

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

4/19

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 All About Kids and Families Medical 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) 20-5715865

4. Debtor's address

<p>Principal place of business</p> <p><u>12086 Ft. Caroline Road, Ste. 401</u> <u>Jacksonville, FL 32225</u> Number, Street, City, State & ZIP Code</p> <p><u>Duval</u> County</p>	<p>Mailing address, if different from principal place of business</p> <p>_____ P.O. Box, Number, Street, City, State & ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>_____ Number, Street, City, State & ZIP Code</p>
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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 **All About Kids and Families Medical 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 \$2,725,625 (amount subject to adjustment on 4/01/22 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 **All About Kids and Families Medical 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 **All About Kids and Families Medical 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 **June 4, 2019**
MM / DD / YYYY**X /s/ Dr. James A. Joyner IV**
Signature of authorized representative of debtor

Title **President****Dr. James A. Joyner IV**
Printed name**18. Signature of attorney****X /s/ Jason A. Burgess**
Signature of attorney for debtorDate **June 4, 2019**
MM / DD / YYYY**Jason A. Burgess 40757**
Printed name**The Law Offices of Jason A. Burgess, LLC**
Firm name**1855 Mayport Road**
Atlantic Beach, FL 32233
Number, Street, City, State & ZIP CodeContact phone **(904) 372-4791**Email address **jason@jasonaburgess.com****40757 FL**

Bar number and State

Fill in this information to identify the case:Debtor name All About Kids and Families Medical 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 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 June 4, 2019X /s/ Dr. James A. Joyner IV

Signature of individual signing on behalf of debtor

Dr. James A. Joyner IV

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **All About Kids and Families Medical 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
Agency for Health Care Admin 2727 Mahan Drive Mail Stop 6 Tallahassee, FL 32308		Possible Overpayment Medicaid				Unknown
American Express 6985 Union Park Center Midvale, UT 84047		Credit Card				\$35,000.00
Anthony Zinno 61 Summit Drive Cranston, RI 02920		Business Loan				\$85,000.00
BlueVine Capital Inc. 401 Warren Street Ste. 300 Redwood City, CA 94063		'Business' Lender	Disputed			\$74,769.07
Business Merchant Funding 680 Central Ave. Cedarhurst, NY 11516		'Business' Lender	Disputed			\$74,950.00
Carolyn Joyner 136 Pinehurst Pointe Ponte Vedra, FL 32081		Various Loans				\$200,000.00
Cliff Brown 82013 Dr. Carreaon Blvd Indio, CA 92201		Business Loan				\$35,000.00
Donald Downer 10750 Waverley Bluff Way Jacksonville, FL 32223		Business Loan				\$50,000.00

Debtor **All About Kids and Families Medical 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
FMA Funding, LLC aka First Merchant Access 80 Broad Street New York, NY 10004		'Business' Lender	Disputed			\$29,000.00
Green Capital Funding, LLC 116 Nassau Street 8th Floor New York, NY 10038		'Business' Lender	Disputed			\$128,270.72
Internal Revenue Service 400 West Bay Street Jacksonville, FL 32202		Payroll Taxes				Unknown
Jack Blush Trust c/o Jason Radick 10021 East Broadview Drive Miami Beach, FL 33154		Business Loan				\$430,000.00
Kalamata Capital Group 30 Broad Street Ste. 1201 New York, NY 10004		'Business' Lender	Disputed			\$35,069.89
Last Chance Funding, Inc. The LCF Group 411 Hempstead Turnpike Ste. 101 West Hempstead, NY 11552		'Business' Lender	Disputed			\$185,576.77
Libertas Funding 1111 Broadhollow Road Unit 330 Farmingdale, NY 11735		'Business' Lender	Disputed			\$79,932.00
ML Factors Funding LLC 456A Central Ave. Ste. 128 Cedarhurst, NY 11516		'Business' Lender	Disputed			\$313,846.99
Richard Tywang 10025 NW 62nd Street Pompano Beach, FL 33076		Business Loan				\$107,000.00

