

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 Haghighi Family and Sports Medicine, P.A.

2. All other names debtor used in the last 8 years
 Include any assumed names, trade names and doing business as names
DBA Haghighi Family & Sports Medicine

3. Debtor's federal Employer Identification Number (EIN) 20-3473559

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>9191 RG Skinner Parkway, Suite 901 Jacksonville, FL 32256</u> Number, Street, City, State & ZIP Code	_____ P.O. Box, Number, Street, City, State & ZIP Code
	<u>Duval</u> County	_____ Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor Haghighi Family and Sports Medicine, P.A.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

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

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor Haghighi Family and Sports Medicine, P.A.
Name

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

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

15. Estimated Assets

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

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input 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

Debtor Haghighi Family and Sports Medicine, P.A.
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 August 18, 2017
MM / DD / YYYY

X /s/ Dr. Michael Haghighi
Signature of authorized representative of debtor

Title President

Dr. Michael Haghighi
Printed name

18. Signature of attorney

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

Date August 18, 2017
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

Form **1120S**

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

2015

Department of the Treasury
Internal Revenue Service

u Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
u Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2015 or tax year beginning _____, ending _____

A S election effective date 08/01/06	TYPE OR PRINT	Name HAGHIGHI FAMILY AND SPORTS MEDICINE	D Employer identification number 20-3473559
B Business activity code number (see instructions) 621111		Number, street, and room or suite no. If a P.O. box, see instructions. 9191 RG SKINNER PKWY #901	E Date incorporated 09/16/2005
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE FL 32256	F Total assets (see instructions) \$ 931,184

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year **u 1**

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	1,296,311		
	b Returns and allowances	1b	1,445		
	c Balance. Subtract line 1b from line 1a			1c	1,294,866
	2 Cost of goods sold (attach Form 1125-A)			2	69,333
	3 Gross profit. Subtract line 2 from line 1c			3	1,225,533
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
5 Other income (loss) (see instructions—attach statement)			5		
6 Total income (loss). Add lines 3 through 5		u		6	1,225,533
Deductions <small>(see instructions for limitations)</small>	7 Compensation of officers (see instructions—attach Form 1125-E)			7	46,769
	8 Salaries and wages (less employment credits)			8	167,261
	9 Repairs and maintenance			9	17,830
	10 Bad debts			10	
	11 Rents			11	128,751
	12 Taxes and licenses			12	23,193
	13 Interest			13	38,450
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	4,170
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	18,080
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	
	19 Other deductions (attach statement)		SEE STMT 1	19	434,449
	20 Total deductions. Add lines 7 through 19		u	20	878,953
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	346,580
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a			
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b (see instructions for additional taxes)			22c	
	23a 2015 estimated tax payments and 2014 overpayment credited to 2015	23a			
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Add lines 23a through 23c			23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached		u	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26 Credited to 2016 estimated tax u			27	Refunded u	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Sign Here _____ **PRES**
Signature of officer **MICHAEL HAGHIGHI** Date _____ Title _____

Paid Preparer Use Only	Print/Type preparer's name SONNY F. MARTIN, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00071408
	Firm's name u GUNNCHAMBERLAIN, P.L.	Firm's EIN u 46-1041593			
	Firm's address u 4350 PABLO PROFESSIONAL CT STE 200 JACKSONVILLE, FL 32224-3224	Phone no. 904-296-2024			

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120S** (2015)

Schedule B Other Information (see instructions)

<p>1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) u</p> <p>2 See the instructions and enter the: a Business activity u SERVICE b Product or service u MEDICAL</p> <p>3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation</p> <p>4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below</p>	Yes	No
		X
		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

<p>5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?</p> <p>If "Yes," complete lines (i) and (ii) below.</p> <p>(i) Total shares of restricted stock u</p> <p>(ii) Total shares of non-restricted stock u</p> <p>b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?</p> <p>If "Yes," complete lines (i) and (ii) below.</p> <p>(i) Total shares of stock outstanding at the end of the tax year u</p> <p>(ii) Total shares of stock outstanding if all instruments were executed u</p> <p>6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?</p> <p>7 Check this box if the corporation issued publicly offered debt instruments with original issue discount u <input type="checkbox"/></p> <p>If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.</p> <p>8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) u \$</p> <p>9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$</p> <p>10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000</p> <p>b The corporation's total assets at the end of the tax year were less than \$250,000</p> <p>If "Yes," the corporation is not required to complete Schedules L and M-1.</p> <p>11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?</p> <p>If "Yes," enter the amount of principal reduction \$</p> <p>12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions</p> <p>13a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?</p> <p>b If "Yes," did the corporation file or will it file required Forms 1099?</p>	Yes	No
		X
		X
		X
		X
		X
		X
		X
		X
		X

