

**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 Surgery 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) 59-3128478

4. Debtor's address

<p>Principal place of business</p> <p><u>665 S. Apollo Boulevard</u> <u>Melbourne, FL 32901</u> Number, Street, City, State &amp; ZIP Code</p> <p><u>Brevard</u> County</p>	<p>Mailing address, if different from principal place of business</p> <p>_____ P.O. Box, Number, Street, City, State &amp; ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>_____ Number, Street, City, State &amp; ZIP Code</p>
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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 Surgery 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	<b>Brevard Eye Center, Inc.</b>	Relationship	<b>Affiliate and Co-Debtor</b>
District	<b>Middle District of Florida</b>	When	<b>3/21/17</b>
		Case number, if known	<b>17-BK-01828</b>

Debtor **Brevard Surgery 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 &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 **Brevard Surgery 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**X /s/ Dr. Rafael Trespalacios**  
Signature of authorized representative of debtor  
  
Title **President****Dr. Rafael Trespalacios**  
Printed name**18. Signature of attorney****X /s/ Geoffrey S. Aaronson**  
Signature of attorney for debtorDate **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 CodeContact 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 Surgery 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
Alcon Laboratories, Inc. PO Box 677775 Dallas, TX 75267-7775		Vendor debt	Disputed			\$450,134.61
AMO Sales and Service Inc. 75 Remittanx Dr. Suite 1437 Chicago, IL 60675-1437		Vendor debt	Disputed			\$48,883.11
Bank of America PO Box 982238 El Paso, TX 79998-2238		Company credit card				\$17,217.84
Bausch & Lomb Surgical Div. 4395 Collection center Dr. Chicago, IL 60693-0043		Vendor debt				\$2,999.95
Boggs Gases 315 N. Cocoa Blvd Cocoa, FL 32922		Vendor debt				\$3,373.97
Brevard County Tax Collector c/o Lisa Cullen CFC PO Box 2500 Titusville, FL 32781-2500		Unpaid tangible taxes				\$6,335.18
Capital One Bank USA PO Box 71083 Charlotte, NC 28272-1083		Company credit card				\$30,000.00
Cardinal Health PO Box 730112 Dallas, TX 75373		Vendor debt				\$8,066.03

Debtor **Brevard Surgery 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
Cardinal Pharmaceuticals Cardinal Health 110 LLC c/o Bank of America Lockbox 5279 Collections Ctr Dr Chicago, IL 60693		Vendor debt				\$2,867.43
Glaukos Corp 229 Avenida Fabricante San Clemente, CA 92672		Vendor debt				\$22,500.00
Lions Eye Institute 1410 N 21st St Tampa, FL 33605		Vendor debt				\$25,570.00
Lumenis, Inc. File 32373 Los Angeles, CA 90074-2373		Vendor debt				\$3,759.77
McKesson Medical-Surgical PO Box 933027 Atlanta, GA 31193		Vendor debt				\$53,591.63
NICA PO Box 14567 Tallahassee, FL 32317-4567		Vendor debt				\$3,316.68
Physicians Biomedical Equip Svcs PO Box 1278 Ponte Vedra Beach, FL 32004-1278		Vendor debt				\$3,236.33
Pinnacle Pharmacy Svcs, Inc. 17951 Dangler Road Winter Garden, FL 34787		Vendor debt				\$3,150.00
Sight Sciences 3000 Sand Hill Road Building 3, Suite 105 Menlo Park, CA 94025		Vendor debt				\$3,913.32
Space Coast Fire & Safety Inc. 420 Manor Drive Merritt Island, FL 32952		Vendor debt				\$4,418.24

Debtor **Brevard Surgery Center, 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
<b>SummitBridge Nat'l Investments V LLC 1700 Lincoln Street Suite 2150 Denver, CO 80203</b>		<b>All personal property of Debtor and Co-Debtors Brevard Eye Ctr and Medical City Eye Ctr; all real property of Co-Debtor THMIH.</b>	<b>Disputed</b>	<b>\$11,597,316.76</b>	<b>\$5,500,000.00</b>	<b>\$6,097,316.76</b>
<b>Tampa Armature Works, Inc. PO Box 3381 Tampa, FL 33601-3381</b>		<b>Vendor debt</b>				<b>\$3,935.72</b>

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

In re **Brevard Surgery 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
<b>Dr. Rafael Trespalacios 665 S. Apollo Blvd. Melbourne, FL 32901</b>	<b>Class A Common Stock</b>	<b>100</b>	<b>100% ownership</b>

**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 Surgery Center, Inc.  
665 S. Apollo Boulevard  
Melbourne, FL 32901

Capital One Bank USA  
PO Box 71083  
Charlotte, NC 28272-1083

NICA  
PO Box 14567  
Tallahassee, FL 32317-4567

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

Cardinal Health  
PO Box 730112  
Dallas, TX 75373

Peninsula Pipeline & Maint. LLC  
2269 SWOOPE DRIVE  
New Smyrna Beach, FL 32168

Alcon Laboratories, Inc.  
PO Box 677775  
Dallas, TX 75267-7775

Cardinal Pharmaceuticals  
Cardinal Health 110 LLC  
c/o Bank of America  
Lockbox 5279 Collections Ctr Dr  
Chicago, IL 60693

Physicians Biomedical Equip Svcs  
PO Box 1278  
Ponte Vedra Beach, FL 32004-1278

AMO Sales and Service Inc.  
75 Remittanxce Dr.  
Suite 1437  
Chicago, IL 60675-1437

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

Pinnacle Pharmacy Svcs, Inc.  
17951 Dangler Road  
Winter Garden, FL 34787

Bank of America  
PO Box 982238  
El Paso, TX 79998-2238

Glaukos Corp  
229 Avenida Fabricante  
San Clemente, CA 92672

Sight Sciences  
3000 Sand Hill Road  
Building 3, Suite 105  
Menlo Park, CA 94025

Bausch & Lomb  
Surgical Div.  
4395 Collection center Dr.  
Chicago, IL 60693-0043

Lions Eye Institute  
1410 N 21st St  
Tampa, FL 33605

Space Coast Fire & Safety Inc.  
420 Manor Drive  
Merritt Island, FL 32952

Boggs Gases  
315 N. Cocoa Blvd  
Cocoa, FL 32922

Lumenis, Inc.  
File 32373  
Los Angeles, CA 90074-2373

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

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

McKesson Medical-Surgical  
PO Box 933027  
Atlanta, GA 31193

SummitBridge Nat'l Investments VLL  
1700 Lincoln Street  
Suite 2150  
Denver, CO 80203

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

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

Tampa Armature Works, Inc.  
PO Box 3381  
Tampa, FL 33601-3381

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