Debtor **All About Kids and Families Medical 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
Technology Finance Corp. 7077 E. Marilyn Rd. Bldg. 3/Suite 125 Scottsdale, AZ 85254		Dell Computers, Apple Macbooks, and NEC 2100 Telephone System		\$30,000.00	\$3,000.00	\$27,000.00
Unique Funding Solutions 2715 Coney Island Ave. Brooklyn, NY 11235		'Business' Lender	Disputed			\$194,405.00
Yellowstone Capital 1 Evertrust Plaza 14th Floor Jersey City, NJ 07302		'Business' Lender	Disputed			\$217,500.00

Fill in this information to identify the case:Debtor name **All About Kids and Families Medical 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 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>	\$ 890,000.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 1,711,144.93
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 2,601,144.93

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>	\$ 2,433,568.19
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>	\$ 741,511.96
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>	+\$ 2,285,320.44
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 5,460,400.59

Fill in this information to identify the case:Debtor name **All About Kids and Families Medical 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 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****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Ameris Bank****Checking Account****\$0.00**3.2. **Regions Bank****Checking Account****8623****\$0.00**3.3. **BBVA/Compass Bank****Checking Account****\$32,257.76****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$32,257.76**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Debtor All About Kids and Families Medical Center, Inc.
Name

Case number (If known) _____

☒ Yes Fill in the information below.11. **Accounts receivable**

11a. 90 days old or less:	<u>826,251.84</u>	-	<u>260,000.00</u>	=	<u>\$566,251.84</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>1,566,030.33</u>	-	<u>500,000.00</u>	=....	<u>\$1,066,030.33</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,632,282.17**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Medicine and Various Medical Supplies		Unknown	Replacement	\$5,000.00

22. **Other inventory or supplies**23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$5,000.0024. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

Debtor All About Kids and Families Medical Center, Inc.
Name

Case number (If known) _____

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

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 Dell Computers, Apple Macbooks, and NEC 2100 Telephone System	Unknown	Appraisal	\$3,000.00

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.**\$3,000.00**

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.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			

Debtor All About Kids and Families Medical Center, Inc.
Name

Case number (If known) _____

**See Seperate Notice of Filing With Detailed
List, Values, and Picture**Unknown Appraisal\$38,605.0051. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$38,605.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**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.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of
property**Include street address or other
description such as Assessor
Parcel Number (APN), and type
of property (for example,
acreage, factory, warehouse,
apartment or office building, if
available.**Nature and
extent of
debtor's interest
in property****Net book value of
debtor's interest
(Where available)****Valuation method used
for current value****Current value of
debtor's interest**55.1. **12086 Fort Caroline
Road, Suite 102,
Jacksonville, Florida**Fee simpleUnknownAppraisal\$190,000.0055.2. **12086 Fort Caroline
Road, Suite 103,
Jacksonville, Florida**Fee simpleUnknownAppraisal\$190,000.0055.3. **12086 Fort Caroline
Road, Suite 403,
Jacksonville, Florida**Fee simpleUnknownAppraisal\$190,000.0055.4. **12086 Fort Caroline
Road, Suite 501,
Jacksonville, Florida**Fee simpleUnknownAppraisal\$160,000.0055.5. **12086 Fort Caroline
Road, Suite 502,
Jacksonville, Florida**Fee simpleUnknownAppraisal\$160,000.0056. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.\$890,000.00

Debtor All About Kids and Families Medical Center, Inc.
 Name

Case number (If known) _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

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.

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.