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 346,580
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4 9,372
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions) Type u	10
	11 Section 179 deduction (attach Form 4562)	11
Deductions	12a Charitable contributions SEE STMT	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type u (2) Amount u	12c(2)
	d Other deductions (see instructions) Type u	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) Type u	13d
	e Other rental credits (see instructions) Type u	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type u	13g
Foreign Transactions	14a Name of country or U.S. possession u	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	
	d Passive category	14d
	e General category	14e
	f Other (attach statement)	14f
	Deductions allocated and apportioned at shareholder level	
	g Interest expense	14g
	h Other	14h
	Deductions allocated and apportioned at corporate level to foreign source income	
	i Passive category	14i
	j General category	14j
	k Other (attach statement)	14k
Other information		
l Total foreign taxes (check one): u <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
m Reduction in taxes available for credit (attach statement)	14m	
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties – gross income	15d
	e Oil, gas, and geothermal properties – deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 32,106
	d Distributions (attach statement if required) (see instructions)	16d 340,591
	e Repayment of loans from shareholders	16e

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	9,372
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	355,952

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash					30,844
2a Trade notes and accounts receivable					
b Less allowance for bad debts	()		()		
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities (see instructions)					
6 Other current assets (attach statement) STMT 2		321,512			294,784
7 Loans to shareholders		557,880			567,252
8 Mortgage and real estate loans					
9 Other investments (attach statement)					
10a Buildings and other depreciable assets	456,160			461,900	
b Less accumulated depreciation	(427,945)	28,215	(432,115)		29,785
11a Depletable assets					
b Less accumulated depletion	()		()		
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)	10,600			11,050	
b Less accumulated amortization	(3,712)	6,888	(4,434)		6,616
14 Other assets (attach statement) STMT 3		1,903			1,903
15 Total assets		916,398			931,184
Liabilities and Shareholders' Equity					
16 Accounts payable					
17 Mortgages, notes, bonds payable in less than 1 year					
18 Other current liabilities (attach statement) STMT 4		75,239			35,776
19 Loans from shareholders					
20 Mortgages, notes, bonds payable in 1 year or more		874,153			1,042,656
21 Other liabilities (attach statement) STMT 5					
22 Capital stock		100			100
23 Additional paid-in capital		165,929			165,929
24 Retained earnings		-199,023			-313,277
25 Adjustments to shareholders' equity (attach statement)					
26 Less cost of treasury stock	()		()		
27 Total liabilities and shareholders' equity		916,398			931,184

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	320,704	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a Depreciation \$	2,881	a Depreciation \$	
b Travel and entertainment \$	16,337		
STMT 6	16,030	7 Add lines 5 and 6	
	35,248		
4 Add lines 1 through 3	355,952	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	355,952

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	977	-200,000	
2 Ordinary income from page 1, line 21	346,580		
3 Other additions STMT 7	9,372		
4 Loss from page 1, line 21	(
5 Other reductions STMT 8	16,337)	113,278)	
6 Combine lines 1 through 5	340,592	-313,278	
7 Distributions other than dividend distributions	340,591		
8 Balance at end of tax year. Subtract line 7 from line 6	1	-313,278	

Form **1125-A**

(Rev. December 2012)
 Department of the Treasury
 Internal Revenue Service

Cost of Goods Sold

OMB No. 1545-2225

u Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
u Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name **HAGHIGHI FAMILY AND SPORTS MEDICINE** Employer identification number **20-3473559**

1	Inventory at beginning of year	1	
2	Purchases	2	64,098
3	Cost of labor	3	5,235
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	69,333
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	69,333

- 9a** Check all methods used for valuing closing inventory:
- (i) Cost
 - (ii) Lower of cost or market
 - (iii) Other (Specify method used and attach explanation.) **u**
- b** Check if there was a writedown of subnormal goods **u**
- c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) **u**
- d** If the LIFO inventory method was used for this tax year, enter the amount of closing inventory computed under LIFO **9d**
- e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? Yes No
- f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 12-2012)

