

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

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. Debtor's name Brevard Eye Center, Inc.

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

3. Debtor's federal Employer Identification Number (EIN) 59-2616886

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>665 S. Apollo Boulevard Melbourne, FL 32901</u> Number, Street, City, State & ZIP Code	_____ P.O. Box, Number, Street, City, State & ZIP Code
	<u>Brevard</u> County	_____ Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

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

6. Type of debtor

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

Partnership (excluding LLP)

Other. Specify: _____

Debtor **Brevard Eye Center, 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 **Brevard Eye Center, 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 checked="" 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 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 checked="" 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 type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Brevard Eye Center, 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 **March 21, 2017**
MM / DD / YYYY

/s/ Dr. Rafael Trespalacios
Signature of authorized representative of debtor

Title **President**

Dr. Rafael Trespalacios
Printed name

18. Signature of attorney

/s/ Geoffrey S. Aaronson
Signature of attorney for debtor

Date **March 21, 2017**
MM / DD / YYYY

Geoffrey S. Aaronson
Printed name

Aaronson Schantz Bailey P.A.
Firm name

100 S.E. 2nd Avenue, 27th Floor
Miami, FL 33131
Number, Street, City, State & ZIP Code

Contact phone **786.594.3000** Email address **gaaronson@aspalaw.com**

349623
Bar number and State

Fill in this information to identify the case:

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

Check if this is an
 amended filing

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

12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express PO Box 650448 Dallas, TX 75265-0448		Company credit card				\$73,700.00
Brighthouse Networks PO Box 30574 Tampa, FL 33630-3574		Vendor debt				\$14,093.88
Carrie L. Morris M.D. c/o Jill S. Schwartz & Assoc, P.A. 655 W. Morse Blvd. Suite 212 Winter Park, FL 32789		Litigation claim				\$73,333.36
Central 1 Optical 1013 (PB) 6981 Southern Blvd. Youngstown, OH 44512		Vendor debt				\$15,558.82
Central 1 Optical 1024 (NC) 6981 Southern Blvd. Youngstown, OH 44512		Vendor debt				\$39,217.98
Central 1 Optical 1037 (ST) 6981 Southern Blvd. Youngstown, OH 44512		Vendor debt				\$30,682.76
DE Lage Landen Financial Svc PO Box 41602 Philadelphia, PA 19101		Equipment loan on WaveTec & Goldcoast laser ophthalmic equipment		\$60,723.07	\$34,625.00	\$26,098.07

Debtor **Brevard Eye Center, 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
Essential Net Solutions 7145 Turner Rd. Suite 102 Rockledge, FL 32955		Vendor debt				\$30,565.75
Health First Health Plans 6450 S. US Hwy. 1 Rockledge, FL 32955		Insurance vendor debt				\$63,216.32
Jennifer Kane 304 Sharon Drive Melbourne, FL 32935		Equipment purchase				\$18,282.00
Jill Schwartz & Assoc P.A. 655 W. Morse Blvd. Suite 212 Winter Park, FL 32789		Litigation claim				\$60,000.00
McKesson Medical-Surgical PO Box 933027 Atlanta, GA 31193		Vendor debt				\$16,725.95
Milroy Optical Milroy Optical Pmt Processing Ctr PO Box 815519 Dallas, TX 75381-5519		Vendor debt				\$24,255.22
Palm Bay Shopping Plaza, LLC c/o Nightingale Realty, LLC 1430 Broadway Suite 1605 New York, NY 10018		Past due rent	Disputed			\$52,642.98
Relay Health PO Box 98347 Chicago, IL 60693-8347		Vendor debt				\$41,034.28
Space Coast Business LLC Attn: Accounting Dept. PO Box 410901 Melbourne, FL 32940-0901		Vendor debt				\$18,246.00