Debtor All About Kids and Families Medical Center, Inc.
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>\$32,257.76</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,632,282.17</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$5,000.00</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>\$3,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$38,605.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$890,000.00</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>+</u> <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,711,144.93</u>	+ 91b. <u>\$890,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,601,144.93</u>

Fill in this information to identify the case:Debtor name **All About Kids and Families Medical 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 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 Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Diligent Investments, LLC Creditor's Name 1031 1st Street S. Unit 705 Jacksonville Beach, FL 32250 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 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 Units 102, 103, 403, 501, 502 and Various Debtor & Non-Debtor Assets Describe the lien First Mortgage & UCC Lien 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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> Disputed	\$332,000.00	Unknown

2.2	Diligent Investments, LLC Creditor's Name 1031 1st Street S. Unit 705 Jacksonville Beach, FL 32250 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input 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 Units 102, 103, 403, 501, 502 and Various Debtor & Non-Debtor Assets Describe the lien First Mortgage & UCC Lien 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 checked="" type="checkbox"/> No <input 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	\$225,000.00	Unknown
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Debtor **All About Kids and Families Medical Center, Inc.**

Case number (if know) _____

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Newtek Small Bus. Finance**

Creditor's Name

**1981 Marcus Ave.
Ste. 130
New Hyde Park, NY 11042**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Personal Property of Debtor and Various Non-Debtor Assets**\$1,475,000.00****Unknown**

Describe the lien

Mortgage & UCC Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Regions Bank**

Creditor's Name

**1900 5th Ave. North
Birmingham, AL 35203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Personal Property of Debtor**\$100,791.04****Unknown**

Describe the lien

UCC Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Technology Finance Corp.**

Creditor's Name

**7077 E. Marilyn Rd.
Bldg. 3/Suite 125
Scottsdale, AZ 85254**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

**Dell Computers, Apple Macbooks, and NEC
2100 Telephone System****\$30,000.00****\$3,000.00**

Describe the lien

Non-Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Debtor **All About Kids and Families Medical Center, Inc.**
Name

Case number (if know)

Date debt was incurred

2/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Wells Fargo Bank, N.A.**

Creditor's Name

**420 Montgomery St.
San Francisco, CA 94163**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Units 102, 103, 501, and 502**\$270,777.15****Unknown**

Describe the lien

Second Mortgage

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

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

\$2,433,568.19**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 be 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

**Jimerson Birr
One Independent Drive
Ste. 1400
Jacksonville, FL 32202**

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Line **2.1**

Fill in this information to identify the case:Debtor name **All About Kids and Families Medical 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 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 Agency for Health Care Admin 2727 Mahan Drive Mail Stop 6 Tallahassee, FL 32308	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	\$133,535.94	Unknown
	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: Possible Overpayment Medicaid 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	All About Kids and Families Medical Center, Inc. Name	Case number (if known)
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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	\$607,976.02	Unknown
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Date or dates debt was incurred 2017 - 2018	Basis for the claim: Payroll Taxes
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Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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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 ____	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	\$35,000.00	
3.2	Nonpriority creditor's name and mailing address Anthony Zinno 61 Summit Drive Cranston, RI 02920 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>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,000.00	
3.3	Nonpriority creditor's name and mailing address Bankers Healthcare Group 10234 W. State Road 84 Fort Lauderdale, FL 33324 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	\$10,000.00	
3.4	Nonpriority creditor's name and mailing address BlueVine Capital Inc. 401 Warren Street Ste. 300 Redwood City, CA 94063 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,769.07	
3.5	Nonpriority creditor's name and mailing address Business Merchant Funding 680 Central Ave. Cedarhurst, NY 11516 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,950.00	

Debtor	All About Kids and Families Medical Center, Inc. <small>Name</small>	Case number (if known) _____
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3.6	Nonpriority creditor's name and mailing address Carolyn Joyner 136 Pinehurst Pointe Ponte Vedra, FL 32081 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>Various Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
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3.7	Nonpriority creditor's name and mailing address Cliff Brown 82013 Dr. Carreaon Blvd Indio, CA 92201 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>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,000.00
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3.8	Nonpriority creditor's name and mailing address Donald Downer 10750 Waverley Bluff Way Jacksonville, FL 32223 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>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.9	Nonpriority creditor's name and mailing address EIN Cap, Inc. 2899 Ocean Avenue Floor 2 Brooklyn, NY 11235 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>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.10	Nonpriority creditor's name and mailing address FMA Funding, LLC aka First Merchant Access 80 Broad Street New York, NY 10004 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,000.00
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3.11	Nonpriority creditor's name and mailing address Green Capital Funding, LLC 116 Nassau Street 8th Floor New York, NY 10038 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128,270.72
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3.12	Nonpriority creditor's name and mailing address Jack Blush Trust c/o Jason Radick 10021 East Broadview Drive Miami Beach, FL 33154 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>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430,000.00
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Debtor **All About Kids and Families Medical Center, Inc.**
Name