2:19 PM

Haghighi Family and Sports Medicine, PA

08/15/17

Profit & Loss

Cash Basis

January through July 2017

	<u>Jan - Jul 17</u>
Ordinary Income/Expense	
Income	
43700 · Fee for Service Income	617,730.78
Total Income	617,730.78
Cost of Goods Sold	
50100 · Merchant/Bank Fees	3,819.36
Total COGS	3,819.36
Gross Profit	613,911.42
Expense	
60000 · Advertising and Promotion	5,374.86
60200 · Automobile Expense	
60215 · BMW Lease	30,195.65
60220 · Fuel	4,881.53
60230 · Repairs & Maintenance	800.62
60200 · Automobile Expense - Other	923.24
Total 60200 · Automobile Expense	36,801.04
60500 · Bank Charges	218.45
61000 · Business Licenses and Permits	1,352.92
61500 · Casual Labor	8,475.41
61700 · Computer and Internet Expenses	11,767.08
62000 · Continuing Education	61.57
62450 · Donations	400.00
62500 · Dues and Subscriptions	813.70
63000 · Meals & Entertainment	21,493.25
63300 · Insurance Expense	
63340 · Liability Insurance	3,090.00
63350 · Shareholder Life Insurance	3,298.31
63300 · Insurance Expense - Other	7,757.16
Total 63300 · Insurance Expense	14,145.47
63500 · Janitorial Expense	7,840.00
63600 · Laboratory Fees	1,496.12
63650 · Licenses & Permits	70.00
63700 · Medical Waste Transport	4,431.63
64400 · Medical Records and Supplies	14,037.10
64850 · Office Expense	13,271.30
64900 · Office Supplies	130.76
64910 · Office-Interior	68.19
66000 · Payroll Expenses	
66040 · Officers' Salaries	44,992.25
66050 · Office Salaries & Wages	88,658.66
66100 · Payroll Fees	1,894.85
66200 · Payroll Taxes	
03 · FICA	8,286.37
05 · Medicare	1,937.94
06 · FUTA	287.02
07 · SUTA	47.83
Total 66200 · Payroll Taxes	10,559.16
Total 66000 · Payroll Expenses	146,104.92

2:19 PM

Haghighi Family and Sports Medicine, PA

08/15/17

Profit & Loss

Cash Basis

January through July 2017

	<u>Jan - Jul 17</u>
66700 · Pest Control	130.00
66800 · Professional Fees	6,619.89
67000 · Reference Materials	5,364.13
67100 · Rent Expense	57,435.47
67200 · Repairs and Maintenance	10,622.53
67300 · Shipping & Postage	43.35
67700 · Small Medical Equipment	8,270.77
68100 · Telephone Expense	12,643.69
68400 · Travel Expense	12,065.66
68600 · Utilities	5,246.01
68700 · Vaccines and Medicines	6,393.53
	<hr/>
Total Expense	413,188.80
	<hr/>
Net Ordinary Income	200,722.62
	<hr/>
Net Income	200,722.62

2:19 PM

Haghighi Family and Sports Medicine, PA

08/15/17

Balance Sheet

Cash Basis

As of July 31, 2017

	<u>Jul 31, 17</u>
ASSETS	
Current Assets	
Checking/Savings	
11000 · Bank of America-3343	33,522.36
13000 · Healthcare Checking-Compass3919	100.00
13001 · Healthcare Checking-Compass9393	100.00
13002 · Healthcare Checking-Compass9644	100.00
Total Checking/Savings	<u>33,822.36</u>
Other Current Assets	
18730 · Loans to Shareholder	839,822.11
Total Other Current Assets	<u>839,822.11</u>
Total Current Assets	<u>873,644.47</u>
Fixed Assets	
15000 · Furniture and Equipment	71,847.10
16100 · Medical Equipment	339,254.51
16200 · Fitness Equipment	1,399.20
16300 · Computer Software	25,280.78
17000 · Accumulated Depreciation	-433,245.03
18710 · Leasehold Improvements	24,118.22
Total Fixed Assets	<u>28,654.78</u>
Other Assets	
17100 · Accumulated Amortization	-8,297.34
18700 · Security Deposits Asset	1,903.00
18715 · Loan Costs	22,119.98
Total Other Assets	<u>15,725.64</u>
TOTAL ASSETS	<u>918,024.89</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
21022 · American Express - 14009	23,223.95
21200 · Bank of America 3868	5,456.32
Total Credit Cards	<u>28,680.27</u>
Total Current Liabilities	<u>28,680.27</u>
Long Term Liabilities	
25600 · Line of Credit-BBVA Compass4620	52,682.62
25607 · Loan Payable-Quarterspot	9,479.56
25611 · Loan Payable-Forward Finance	22,760.00
25612 · Loan Payable - The Fundworks	39,721.72
25613 · Loan Payable - Brighthouse	769.37
25620 · N/P PNC - 2397	553,499.08
25640 · N/P PNC - 2408	148,933.99
Total Long Term Liabilities	<u>827,846.34</u>
Total Liabilities	<u>856,526.61</u>
Equity	
29999 · Capital Stock	100.00
30900 · Shareholder Distribution	-165,958.71
31001 · Paid In Capital	165,929.09
32000 · Retained Earnings	-139,294.72
Net Income	200,722.62
Total Equity	<u>61,498.28</u>
TOTAL LIABILITIES & EQUITY	<u>918,024.89</u>

