonpriority creditor's name and mailing address Proforma North Point P.O. Box 640814 Cincinnati, OH 45264 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,547.29
3.20	Nonpriority creditor's name and mailing address QS1 P.O. Box 890898 Charlotte, NC 28289 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>CPU Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.50
3.21	Nonpriority creditor's name and mailing address Remote Express Business Sol. 2018 Woodford Green Dr. Kingwood, TX 77339 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>FedEx Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,470.57
3.22	Nonpriority creditor's name and mailing address Richardson Kontogouris 2942 Columbia Street Torrance, CA 90503 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>Former Accountants</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,027.50
3.23	Nonpriority creditor's name and mailing address RMS P.O. Box 361598 Columbus, OH 43236 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>Former Dental Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,027.50
3.24	Nonpriority creditor's name and mailing address Robert M. Poland 2333 Beachcomber Trail Atlantic Beach, FL 32233 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>Notice</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor North Beaches Pharmacy, Inc. Case number (if known) _____
Name

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Tom Christansen 149 High Street Hingham, MA 02043	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: Notice	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Pollard PLLC 401 E. Las Olas Blvd. Ste. 1400 Fort Lauderdale, FL 33301	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	U.S. Attorney's Office c/o Jason Mehta 300 N. Hogan Street Ste. 700 Jacksonville, FL 32202	Line <u>2.4</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.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>190,897.14</u>
5b. Total claims from Part 2	5b. + \$ <u>237,515.08</u>
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	5c. \$ <u>428,412.22</u>

Fill in this information to identify the case:

Debtor name North Beaches Pharmacy, 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 **IT Software contract.**

State the term remaining _____

List the contract number of any government contract _____

Brightlink
13500 Sutton Park Drive S.
Ste. 105
Jacksonville, FL 32224

2.2. State what the contract or lease is for and the nature of the debtor's interest **Web hosting contract.**

State the term remaining _____

List the contract number of any government contract _____

cirrusMSP
3020 Hartley Road
Ste. 220
Jacksonville, FL 32257

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease on copiers and service contract.**

State the term remaining **1 Year**

List the contract number of any government contract _____

Modular Document Solutions
12320 Crystal Commerce Loop
Fort Myers, FL 33966

2.4. State what the contract or lease is for and the nature of the debtor's interest **Cloud based storage contract.**

State the term remaining _____

List the contract number of any government contract _____

NEC Univerge Cloud Services
24189 Network Place
Chicago, IL 60673

Debtor 1 **North Beaches Pharmacy, 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 **Medication provider.**

State the term remaining
List the contract number of any government contract

**PCCA
9901 South Wilcrest Drive
Houston, TX 77099**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Lease on commercial building at 1510 Penman Road, Jacksonville Beach, Florida 32250.**

State the term remaining
List the contract number of any government contract

1.5 Years

**Robert M. Poland
2333 Beachcomber Trail
Atlantic Beach, FL 32233**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Alarm monitoring contract.**

State the term remaining
List the contract number of any government contract

**Safetouch
9550 Sunbeam Center Drive
Jacksonville, FL 32257**

Fill in this information to identify the case:

Debtor name North Beaches Pharmacy, 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	Judy L. Wood	696 Bonaire Circle Jacksonville Beach, FL 32250	Fidelity Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Judy L. Wood	696 Bonaire Circle Jacksonville Beach, FL 32250	Fidelity Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Judy L. Wood	696 Bonaire Circle Jacksonville Beach, FL 32250	Attix Pharmaceuticals	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____
2.4	Judy L. Wood	696 Bonaire Circle Jacksonville Beach, FL 32250	Humco Compounding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name North Beaches Pharmacy, 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

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)

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

Operating a business
 Other _____

\$1,033,571.40

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

Operating a business
 Other _____

\$4,282,327.00

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

Operating a business
 Other _____

\$4,158,017.00

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
Check all that apply

Debtor North Beaches Pharmacy, Inc.