Case number (if known)

3.13	Nonpriority creditor's name and mailing address Kalamata Capital Group 30 Broad Street Ste. 1201 New York, NY 10004 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,069.89
3.14	Nonpriority creditor's name and mailing address Last Chance Funding, Inc. The LCF Group 411 Hempstead Turnpike Ste. 101 West Hempstead, NY 11552 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185,576.77
3.15	Nonpriority creditor's name and mailing address Libertas Funding 1111 Broadhollow Road Unit 330 Farmingdale, NY 11735 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79,932.00
3.16	Nonpriority creditor's name and mailing address ML Factors Funding LLC 456A Central Ave. Ste. 128 Cedarhurst, NY 11516 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313,846.99
3.17	Nonpriority creditor's name and mailing address Richard Tywang 10025 NW 62nd Street Pompano Beach, FL 33076 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>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107,000.00
3.18	Nonpriority creditor's name and mailing address Unique Funding Solutions 2715 Coney Island Ave. Brooklyn, NY 11235 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194,405.00
3.19	Nonpriority creditor's name and mailing address Yellowstone Capital 1 Evertrust Plaza 14th Floor Jersey City, NJ 07302 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: <u>'Business' Lender</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217,500.00

Part 3: List Others to Be Notified About Unsecured Claims

Debtor **All About Kids and Families Medical Center, Inc.**
Name

Case number (if known)

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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Berkovitch & Bouskila 1330 6th Ave. Ste. 600B New York, NY 10019	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	David Fogel 1225 Franklin Ave. Ste. 522 Garden City, NY 11530	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Dr. James A. Joyner IV 100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Joe Lieberman 124 Grove Ave. Cedarhurst, NY 11516	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Vadim Serebro 55 Broadway 3rd Floor New York, NY 10006	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>741,511.96</u>
5b. +	\$ <u>2,285,320.44</u>
5c.	\$ <u>3,026,832.40</u>

Fill in this information to identify the case:Debtor name **All About Kids and Families Medical 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 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* (Official Form 206A/B).*Property***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 **2019 Cadillac Escalade Lease.**State the term remaining **2.5 Years**

List the contract number of any government contract _____

**Acar Leasing Ltd. Inc.
c/o GM Financial
P.O. Box 78143
Phoenix, AZ 85062**2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease on Unit 401 and Unit 402.**State the term remaining **10 Years**

List the contract number of any government contract _____

**Quantum Investments Group
12086 Ft. Caroline Road
Jacksonville, FL 32225**2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease on Unit 404.**

State the term remaining _____

List the contract number of any government contract _____

**T.C. Properties
1410 Beach Ave.
Atlantic Beach, FL 32233**2.4. State what the contract or lease is for and the nature of the debtor's interest **Disguised Lease on Dell Computers, Apple Macbooks, and NEC 2100 Telephone System (Also listed on Schedules B and D)**

State the term remaining _____

List the contract number of any government contract **2215-001****Technology Finance Corp.
7077 E. Marilyn Rd.
Bldg. 3/Suite 125
Scottsdale, AZ 85254**

Debtor 1 **All About Kids and Families Medical Center, Inc.**

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

Fill in this information to identify the case:

Debtor name **All About Kids and Families Medical 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 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	Carolyn Joyner	136 Pinehurst Pointe Ponte Vedra, FL 32081	Newtek Small Bus. Finance	<input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Diamond Services, LLC	12086 Ft. Caroline Road Jacksonville, FL 32225	Kalamata Capital Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.13 <input type="checkbox"/> G _____
2.3	Diamond Services, LLC	12086 Ft. Caroline Road Jacksonville, FL 32225	ML Factors Funding LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.16 <input type="checkbox"/> G _____
2.4	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Kalamata Capital Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.13 <input type="checkbox"/> G _____
2.5	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Green Capital Funding, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.11 <input type="checkbox"/> G _____

