

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 Suncoast Internal Medicine Consultants, PA

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

3. Debtor's federal Employer Identification Number (EIN) 59-1273247

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>13644 Walsingham Road</u> <u>Largo, FL 33774</u> Number, Street, City, State & ZIP Code	_____
	<u>Pinellas</u> County	<u>Location of principal assets, if different from principal place of business</u> _____
		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 **Suncoast Internal Medicine Consultants, PA**
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 **Suncoast Internal Medicine Consultants, PA**
 Name _____

Case number (if known) _____

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

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

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

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

No

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

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

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

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

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

Other _____

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

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

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

Funds will be available for distribution to unsecured creditors.

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

14. Estimated number of creditors

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

15. Estimated Assets

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

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input 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 Suncoast Internal Medicine Consultants, PA
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 January 19, 2018
MM / DD / YYYY

/s/ Robert L. DiGiovanni, DO
Signature of authorized representative of debtor
 Title President

Robert L. DiGiovanni, DO
Printed name

18. Signature of attorney

/s/ Michael C. Markham
Signature of attorney for debtor

Date January 19, 2018
MM / DD / YYYY

Michael C. Markham
Printed name

Johnson, Pope, Bokor,
Firm name

Ruppel & Burns, LLP
PO Box 1100
Tampa, FL 33601
Number, Street, City, State & ZIP Code

Contact phone _____ Email address _____

0768560
Bar number and State

Fill in this information to identify the case:

Debtor name **Suncoast Internal Medicine Consultants, PA**
 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
Abbott Laboratories PO Box 92679 Chicago, IL 60675-2679		vendor				\$17,268.76
American Express PO Box 650448 Dallas, TX 75265-0448		credit card				\$201,674.98
Appelt & Assoc Suite I-2 1811 N Belcher RD Clearwater, FL 33765		professional services				\$5,225.00
ASD Specialty Healthcare, In dba Besse Medical Supply 9075 Centre Point Dr #140 West Chester, OH 45069		all assets of the Debtor		\$2,285,206.80	\$2,420,248.82	\$623,285.60
Centratel Serv Intern 11193 Seminole Blvd Largo, FL 33778		vendor				\$2,633.21
Change Healthcare Suite 1000 3055 Lebanon Pike Nashville, TN 37214		vendor				\$12,048.30
Eclinicalworks PO Box 847950 Boston, MA 02284-7950		vendor				\$9,086.00

Debtor **Suncoast Internal Medicine Consultants, PA**
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
Genzyme Biosurgery 62665 Collection Ctr Dr Chicago, IL 60693-0626		vendor				\$97,324.40
Johnson And Johnson PO Box 406663 Atlanta, GA 30384-6663		vendor				\$71,425.80
Macfarlane Ferguson 625 Court St Clearwater, FL 33756		vendor				\$21,476.00
Mckesson Medical Surgical Suite 4000 9954 Maryland Dr Richmond, VA 23233		vendor				\$4,606.81
Mckesson Specialty Dist PO Box 841838 Dallas, TX 75284-1838		vendor				\$105,950.81
Pfizer PO Box 100539 Atlanta, GA 30384-0539		vendor				\$16,243.40
Professional Radiology Assoc PO Box 6234 Clearwater, FL 33758		vendor				\$19,950.00
Robert L. Digiovanni, DO Dane L. Maxfield, Jr., DO Randal Worth, DO 13644 Walsingham Road Largo, FL 33774		13644 Walsingham Road, Largo, Florida 33774 (professional office building and adjacent lot)		\$581,993.01	\$1,796,892.00	\$581,993.01
Sanofi Oasteur 12458 Collections Ctr Chicago, IL 60693		vendor				\$37,254.88
Theratest Laboratories 1120 N Dupage Ave Lombard, IL 60148		vendor				\$6,981.00

Debtor **Suncoast Internal Medicine Consultants, PA**
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
USAmeribank 4790 140th Ave N Clearwater, FL 33762		13644 Walsingham Road, Largo, Florida 33774 (professional office building and adjacent lot)		\$1,832,356.25	\$1,796,892.00	\$115,387.33
Wells Fargo PO Box 6995 Portland, OR 97228-6995		Line of Credit				\$48,833.30
Zimmer Biomet PO Box 277530 Atlanta, GA 30384-7530		vendor				\$3,880.00