Fill in this information to identify the case:

Debtor name Haghighi Family and Sports Medicine, P.A.
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA
Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 18, 2017

X /s/ Dr. Michael Haghighi
Signature of individual signing on behalf of debtor

Dr. Michael Haghighi
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Haghighi Family and Sports Medicine, P.A.**
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**
 Case number (if known): _____

Check if this is an
 amended filing

Official Form 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
American Express World Financial Center New York, NY 10285		Credit Card				\$14,000.00
American Express 6985 Union Park Center Midvale, UT 84047		Credit Card				\$13,135.82
Bank of America 100 N. Tryon St. Charlotte, NC 28255		Credit Card				\$6,800.00
BBVA/Compass Bank 15 20th St South Birmingham, AL 35233		Line of Credit				\$51,635.41
Capital One Bank 1680 Capital One Dr. Mc Lean, VA 22102		Credit Card				\$5,086.12
Forward Financial 36 Bromfield Street 2nd Floor Boston, MA 02108		Business Loan	Disputed			\$34,000.00
PNC Bank, N.A. 222 Delaware Avenue Wilmington, DE 19899		Assets of Debtor	Disputed	\$152,159.19	Unknown	Unknown
PNC Bank, N.A. 222 Delaware Avenue Wilmington, DE 19899		Assets of Debtor	Disputed	\$570,592.45	Unknown	Unknown
Quarter Spot 333 7th Avenue 14th Floor New York, NY 10001		Business Loan	Disputed			\$93,000.00

Debtor Haghighi Family and Sports Medicine, P.A.
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
The Fundworks 15260 Ventura Blvd. Ste. 1520 Sherman Oaks, CA 91403		Business Loan	Disputed			\$60,000.00

Fill in this information to identify the case:

Debtor name Haghighi Family and Sports Medicine, P.A.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>249,621.85</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>249,621.85</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>722,751.64</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>277,657.35</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>1,000,408.99</u>

Fill in this information to identify the case:

Debtor name Haghighi Family and Sports Medicine, P.A.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2.	Cash on hand		\$200.00
3.	Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Bank of America, N.A.</u>	<u>Checking Account</u>	<u>3343</u> <u>\$33,522.36</u>
3.2.	<u>Compass Bank, N.A.</u>	<u>Checking Account</u>	<u>3919</u> <u>\$100.00</u>
3.3.	<u>Compass Bank, N.A.</u>	<u>Checking Account</u>	<u>9393</u> <u>\$100.00</u>
3.4.	<u>Compass Bank, N.A.</u>	<u>Checking Account</u>	<u>9644</u> <u>\$100.00</u>
4.	Other cash equivalents (<i>Identify all</i>)		
5.	Total of Part 1.		\$34,022.36
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

Debtor Haghighi Family and Sports Medicine, P.A.
Name

Case number (If known) _____

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 Furniture and Equipment (Including Software)			
Jacksonville Office Location	Unknown	Replacement	\$100,000.00
Furniture and Equipment (Including Software)			
Ponte Vedra Office Location	Unknown	Replacement	\$30,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$130,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes Fill in the information below.

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.