Debtor **All About Kids and Families Medical Center, Inc.**

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. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Last Chance Funding, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.14</u> <input type="checkbox"/> G _____
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2.7	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	ML Factors Funding LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
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2.8	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Newtek Small Bus. Finance	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Unique Funding Solutions	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.18</u> <input type="checkbox"/> G _____
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2.10	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Business Merchant Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
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2.11	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	EIN Cap, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
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2.12	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	FMA Funding, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
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Debtor **All About Kids and Families Medical Center, Inc.**

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

2.13	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Libertas Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
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2.14	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Yellowstone Capital	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.15	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Regions Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Dr. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	Bankers Healthcare Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
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2.17	Imperium Allied Medical Inc.	12086 Ft. Caroline Road Jacksonville, FL 32225	Kalamata Capital Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
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2.18	Imperium Allied Medical Inc.	12086 Ft. Caroline Road Jacksonville, FL 32225	Green Capital Funding, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.11</u> <input type="checkbox"/> G _____
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2.19	Imperium Allied Medical Inc.	12086 Ft. Caroline Road Jacksonville, FL 32225	ML Factors Funding LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
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Debtor **All About Kids and Families Medical Center, Inc.**

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

2.20	Quantum Investments Group	12086 Ft. Caroline Road Jacksonville, FL 32225	Kalamata Capital Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
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2.21	Quantum Investments Group	12086 Ft. Caroline Road Jacksonville, FL 32225	ML Factors Funding LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
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2.22	Quantum Investments Group	12086 Ft. Caroline Road Jacksonville, FL 32225	Newtek Small Bus. Finance	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.23	The Soutel Clinic Inc.	12086 Ft. Caroline Road, Ste. 401 Jacksonville, FL 32225	ML Factors Funding LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
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Fill in this information to identify the case:Debtor name All About Kids and Families Medical 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 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

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****From the beginning of the fiscal year to filing date:**From 1/01/2019 to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$1,016,506.57**For prior year:**From 1/01/2018 to 12/31/2018☒ Operating a business☐ Other _____\$2,892,968.35**For year before that:**From 1/01/2017 to 12/31/2017☒ Operating a business☐ Other _____\$2,955,949.00**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 \$6,825. (This amount may be adjusted on 4/01/22 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 **All About Kids and Families Medical Center, Inc.**

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. American Express 6985 Union Park Center Midvale, UT 84047	March - April 2019	\$70,069.99	<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. Diligent Investments, LLC 1031 1st Street S. Unit 705 Jacksonville Beach, FL 32250	March 2019	\$9,394.40	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. Newtek Small Bus. Finance 1981 Marcus Ave. Ste. 130 New Hyde Park, NY 11042	March 2019	\$17,895.82	<input checked="" type="checkbox"/> Secured debt <input 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 \$6,825. (This amount may be adjusted on 4/01/22 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**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
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Debtor **All About Kids and Families Medical Center, Inc.**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	State of Florida, Agency for Health Care Admin v. All About Kids & Family Medical Center 16-1263MPI	Medicaid	Agency for Health Care Admin 2727 Mahan Drive Mail Stop 6 Tallahassee, FL 32308	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Diligent Investments, LLC v. All About Kids and Families Medical Center, Inc. 16-2019-CA-003892	Foreclosure	Duval County Circuit Court West Adams Street Jacksonville, FL 32202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	KALAMATA CAPITAL GROUP v. ALL ABOUT KIDS AND FAMILIES MEDICAL CENTER INC et al 123286-2019	Contract	Ontario County Supreme Court NY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	GREEN CAPITAL FUNDING LLC v. ALL ABOUT KIDS AND FAMILIES MEDICAL CENTER INC et al 123452-2019	Contract	Ontario County Supreme Court NY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	UNIQUE FUNDING SOLUTIONS LLC v. ALL ABOUT KIDS AND FAMILIES MEDICAL CENTER, INC DBA ALL ABOUT KIDS AND FAMILIES MEDICAL CENTER et al 505974/2019	Contract	Kings County Supreme Court NY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	LAST CHANCE FUNDING INC. v. All About Kids and Families Medical Center Inc et a 604890/2019	Contract	Nassau County Supreme Court NY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	FMA Funding LLC d/b/a First Merchant Access v. All About Kids and Families Medical Center, Inc. et al 901471-19	Contract	Albany County Supreme Court NY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	ML FACTORS FUNDING LIMITED LIABILITY COMPANY v. ALL ABOUT KIDS AND FAMILIES MEDICAL CENTER, INC. et al EFCA2019-000779	Contract	Oneida County Supreme Court NY	<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**

