

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 Gulfcoast 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) 65-0865137

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>4947 Clark Road</u> <u>Sarasota, FL 34233</u> Number, Street, City, State & ZIP Code <u>Sarasota</u> County	<u>PO Box 21689</u> <u>Sarasota, FL 34276</u> P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business <u>4947 Clark Road Sarasota, FL 34233</u> Number, Street, City, State & ZIP Code

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

6. Type of debtor

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

Partnership (excluding LLP)

Other. Specify: _____

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

Debtor **Gulfcoast 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 & 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 Gulfcoast 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 November 3, 2017
MM / DD / YYYY

/s/ Phillip H. Askins
Signature of authorized representative of debtor

Title Officer

Phillip H. Askins
Printed name

18. Signature of attorney **/s/ Timothy W. Gensmer**
Signature of attorney for debtor

Date **November 3, 2017**
MM / DD / YYYY

Timothy W. Gensmer
Printed name

Timothy W. Gensmer, P.A.
Firm name

2831 Ringling Blvd.
Ste. 202-A
Sarasota, FL 34237-5348
Number, Street, City, State & ZIP Code

Contact phone _____ Email address _____

586242
Bar number and State

Fill in this information to identify the case:

Debtor name Gulfcoast 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
Benedict And Associates, Inc c/o Ahlquist & Assoc, P.A. 4509 Bee Ridge Road, Unit D Sarasota, FL 34233						\$27,900.94
Broadstone GCSC Florida LLC c/o Allen R. Tomlinson, Esq. 505 South Flagler Dr Suite 100 West Palm Beach, FL 33401						\$462,707.72
Carol Cameron McKinney Sherri Warthan McClendon c/o Luis Martinez-Monfort Es 400 N. Ashley Dr., Ste 1100 Tampa, FL 33602			Disputed			\$0.00
Cintas Corporation No. 2 d/b/a Cintas Corporation 9300 MCI Drive North Pinellas Park, FL 33782						\$40,841.94
ConMed Linvatec PO Box 301231 Dallas, TX 75303-1231						\$6,877.47

Debtor **Gulfcoast 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
Dazser-TPA Corporation d/b/a Jani-King of Tampa Bay c/o Marcadis Singer, PA 5104 South Westshore Blvd Tampa, FL 33611						\$4,635.78
FCCI Insurance Company c/o Jessican Fairweather, Esq 6300 University Pkwy Sarasota, FL 34240						\$21,293.62
Future Health Concepts, Inc. c/o Cipparone & Cipparone, PA 1525 International Pkwy Suite 1071 Lake Mary, FL 32746						\$31,153.30
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346		payroll taxes				\$0.00
Johnson & Johnson Health Care Systems, Inc. PO Box 406663 Atlanta, GA 30384-6663		merchandise purchased				\$57,073.60
One Source Linen Supply Inc. 1407 20th Ave. E. Palmetto, FL 34221						\$13,937.56
Peter W. Yore PO Box 1233 Odessa, FL 33556						\$1,816.79
PNC Bank, N.A. c/o Joshua S. M. Smith, Esq. 401 East Jackson Street Suite 2400 Tampa, FL 33602						\$1,288,956.32

Debtor **Gulfcoast 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
Professional Medical Maint. 54 The Legends Pkwy #159 Eureka, MO 63025						\$63,775.62
Professional Medical Maint. c/o Sprechman & AssociatesPA 2775 Sunny Isle Blvd #100 North Miami Beach, FL 33160						\$63,775.62
Superior Medical Supply Inc c/o Marcadis Singer, P.A. 5104 Westshore Blvd Tampa, FL 33611						\$16,769.96
Surgical Capital Solutions c/o Christopher Hamblen, Esq 1410 Alt 19 Ste C Palm Harbor, FL 34683						\$83,679.60
Tampa Bay Systems Sales Inc dba TampaBay Trane 902 N. Homes Ave. Tampa, FL 33609						\$32,317.41
Weston Reid, LLC 178 Bayside Drive Clearwater Beach, FL 33767						\$125,129.24