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

In re **Suncoast Internal Medicine Consultants, PA**

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: **January 19, 2018**

/s/ Robert L. DiGiovanni, DO

Robert L. DiGiovanni, DO/President

Signer/Title

Suncoast Internal Medicine Consultants, PA
13644 Walsingham Road
Largo, FL 33774

Change Healthcare
Suite 1000
3055 Lebanon Pike
Nashville, TN 37214

Macfarlane Ferguson
625 Court St
Clearwater, FL 33756

Michael C. Markham
Johnson, Pope, Bokor,
Ruppel & Burns, LLP
PO Box 1100
Tampa, FL 33601

Commerical Equipment Leasing
PO Box 3072
Cedar Rapids, IA 52406-3072

Mckesson Medical Surgical
Suite 4000
9954 Maryland Dr
Richmond, VA 23233

Abbott Laboratories
PO Box 92679
Chicago, IL 60675-2679

Createability Medical
8631 117th St N
Seminole, FL 33772

Mckesson Specialty Dist
PO Box 841838
Dallas, TX 75284-1838

American Express
PO Box 650448
Dallas, TX 75265-0448

Eclinicalworks
PO Box 847950
Boston, MA 02284-7950

Medi USA
6481 Franz Warner
Whitsett, NC 27377-3702

American Proficiency
Dept 9526
PO Box 30516
Lansing, MI 48908

FCAP Custodian FTCFIMT,LLC
FL Tax Cert Fund I Muni Tax
PO Box 775311
Chicago, IL 60677

Nuance Communications
3984 Pepsi Cola Dr
Melbourne, FL 32934

Appelt & Assoc
Suite I-2
1811 N Belcher RD
Clearwater, FL 33765

Genzyme Biosurgery
62665 Collection Ctr Dr
Chicago, IL 60693-0626

Optum
PO Box 88050
Chicago, IL 60680-1050

ASD Specialty Healthcare, In
dba Besse Medical Supply
9075 Centre Point Dr #140
West Chester, OH 45069

Imo
Suite 360
60 N Revere Dr
Northbrook, IL 60062

Pfizer
PO Box 100539
Atlanta, GA 30384-0539

Business Records Mgmt
PO Box 2795
Oldsmar, FL 34677

Johnson And Johnson
PO Box 406663
Atlanta, GA 30384-6663

Pinellas County Tax Coll
PO Box 6340
Clearwater, FL 33758

Centratel Serv Intern
11193 Seminole Blvd
Largo, FL 33778

Leaf
People's United Bank NA
PO Box 742647
Cincinnati, OH 45274-2647

Pitney Bowes
PO Box 371887
Pittsburgh, PA 15250-7887

Professional Radiology Assoc
PO Box 6234
Clearwater, FL 33758

Zimmer Biomet
PO Box 277530
Atlanta, GA 30384-7530

Robert L. Digiovanni, DO
Dane L. Maxfield, Jr., DO
Randal Worth, DO
13644 Walsingham Road
Largo, FL 33774

Sanofi Oasteur
12458 Collections Ctr
Chicago, IL 60693

TCF Equipment Finance, Inc.
1111 W. San Marnan Dr
Waterloo, IA 50701

Theratest Laboratories
1120 N Dupage Ave
Lombard, IL 60148

TLGFY, LLC
Capital One, NA as Assignee
PO Box 54347
New Orleans, LA 70154-4347

USAmeribank
4790 140th Ave N
Clearwater, FL 33762

Wells Fargo
PO Box 6995
Portland, OR 97228-6995

Wells Fargo Financial Serv
PO Box 105710
Atlanta, GA 30348-5710

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

In re **Suncoast Internal Medicine Consultants, PA**
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 **Suncoast Internal Medicine Consultants, PA** 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*]

January 19, 2018
Date

/s/ Michael C. Markham
Michael C. Markham
Signature of Attorney or Litigant
Counsel for **Suncoast Internal Medicine Consultants, PA**
Johnson, Pope, Bokor,
Ruppel & Burns, LLP
PO Box 1100
Tampa, FL 33601