Debtor **All About Kids and Families Medical Center, Inc.**

Case number (if known) _____

☐ 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 <small>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 (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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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.

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		June 4, 2019	\$20,000.00
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**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 4

Debtor **All About Kids and Families Medical Center, Inc.**

Case number (if known) _____

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
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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. All About Kids & Families Medical 12086 Ft. Caroline Road, Ste. 401 Jacksonville, FL 32225	Pediatrics and Family Care Practice.	22,164
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Electronically (Practice Fusion)	How are records kept? Check all that apply: <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.**HIPAA (Name, Address, Birthday, SSN, Medical History)**

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?☒ No Go to Part 10.☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **All About Kids and Families Medical Center, Inc.**

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
18.1. Bank of America 301 3rd Street Neptune Beach, FL 32266	XXXX-7703	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other____	March 2019	\$0.00

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.

Debtor **All About Kids and Families Medical Center, Inc.**

Case number (if known) _____

- ☒ 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?

- ☒ 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
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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
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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. Ralph J. Hochman CPA 6820 St. Augustine Road Jacksonville, FL 32217	2010 - 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
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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

Debtor **All About Kids and Families Medical Center, Inc.**

Case number (if known) _____

Name and address**27. Inventories**

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

- ☒ 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****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. James A. Joyner IV	100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	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. James A. Joyner IV 100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	\$58,764.80	2019	Salary
Relationship to debtor President			
30.2 Dr. James A. Joyner IV 100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082	\$250,000.00 Est.	June 2018 - April 2019	Distributions/Advances
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**

Debtor All About Kids and Families Medical Center, Inc.

Case number (if known) _____

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 pension fund

All About Kids And Family Medi 401(k) Profit Sharing Plan & Trust

Employer Identification number of the parent corporation

EIN: _____

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 June 4, 2019/s/ Dr. James A. Joyner IV

Signature of individual signing on behalf of the debtor

Dr. James A. Joyner IV

Printed name

Position or relationship to debtor PresidentAre 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 **All About Kids and Families Medical Center, Inc.**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Dr. James A. Joyner IV 100 Ironwood Drive Unit 135 Ponte Vedra Beach, FL 32082		100%	

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 **June 4, 2019**
 Signature **/s/ Dr. James A. Joyner IV**
Dr. James A. Joyner IV

*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 **All About Kids and Families Medical Center, Inc.**

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: **June 4, 2019**

/s/ Dr. James A. Joyner IV

Dr. James A. Joyner IV/President

Signer/Title

All About Kids and Families Medical Center
12086 Ft. Caroline Road, Ste. 401
Jacksonville, FL 32225

Business Merchant Funding
680 Central Ave.
Cedarhurst, NY 11516

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

Jason A. Burgess
The Law Offices of Jason A. Burgess, LLC
1855 Mayport Road
Atlantic Beach, FL 32233