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

In re **Gulfcoast Surgery Center, Inc.** Debtor(s) Case No. _____
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the Officer 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: **November 3, 2017**

/s/ Phillip H. Askins
Phillip H. Askins/Officer
Signer/Title

Gulfcoast Surgery Center, Inc.
PO Box 21689
Sarasota, FL 34276

FCCI Insurance Company
c/o Jessican Fairweather, Esq
6300 University Pkwy
Sarasota, FL 34240

Professional Medical Maint.
c/o Sprechman & Associates PA
2775 Sunny Isle Blvd #100
North Miami Beach, FL 33160

Timothy W. Gensmer
Timothy W. Gensmer, P.A.
2831 Ringling Blvd.
Ste. 202-A
Sarasota, FL 34237-5348

Future Health Concepts, Inc.
c/o Cipparone & Cipparone, PA
1525 International Pkwy
Suite 1071
Lake Mary, FL 32746

Professional Medical Maint.
54 The Legends Pkwy #159
Eureka, MO 63025

Askins & Miller Orthopaedics
4937 Clark Road
Sarasota, FL 34233

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Roland V. Askins III
4937 Clark Road
Sarasota, FL 34233

Benedict And Associates, Inc
c/o Ahlquist & Assoc, P.A.
4509 Bee Ridge Road, Unit D
Sarasota, FL 34233

Johnson & Johnson Health
Care Systems, Inc.
PO Box 406663
Atlanta, GA 30384-6663

Roland V. Askins III, MD PA
4937 Clark Road
Sarasota, FL 34233

Broadstone GCSC Florida LLC
c/o Allen R. Tomlinson, Esq.
505 South Flagler Dr
Suite 100
West Palm Beach, FL 33401

Key Equipment Finance
c/o Wong Fleming
2000 RiverEdge Pkwy
Suite 500
Atlanta, GA 30328

Roland V. Askins, Jr
2463 Waneta Drive
Sarasota, FL 34231

Carol Cameron McKinney
Sherri Warthan McClendon
c/o Luis Martinez-Monfort Es
400 N. Ashley Dr., Ste 1100
Tampa, FL 33602

One Source Linen Supply Inc.
1407 20th Ave. E.
Palmetto, FL 34221

Superior Medical Supply Inc
c/o Marcadis Singer, P.A.
5104 Westshore Blvd
Tampa, FL 33611

Cintas Corporation No. 2
d/b/a Cintas Corporation
9300 MCI Drive North
Pinellas Park, FL 33782

Peter W. Yore
PO Box 1233
Odessa, FL 33556

Surgical Capital Solutions
c/o Christopher Hamblen, Esq
1410 Alt 19 Ste C
Palm Harbor, FL 34683

ConMed Linvatec
PO Box 301231
Dallas, TX 75303-1231

Phillip H. Askins
2463 Waneta Drive
Sarasota, FL 34231

Tampa Bay Systems Sales Inc
dba TampaBay Trane
902 N. Homes Ave.
Tampa, FL 33609

Dazser-TPA Corporation
d/b/a Jani-King of Tampa Bay
c/o Marcadis Singer, PA
5104 South Westshore Blvd
Tampa, FL 33611

PNC Bank, N.A.
c/o Joshua S. M. Smith, Esq.
401 East Jackson Street
Suite 2400
Tampa, FL 33602

Weston Reid, LLC
178 Bayside Drive
Clearwater Beach, FL 33767

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

In re **Gulfcoast Surgery Center, Inc.**

Debtor(s)

Case No.

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Gulfcoast Surgery Center, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

November 3, 2017

Date

/s/ Timothy W. Gensmer

Timothy W. Gensmer

Signature of Attorney or Litigant

Counsel for **Gulfcoast Surgery Center, Inc.**

Timothy W. Gensmer, P.A.

2831 Ringling Blvd.

Ste. 202-A

Sarasota, FL 34237-5348