Debtor **Brevard Eye Center, 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
SummitBridge Natl Investments V LLC 1700 Lincoln Street Suite 2150 Denver, CO 80203		All personal property of Debtor and Co-Debtors Brevard Surgery Ctr, Inc and Medical City Eye Ctr, P.A.; all real property of Co-Debtor THMIH, Inc.	Disputed	\$11,597,316.76	\$5,500,000.00	\$6,097,316.76
The Eye Group 22828 Horseshoe Way Boca Raton, FL 33428		Vendor debt				\$17,250.00
Wells Fargo Wells Fargo Business Direct PO Box 29482 Phoenix, AZ 85038-8650		Unsecured line of credit				\$78,349.67
WICKHAM77775, LLC 4367 SW 134th Avenue Fort Lauderdale, FL 33330		Past due rent	Disputed			\$117,564.91

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

In re Brevard Eye Center, 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
Dr. Rafael Trespalacios 665 S. Apollo Blvd. Melbourne, FL 32901	Class A Common Stock	1,000	100% ownership

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 March 21, 2017

Signature /s/ Dr. Rafael Trespalacios
Dr. Rafael Trespalacios

*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.*

Brevard Eye Center, Inc.
665 S. Apollo Boulevard
Melbourne, FL 32901

Central 1 Optical 1024 (NC)
6981 Southern Blvd.
Youngstown, OH 44512

McKesson Medical-Surgical
PO Box 933027
Atlanta, GA 31193

Geoffrey S. Aaronson
Aaronson Schantz Bailey P.A.
100 S.E. 2nd Avenue, 27th Floor
Miami, FL 33131

Central 1 Optical 1037 (ST)
6981 Southern Blvd.
Youngstown, OH 44512

Medical City Eye Center, P..A.
214 E. Marks Street
Orlando, FL 32803

American Express
PO Box 650448
Dallas, TX 75265-0448

DE Lage Landen Financial Svc
PO Box 41602
Philadelphia, PA 19101

Milroy Optical
Milroy Optical Pmt Processing Ctr
PO Box 815519
Dallas, TX 75381-5519

Brevard County Tax Collector
c/o Lisa Cullen CFC
PO Box 2500
Titusville, FL 32781-2500

Dr. Paul J. Befanis
111 Lansing Island Dr.
Indian Harbor Beach, FL 32937

Palm Bay Shopping Plaza, LLC
c/o Nightingale Realty, LLC
1430 Broadway
Suite 1605
New York, NY 10018

Brevard Surgery Center, Inc.
665 S. Apollo Blvd.
Melbourne, FL 32901

Dr. Rafael Trespalacios
665 S. Apollo Blvd.
Melbourne, FL 32901

Relay Health
PO Box 98347
Chicago, IL 60693-8347

BrightHouse Networks
PO Box 30574
Tampa, FL 33630-3574

Essential Net Solutions
7145 Turner Rd.
Suite 102
Rockledge, FL 32955

Space Coast Business LLC
Attn: Accounting Dept.
PO Box 410901
Melbourne, FL 32940-0901

Carl Zeiss Meditec, Inc.
P.O. Box 100372
Pasadena, CA 91189-0372

Health First Health Plans
6450 S. US Hwy. 1
Rockledge, FL 32955

Steven Black, CEO
665 S. Apollo Blvd.
Melbourne, FL 32901

Carrie L. Morris M.D.
c/o Jill S. Schwartz & Assoc, P.A.
655 W. Morse Blvd.
Suite 212
Winter Park, FL 32789

Jennifer Kane
304 Sharon Drive
Melbourne, FL 32935

SummitBridge Natl Investments V LL
1700 Lincoln Street
Suite 2150
Denver, CO 80203

Central 1 Optical 1013 (PB)
6981 Southern Blvd.
Youngstown, OH 44512

Jill Schwartz & Assoc P.A.
655 W. Morse Blvd.
Suite 212
Winter Park, FL 32789

The Eye Group
22828 Horseshoe Way
Boca Raton, FL 33428

THMIH, Inc.
665 S. Apollo Blvd.
Melbourne, FL 32901

Wells Fargo
Wells Fargo Business Direct
PO Box 29482
Phoenix, AZ 85038-8650

WICKHAM77775, LLC
4367 SW 134th Avenue
Fort Lauderdale, FL 33330

Windstream Communications
PO Box 580451
Charlotte, NC 28258-0451