Debtor Haghighi Family and Sports Medicine, P.A.
Name

Case number (If known) _____

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

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

Current value of debtor's interest

- 71. **Notes receivable**
Description (include name of obligor)
- 72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
- 73. **Interests in insurance policies or annuities**
- 74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
- 75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
- 76. **Trusts, equitable or future interests in property**
- 77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Potential Cause of Action Against Humana

Unknown

Potential Cause of Action Against Former Patien

Unknown

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

\$0.00

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

Debtor Haghighi Family and Sports Medicine, P.A.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$34,022.36</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$1,903.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$83,696.49</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$130,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$249,621.85</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$249,621.85</u>

Fill in this information to identify the case:

Debtor name Haghighi Family and Sports Medicine, P.A.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

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

		Column A	Column B	
		Amount of claim	Value of collateral that supports this claim	
		Do not deduct the value of collateral.		
2.1	PNC Bank, N.A. <small>Creditor's Name</small> 222 Delaware Avenue Wilmington, DE 19899 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 05/03/2013 Last 4 digits of account number 242 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.	Describe debtor's property that is subject to a lien Assets of Debtor Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$152,159.19	Unknown
2.2	PNC Bank, N.A. <small>Creditor's Name</small> 222 Delaware Avenue Wilmington, DE 19899 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 05/03/2013 Last 4 digits of account number 397 Do multiple creditors have an interest in the same property? <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Assets of Debtor Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$570,592.45	Unknown

Debtor **Haghighi Family and Sports Medicine, P.A.**
Name

Case number (if know) _____

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

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$722,751.64

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 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
Akerman LLP 420 South Orange Avenue Suite 1200 Orlando, FL 32802	Line <u>2.1</u>	
Akerman LLP 50 North Laura Street Suite 3100 Jacksonville, FL 32202	Line <u>2.1</u>	

Fill in this information to identify the case:

Debtor name Haghighi Family and Sports Medicine, P.A.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Duval County Tax Collector 231 East Forsyth 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	\$0.00 \$0.00
	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)	Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Florida Dept. of Revenue 5050 West Tennessee Street Tallahassee, FL 32399	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Haghighi Family and Sports Medicine, P.A.**
Name

Case number (if known)

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	\$0.00	\$0.00
Date or dates debt was incurred _____		Basis for the claim: Notice Only		
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.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address American Express 6985 Union Park Center Midvale, UT 84047 Date(s) debt was incurred _____ Last 4 digits of account number <u>3009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,135.82	
3.2	Nonpriority creditor's name and mailing address American Express World Financial Center New York, NY 10285 Date(s) debt was incurred _____ Last 4 digits of account number <u>4009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,000.00	
3.3	Nonpriority creditor's name and mailing address Bank of America 100 N. Tryon St. Charlotte, NC 28255 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>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,800.00	
3.4	Nonpriority creditor's name and mailing address BBVA/Compass Bank 15 20th St South Birmingham, AL 35233 Date(s) debt was incurred _____ Last 4 digits of account number <u>4620</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,635.41	
3.5	Nonpriority creditor's name and mailing address Capital One Bank 1680 Capital One Dr. Mc Lean, VA 22102 Date(s) debt was incurred _____ Last 4 digits of account number <u>9890</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,086.12	

Debtor Haghighi Family and Sports Medicine, P.A. Case number (if known) _____
Name

3.6	Nonpriority creditor's name and mailing address Douglas Kleiner c/o Nooney & Roberts 1680 Emerson Street Jacksonville, FL 32207 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lawsuit Pending (False Arrest) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.7	Nonpriority creditor's name and mailing address Forward Financial 36 Bromfield Street 2nd Floor Boston, MA 02108 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 checked="" type="checkbox"/> Disputed Basis for the claim: Business Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,000.00
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3.8	Nonpriority creditor's name and mailing address Quarter Spot 333 7th Avenue 14th Floor New York, NY 10001 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 checked="" type="checkbox"/> Disputed Basis for the claim: Business Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,000.00
-----	---	--	--------------------

3.9	Nonpriority creditor's name and mailing address The Fundworks 15260 Ventura Blvd. Ste. 1520 Sherman Oaks, CA 91403 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 checked="" type="checkbox"/> Disputed Basis for the claim: Business Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
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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 Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

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	\$	0.00	
5b. Total claims from Part 2	+	277,657.35	
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	\$	277,657.35	

Fill in this information to identify the case:

Debtor name Haghighi Family and Sports Medicine, P.A.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule 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	Vehicle Lease.	
	State the term remaining	2 Years	
	List the contract number of any government contract	_____	BMW Financial Services P.O. Box 3608 Dublin, OH 43016

2.2.	State what the contract or lease is for and the nature of the debtor's interest	Vehicle Lease.	
	State the term remaining	2 Years	
	List the contract number of any government contract	_____	BMW Financial Services NA 5550 Britton Pkwy Hilliard, OH 43026

2.3.	State what the contract or lease is for and the nature of the debtor's interest	Vehicle Lease.	
	State the term remaining	6 Months	
	List the contract number of any government contract	_____	BMW Financial Services NA 5550 Britton Pkwy Hilliard, OH 43026

2.4.	State what the contract or lease is for and the nature of the debtor's interest	Lease on Skinner Parkway Location.	
	State the term remaining		
	List the contract number of any government contract	_____	Cross Regions Real Estate 1205 Monument Road Suite 303 Jacksonville, FL 32225

Debtor 1 **Haghighi Family and Sports Medicine, P.A.**
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

Lease on Ponte Vedra Location.

State the term remaining **36 Months**

List the contract number of any government contract _____

**Veranda V. Partners, Ltd.
818 North A1A
Suite 300
Ponte Vedra Beach, FL 32082**

Fill in this information to identify the case:

Debtor name Haghighi Family and Sports Medicine, P.A.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Arena Football One	8945 West Post Road Suite 210 Las Vegas, NV 89148	Douglas Kleiner	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.2	Dr. Michael Haghighi	5300 Hidden Hollow Ct. Jacksonville, FL 32224	Douglas Kleiner	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.3	Dr. Michael Haghighi	5300 Hidden Hollow Ct. Jacksonville, FL 32224	PNC Bank, N.A.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Dr. Michael Haghighi	5300 Hidden Hollow Ct. Jacksonville, FL 32224	PNC Bank, N.A.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Dr. Michael Haghighi	5300 Hidden Hollow Ct. Jacksonville, FL 32224	BBVA/Compass Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____

Debtor **Haghighi Family and Sports Medicine, P.A.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **Bank of America** D _____
 E/F 3.3
 G _____

2.7 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **American Express** D _____
 E/F 3.1
 G _____

2.8 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **American Express** D _____
 E/F 3.2
 G _____

2.9 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **Capital One Bank** D _____
 E/F 3.5
 G _____

2.10 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **The Fundworks** D _____
 E/F 3.9
 G _____

2.11 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **Quarter Spot** D _____
 E/F 3.8
 G _____

2.12 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **Forward Financial** D _____
 E/F 3.7
 G _____

2.13 **Jacksonville Sports Group** **1705 Highland View Drive Saint Augustine, FL 32092** **Douglas Kleiner** D _____
 E/F 3.6
 G _____

Debtor **Haghighi Family and Sports Medicine, P.A.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **BMW Financial Services NA** D _____
 E/F _____
 G 2.2

2.15 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **BMW Financial Services** D _____
 E/F _____
 G 2.1

2.16 **Dr. Michael Haghighi** **5300 Hidden Hollow Ct. Jacksonville, FL 32224** **BMW Financial Services NA** D _____
 E/F _____
 G 2.3

Fill in this information to identify the case:Debtor name Haghighi Family and Sports Medicine, P.A.United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) _____

 Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business** None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**
From 1/01/2017 to **Filing Date** Operating a business
 Other _____\$613,911.42**For prior year:**
From 1/01/2016 to 12/31/2016 Operating a business
 Other _____\$1,337,635.22**For year before that:**
From 1/01/2015 to 12/31/2015 Operating a business
 Other _____\$1,296,311.00**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 **Haghighi Family and Sports Medicine, P.A.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. The Fundworks 15260 Ventura Blvd. Ste. 1520 Sherman Oaks, CA 91403	July - August 2017	\$13,160.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.2. Quarter Spot 333 7th Avenue 14th Floor New York, NY 10001	June - August 2017	\$29,940.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.3. Forward Financial 36 Bromfield Street 2nd Floor Boston, MA 02108	June - August 2017	\$24,540.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.4. American Express World Financial Center New York, NY 10285	June - August 2017	Unknown	<input type="checkbox"/> Secured debt <input checked="" 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
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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