Carolyn Joyner
36 Pinehurst Pointe
Ponte Vedra, FL 32081

FMA Funding, LLC
aka First Merchant Access
80 Broad Street
New York, NY 10004

Acar Leasing Ltd. Inc.
c/o GM Financial
P.O. Box 78143
Phoenix, AZ 85062

Cliff Brown
82013 Dr. Carreaon Blvd
Indio, CA 92201

Green Capital Funding, LLC
116 Nassau Street
8th Floor
New York, NY 10038

Agency for Health Care Admin
2727 Mahan Drive
Mail Stop 6
Tallahassee, FL 32308

David Fogel
1225 Franklin Ave.
Ste. 522
Garden City, NY 11530

Imperium Allied Medical Inc.
12086 Ft. Caroline Road
Jacksonville, FL 32225

American Express
6985 Union Park Center
Midvale, UT 84047

Diamond Services, LLC
12086 Ft. Caroline Road
Jacksonville, FL 32225

Internal Revenue Service
400 West Bay Street
Jacksonville, FL 32202

Anthony Zinno
61 Summit Drive
Cranston, RI 02920

Diligent Investments, LLC
1031 1st Street S.
Unit 705
Jacksonville Beach, FL 32250

Jack Blush Trust
c/o Jason Radick
10021 East Broadview Drive
Miami Beach, FL 33154

Bankers Healthcare Group
10234 W. State Road 84
Fort Lauderdale, FL 33324

Donald Downer
10750 Waverley Bluff Way
Jacksonville, FL 32223

Jimerson Birr
One Independent Drive
Ste. 1400
Jacksonville, FL 32202

Berkovitch & Bouskila
1330 6th Ave.
Ste. 600B
New York, NY 10019

Dr. James A. Joyner IV
100 Ironwood Drive
Unit 135
Ponte Vedra Beach, FL 32082

Joe Lieberman
124 Grove Ave.
Cedarhurst, NY 11516

BlueVine Capital Inc.
401 Warren Street
Ste. 300
Redwood City, CA 94063

EIN Cap, Inc.
2899 Ocean Avenue
Floor 2
Brooklyn, NY 11235

Kalamata Capital Group
30 Broad Street
Ste. 1201
New York, NY 10004

Last Chance Funding, Inc.
The LCF Group
411 Hempstead Turnpike
Ste. 101
West Hempstead, NY 11552

The Soutel Clinic Inc.
12086 Ft. Caroline Road, Ste. 401
Jacksonville, FL 32225

Libertas Funding
1111 Broadhollow Road
Unit 330
Farmingdale, NY 11735

U.S. Bank Equipment Finance
1310 Madrid St.
Marshall, MN 56258

ML Factors Funding LLC
456A Central Ave.
Ste. 128
Cedarhurst, NY 11516

U.S. Bank, N.A.
800 Nicollet Mall
#1500
Minneapolis, MN 55402

Newtek Small Bus. Finance
1981 Marcus Ave.
Ste. 130
New Hyde Park, NY 11042

Unique Funding Solutions
2715 Coney Island Ave.
Brooklyn, NY 11235

Quantum Investments Group
12086 Ft. Caroline Road
Jacksonville, FL 32225

Vadim Serebro
55 Broadway
3rd Floor
New York, NY 10006

Regions Bank
1900 5th Ave. North
Birmingham, AL 35203

Wells Fargo Bank, N.A.
420 Montgomery St.
San Francisco, CA 94163

Richard Tywang
10025 NW 62nd Street
Pompano Beach, FL 33076

Yellowstone Capital
1 Evertrust Plaza
14th Floor
Jersey City, NJ 07302

T.C. Properties
1410 Beach Ave.
Atlantic Beach, FL 32233

Technology Finance Corp.
7077 E. Marilyn Rd.
Bldg. 3/Suite 125
Scottsdale, AZ 85254

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

In re **All About Kids and Families Medical 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 **All About Kids and Families Medical 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*]

June 4, 2019

Date

/s/ Jason A. Burgess

Jason A. Burgess 40757

Signature of Attorney or Litigant

Counsel for **All About Kids and Families Medical Center, Inc.**

The Law Offices of Jason A. Burgess, LLC

1855 Mayport Road

Atlantic Beach, FL 32233

(904) 372-4791 Fax:(904) 853-6932

jason@jasonaburgess.com