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. Internal Revenue Service 400 West Bay Street Jacksonville, FL 32202	June 2016	\$8,739.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.2. Local Pet RX 1522 Penman Road Jacksonville Beach, FL 32250	June - August 2016	\$8,012.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.3. McKesson One Post Street San Francisco, CA 94104	June - August 2016	\$13,161.77	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.4. Robert M. Poland 2333 Beachcomber Trail Atlantic Beach, FL 32233	June - August 2016	\$13,122.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.5. Roth Law Firm 234 Canal Blvd. Suite 2 Ponte Vedra Beach, FL 32082	June - August 2016	\$7,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ___
3.6. Northwestern Mutual	June - August 2016	\$9,180.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Insurance</u>
3.7. PBA Health 6300 Enterprise Road Kansas City, MO 64120	June - August 2016	\$10,093.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.8. Tanker Computer Artwork 479 Sparrow Branch Circle Saint Johns, FL 32259	June 2016	\$8,120.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ___

Debtor **North Beaches Pharmacy, Inc.**

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>
3.9. UPS 55 Glenlake Parkway, NE Atlanta, GA 30328	June - August 2016	\$8,568.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10 American Funds P.O. Box 2280 Norfolk, VA 23501	July - August 2016	\$18,881.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other IRA Contributions
3.11 Fidelity Bank 10611 Deerwood Park Blvd. Jacksonville, FL 32256	July - August 2016	\$12,600.00	<input checked="" 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
4.1. Judy L. Wood 696 Bonaire Circle Jacksonville Beach, FL 32250 President	September 2015 - September 2016	\$132,124.60	Loan repayments.

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.

Debtor **North Beaches Pharmacy, Inc.**

Case number (if known) _____

 None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Warwick v. Apothetech, Inc. v. North Beaches Pharmacy, Inc. 16-2015-CA-007086	Commercial Litigation	Clerk of the Court Duval County 501 West Adams Street Jacksonville, FL 32202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	United State of America v. North Beaches Pharmacy, Inc.	Federal healthcare billing issues		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" 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** None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Saint Francis Animal Hospital 2107 Mango Place Jacksonville, FL 32207	Cash	January 12, 2016	\$7,500.00
	Recipients relationship to debtor None			
9.2.	Morrocco Shriners Hospital 3800 Saint Johns Bluff Road S. Jacksonville, FL 32224	Cash	2015 and 2016	\$500.00
	Recipients relationship to debtor None			

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**

Debtor **North Beaches Pharmacy, Inc.**

Case number (if known) _____

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. The Law Offices of Jason A. Burgess, LLC 1855 Mayport Road Atlantic Beach, FL 32233		September 16, 2016	\$4,500.00
Email or website address _____			
Who made the payment, if not debtor? _____			

11.2. The Law Offices of Jason A. Burgess, LLC 1855 Mayport Road Atlantic Beach, FL 32233		September 23, 2016	\$4,717.00
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
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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

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
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Part 8: Health Care Bankruptcies

Debtor **North Beaches Pharmacy, Inc.**

Case number (if known) _____

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.

Patient Names, Date of Birth, Addresses, Medical History, Medication History, Contact 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?
 - No Go to Part 10.
 - Yes. Fill in below:

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

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.

Debtor **North Beaches Pharmacy, Inc.**

Case number (if known) _____

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?

- 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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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
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Debtor **North Beaches Pharmacy, Inc.**

Case number (if known) _____

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.	Tax Serviss, LLC 310 Bentley Ct. Auburn, AL 36830	2015 - Current
26a.2.	Richardson Kontogouris Emerson LLP 2942 Columbia Street Torrance, CA 90503	2014

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
26c.1.	Judy L. Wood 696 Bonaire Circle Jacksonville Beach, FL 32250	
26c.2.	Tax Serviss, LLC 310 Bentley Ct. Auburn, AL 36830	
26c.3.	Richardson Kontogouris Emerson LLP 2942 Columbia Street Torrance, CA 90503	

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	
26d.1.	U.S. Dept. of Justice 950 Pennsylvania Avenue NW Washington, DC 20530
26d.2.	Fidelity Bank P.O. Box 105075 Atlanta, GA 30348

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.

Debtor **North Beaches Pharmacy, Inc.**

Case number (if known) _____

	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
27.1	Nicole Fiedler	December 22, 2015	\$251,911.72 (Retail Basis)

Name and address of the person who has possession of inventory records
Nicole Fiedler
1510 Penman Road
Jacksonville Beach, FL 32250

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
Judy L. Wood	696 Bonaire Circle Jacksonville Beach, FL 32250	President	100%

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	Judy L. Wood 696 Bonaire Circle Jacksonville Beach, FL 32250	\$50,899.20	October 2015 - Current	Salary
	Relationship to debtor President			

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 North Beaches Pharmacy, Inc.