Debtor **Haghighi Family and Sports Medicine, P.A.**

Case number (if known) _____

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	PNC Bank, N.A. v. Haghighi Family and Sports Medicine, P.A. 3:16-cv-1226-TJC-MCR	Contract	Middle District of Florida Jacksonville 300 North Hogan Street Jacksonville, FL 32202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Kleiner v. Haghighi Family and Sports Medicine, P.A., et al 16-2017-CA-002146	Tort Action	Duval County Circuit Court W. Adams Street Jacksonville, FL 32202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000** None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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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 (<i>Schedule A/B: Assets – Real and Personal Property</i>).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Debtor **Haghighi Family and Sports Medicine, P.A.**

Case number (if known) _____

	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		August 14, 2017	\$10,000.00

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		August 17, 2017 (Filing Fee)	\$1,717.00
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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
14.1.	820 A1A North Suite E9 Ponte Vedra Beach, FL 32082	2011 - Current
14.2.	9191 RG Skinner Parkway Suite 901 Jacksonville, FL 32256	2007 - Current

Debtor **Haghighi Family and Sports Medicine, P.A.**

Case number (if known) _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Haghighi Family & Sports Medicine PA 820 A1A North Suite E9 Ponte Vedra Beach, FL 32082	Primary Care Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Electronic, Aprima	2000 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2. Haghighi Family & Sports Medicine PA 9191 RG Skinner Parkway Suite 901 Jacksonville, FL 32256	Primary Care Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Electronic, Aprima	3000 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
 Yes. State the nature of the information collected and retained.

Patient Names, Social Security Numbers, Birthdates, Etc.

Does the debtor have a privacy policy about that information?

- No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **Haghighi Family and Sports Medicine, P.A.**

Case number (if known) _____

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
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None
Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
 No.

 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor Haghighi Family and Sports Medicine, P.A.

Case number (if known) _____

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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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
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
26a.1. Sonny F. Martin, CPA 4350 Pablo Professional Ct. Ste. 200 Jacksonville, FL 32224	2007 - Current

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. Sonny F. Martin, CPA 4350 Pablo Professional Ct. Ste. 200 Jacksonville, FL 32224	

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

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **Haghighi Family and Sports Medicine, P.A.**

Case number (if known) _____

- No
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Dr. Michael Haghighi	5300 Hidden Hollow Ct. Jacksonville, FL 32224	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 Dr. Michael Haghighi 5300 Hidden Hollow Ct. Jacksonville, FL 32224	\$240,675.97	August 2016 - August 2017	Salary/Distributions
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
--------------------------------	--

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

Debtor Haghighi Family and Sports Medicine, P.A.

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 18, 2017

/s/ Dr. Michael Haghighi
Signature of individual signing on behalf of the debtor

Dr. Michael Haghighi
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 Haghighi Family and Sports Medicine, P.A.

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
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Dr. Michael Haghighi 5300 Hidden Hollow Ct. Jacksonville, FL 32224		100%	
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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 August 18, 2017Signature /s/ Dr. Michael Haghighi
Dr. Michael Haghighi

*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 **Haghighi Family and Sports Medicine, P.A.**

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: **August 18, 2017**

/s/ Dr. Michael Haghighi

Dr. Michael Haghighi/President

Signer/Title

Haghighi Family and Sports Medicine, P.A.
9191 RG Skinner Parkway, Suite 901
Jacksonville, FL 32256

BMW Financial Services
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Dublin, OH 43016

Internal Revenue Service
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Jacksonville, FL 32202

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Mc Lean, VA 22102

PNC Bank, N.A.
222 Delaware Avenue
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15260 Ventura Blvd.
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Sherman Oaks, CA 91403

American Express
World Financial Center
New York, NY 10285

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Suite 300
Ponte Vedra Beach, FL 32082

Arena Football One
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Suite 210
Las Vegas, NV 89148

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

Bank of America
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Charlotte, NC 28255

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

BBVA/Compass Bank
15 20th St South
Birmingham, AL 35233

Forward Financial
36 Bromfield Street
2nd Floor
Boston, MA 02108

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

In re **Haghighi Family and Sports Medicine, P.A.**

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 **Haghighi Family and Sports Medicine, P.A.** 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*]

August 18, 2017

Date

/s/ Jason A. Burgess

Jason A. Burgess 40757

Signature of Attorney or Litigant

Counsel for **Haghighi Family and Sports Medicine, P.A.**

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