

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION

Case number *(if known)* \_\_\_\_\_Chapter 11☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

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.	<b>Debtor's name</b>	<u>Comprehensive Physician Services, Inc.</u>	
<hr/>			
2.	<b>All other names debtor used in the last 8 years</b> <small>Include any assumed names, trade names and <i>doing business as</i> names</small>		
<hr/>			
3.	<b>Debtor's federal Employer Identification Number (EIN)</b>	<u>59-3149879</u>	
<hr/>			
4.	<b>Debtor's address</b>	<b>Principal place of business</b>  <u>11912 Boyette Rd.</u> <u>Riverview, FL 33569</u> <small>Number, Street, City, State &amp; ZIP Code</small>  <u>Hillsborough</u> <small>County</small>	<b>Mailing address, if different from principal place of business</b>  <hr/> <small>P.O. Box, Number, Street, City, State &amp; ZIP Code</small>  <b>Location of principal assets, if different from principal place of business</b>  <hr/> <small>Number, Street, City, State &amp; ZIP Code</small>
<hr/>			
5.	<b>Debtor's website (URL)</b>	<hr/>	
<hr/>			
6.	<b>Type of debtor</b>	<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: _____	
<hr/>			

Debtor **Comprehensive Physician Services, 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	<b>Paul K. Christian</b>	Relationship	<b>Affiliate</b>
District	<b>Middle District of Florida, Tampa Division</b>	When	_____
		Case number, if known	_____

Debtor **Comprehensive Physician Services, 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 &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

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

**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Comprehensive Physician Services, 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

MM / DD / YYYY

X

Signature of authorized representative of debtor

**Paul K. Christian**

Printed name


Title **President**

Debtor Comprehensive Physician Services, Inc. Case number (if known) \_\_\_\_\_  
Name

**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.

18. Signature of attorney

X   
Signature of attorney for debtor

Date 11/18/16  
MM / DD / YYYY

**Scott A. Stichter**  
Printed name

**Stichter, Riedel, Blain & Postler, P.A.**  
Firm name

**110 E. Madison St., Suite 200**  
**Tampa, FL 33602**  
Number, Street, City, State & ZIP Code

Contact phone 813-229-0144

Email address \_\_\_\_\_

**710679 - Florida**  
Bar number and State

Ally Financial  
P.O. Box 9001951  
Louisville, KY 40290-1951

Ally Financial  
P.O. Box 380902  
Minneapolis, MN 55438-0902

Associated Workers Comp  
26000 Cannon Rd.  
Bedford, OH 44146

Black Rock Lending  
333 City Blvd. W., #1910  
Orange, CA 92868

C.O.P.S.  
P.O. Box 14553  
Saint Petersburg, FL 33733

C1 Bank  
2302 S. MacDill Ave.  
Tampa, FL 33629

C1 Bank  
9001 Belcher Rd.  
Pinellas Park, FL 33782

CanCapital  
414 W. 14th St., Floor 3  
New York, NY 10014

CIT  
P.O. box 550599  
Jacksonville, FL 32255-0599

Corporation Service Co., Representative  
P.O. Box 2576  
Springfield, IL 62708

Dex Imaging  
5109 W. Leman St.  
Tampa, FL 33609

EGP  
15201 Roosevelt Blvd., #106  
Clearwater, FL 33760

EGSE Investments, Inc.  
550 N. Reo St., #202  
Tampa, FL 33609

ENIX  
250 Corey Ave., #67458  
Saint Petersburg, FL 33736

FCA  
30 Remington Rd., #1  
Winter Garden, FL 34787

Florida Department of Revenue  
5050 W. Tennessee St.  
Tallahassee, FL 32399

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

Johnson Pope Bokor  
333 3rd Ave. N., #200  
Saint Petersburg, FL 33701-3899

Kim Diep  
14921 Evershine St.  
Tampa, FL 33624

Life Back  
2506 Success Dr.  
Odessa, FL 33556-3400

National Funding  
9820 Towne Centre Dr.  
San Diego, CA 92121

NeoFunds  
P.O. Box 30193  
Tampa, FL 33630-3193

Professional Injury Network  
3710 W. Euclid Ave.  
Tampa, FL 33629

Quill  
100 Schelter Rd.  
Lincolnshire, IL 60069-3621

RPI

3109 W. MLK Blvd., #121

Tampa, FL 33607

Tampa Support Center

5910 Benjamin Center Dr. #115

Tampa, FL 33634

Team Medical

7000 Bryan Dairy Rd.

Seminole, FL 33777