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 September 28, 2016

/s/ Judy L. Wood
Signature of individual signing on behalf of the debtor

Judy L. Wood
Printed name

Position or relationship to debtor 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 North Beaches Pharmacy, 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
Judy L. Wood 696 Bonaire Circle Jacksonville Beach, FL 32250		100%	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **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 September 28, 2016

Signature /s/ Judy L. Wood
Judy L. Wood

*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 North Beaches Pharmacy, Inc.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the 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: September 28, 2016

/s/ Judy L. Wood

Judy L. Wood/President

Signer/Title

North Beaches Pharmacy, Inc.
1510 Penman Road
Jacksonville Beach, FL 32250

Cheri J. Warwick
3716 Lade Slipper Lane N.
Minneapolis, MN 55443

Frascogna Curtney, PLLC
P.O. Box 23126
Jackson, MS 39225

Jason A. Burgess
The Law Offices of Jason A. Burgess, LLC
1855 Mayport Road
Atlantic Beach, FL 32233

cirrusMSP
3020 Hartley Road
Ste. 220
Jacksonville, FL 32257

George Cagna
149 High Street
Hingham, MA 02043

Alabama Dept. of Revenue
50 N Ripley Street
Montgomery, AL 36130

Clever Solutions
198 Mayport Road
Suite 7
Atlantic Beach, FL 32233

Great American Financial
P.O. Box 660831
Dallas, TX 75266

Apothetech, Inc.
c/o Jennifer A. Kerr, Esq.
100 Almeria Avenue
Ste. 340
Coral Gables, FL 33134

Duval County Tax Collector
231 East Forsyth Street
Jacksonville, FL 32202

Humco Compounding
7400 Alumax Road
Texarkana, TX 75501

Attix Pharmaceuticals
822 Chesapeake Drive
Cambridge, MD 21613

Dynalabs
2327 Chouteau Avenue
Saint Louis, MO 63103

Internal Revenue Service
400 West Bay Street
Jacksonville, FL 32202

Ben Cvetkovic
2178 Chandlers Walk Lane
Jacksonville, FL 32246

Evan H. Frederick
1641 Worthington Road
Suite 100
West Palm Beach, FL 33409

John Rhodes
9536 Princeton Square Blvd S
Apartment 1215
Jacksonville, FL 32256

Blake Carver
149 High Street
Hingham, MA 02043

Fidelity Bank
P.O. Box 105075
Atlanta, GA 30348

Judy L. Wood
696 Bonaire Circle
Jacksonville Beach, FL 32250

Brightlink
13500 Sutton Park Dr. S.
Suite 105
Jacksonville, FL 32224

Fidelity Bank
10611 Deerwood Park Blvd.
Jacksonville, FL 32256

LEAF
P.O. Box 644006
Cincinnati, OH 45274

Brightlink
13500 Sutton Park Drive S.
Ste. 105
Jacksonville, FL 32224

Florida Dept. of Revenue
5050 West Tennessee Street
Tallahassee, FL 32399

Medical Tech. Associate
6840 Cross Bayou Drive
Seminole, FL 33777

Modular Document Solutions
12320 Crystal Commerce Loop
Fort Myers, FL 33966

RMS
P.O. Box 361598
Columbus, OH 43236

NEC Cloud
24189 Network Place
Chicago, IL 60673

Robert M. Poland
2333 Beachcomber Trail
Atlantic Beach, FL 32233

NEC Univerge Cloud Services
24189 Network Place
Chicago, IL 60673

Safetouch
9550 Sunbeam Center Drive
Jacksonville, FL 32257

PCCA
9901 South Wilcrest Drive
Houston, TX 77099

Tom Christansen
149 High Street
Hingham, MA 02043

Pollard PLLC
401 E. Las Olas Blvd.
Ste. 1400
Fort Lauderdale, FL 33301

U.S. Attorney's Office
c/o Jason Mehta
300 N. Hogan Street
Ste. 700
Jacksonville, FL 32202

Proforma North Point
P.O. Box 640814
Cincinnati, OH 45264

U.S. Dept. of Justice
950 Pennsylvania Avenue NW
Washington, DC 20530

QS1
P.O. Box 890898
Charlotte, NC 28289

Remote Express Business Sol.
2018 Woodford Green Dr.
Kingwood, TX 77339

Richardson Kontogouris
2942 Columbia Street
Torrance, CA 90503

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

In re North Beaches Pharmacy, 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 North Beaches Pharmacy, 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*]

September 28, 2016

Date

/s/ Jason A. Burgess

Jason A. Burgess 40757

Signature of Attorney or Litigant

Counsel for North Beaches Pharmacy, Inc.

The Law Offices of Jason A. Burgess, LLC

1855 Mayport Road

Atlantic Beach, FL 32233

(904) 372-4791 Fax:(904) 853-6932

jason@jasonaburgess.com