

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Florida		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Howell, George Bert Jr.		Name of Joint Debtor (Spouse) (Last, First, Middle): Howell, Betty Rountree Duffy
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-5362		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-6673
Street Address of Debtor (No. and Street, City, and State): 116 Virginia Avenue Lynn Haven, FL <div style="text-align: right;">ZIP Code 32444</div>		Street Address of Joint Debtor (No. and Street, City, and State): 116 Virginia Avenue Lynn Haven, FL <div style="text-align: right;">ZIP Code 32444</div>
County of Residence or of the Principal Place of Business: Bay		County of Residence or of the Principal Place of Business: Bay
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Howell, George Bert Jr. Howell, Betty Rountree Duffy</p>
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.
 No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:
 Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, 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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

 (Name of landlord that obtained judgment)

 (Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition
 (This page must be completed and filed in every case)

Name of Debtor(s):
Howell, George Bert Jr.
Howell, Betty Rountree Duffy

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ George Bert Howell, Jr.
 Signature of Debtor **George Bert Howell, Jr.**

X /s/ Betty Rountree Duffy Howell
 Signature of Joint Debtor **Betty Rountree Duffy Howell**

 Telephone Number (If not represented by attorney)

January 13, 2009
 Date

Signatures

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Attorney*

X /s/ Charles M. Wynn
 Signature of Attorney for Debtor(s)

Charles M. Wynn 0241695
 Printed Name of Attorney for Debtor(s)

Charles Wynn Law Offices, P.A.
 Firm Name

P. O. Box 146
Marianna, FL 32447-0147

 Address

Email: wynnlawbnk@earthlink.net
(850) 526-3520 Fax: (850) 526-5210

 Telephone Number

January 13, 2009
 Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

 Printed Name and title, if any, of Bankruptcy Petition Preparer

 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

 Address

X _____
 Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

 Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
 Signature of Authorized Individual

 Printed Name of Authorized Individual

 Title of Authorized Individual

 Date

 Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

 Date

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Northern District of Florida

In re **George Bert Howell, Jr.**
Betty Rountree Duffy Howell

Debtor(s)

Case No. _____
Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
AMI Account Management Inc PO Box 3287 Brentwood, TN 37024	AMI Account Management Inc PO Box 3287 Brentwood, TN 37024			8,500.00
Asset Accept Po Box 2036 Warren, MI 48090	Asset Accept Po Box 2036 Warren, MI 48090	Collection First Usa		10,477.00
Bk Of Amer 4060 Ogletown/Stam Newark, DE 19713	Bk Of Amer 4060 Ogletown/Stam Newark, DE 19713	CreditCard		15,377.00
Chase Na 800 Brooksedge Blv Westerville, OH 43081	Chase Na 800 Brooksedge Blv Westerville, OH 43081	CreditCard		1,484.00
Fia Csna P.O. Box 17054 Wilmington, DE 19884	Fia Csna P.O. Box 17054 Wilmington, DE 19884			1,568.00
Frd Motor Cr Pob 542000 Omaha, NE 68154	Frd Motor Cr Pob 542000 Omaha, NE 68154	Automobile		7,768.00 (Unknown secured)
Lvnm Funding P.O. B 10584 Greenville, SC 29603	Lvnm Funding P.O. B 10584 Greenville, SC 29603	FactoringCompany Account		10,342.00
Medical Account Administrations PO Box 4127 Fort Walton Beach, FL 32549	Medical Account Administrations PO Box 4127 Fort Walton Beach, FL 32549			4,501.45
Nco Fin/22 Pob 41448 Philadelphia, PA 19101	Nco Fin/22 Pob 41448 Philadelphia, PA 19101	Collection Nco Assignee Of Citi		1,529.00
Palisad Coll 210 Sylvan Ave Englewood Clif, NJ 07632	Palisad Coll 210 Sylvan Ave Englewood Clif, NJ 07632	Collection 08 Chase Manhattan B		1,484.00
Peoples1st P O Box 2950 Panama City, FL 32402-2950	Peoples1st P O Box 2950 Panama City, FL 32402-2950			17,557.00

B4 (Official Form 4) (12/07) - Cont.

George Bert Howell, Jr.

In re Betty Rountree Duffy Howell

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Robert & Jacqueline Spielman 9130 South Dadeland Blvd Miami, FL 33156	Robert & Jacqueline Spielman 9130 South Dadeland Blvd Miami, FL 33156	3 real properties mortgaged together		422,000.00 (0.00 secured)
Saxon Mtg Po Box 161489 Fort Worth, TX 76161	Saxon Mtg Po Box 161489 Fort Worth, TX 76161	Conventional Real Estate Mortgage		273,143.00 (Unknown secured)
Superior Bnk Operations Center Birmingham, AL 35203	Superior Bnk Operations Center Birmingham, AL 35203	Installment Sales Contract		10,720.00
Unifund Co 10751 Montgomery Road Cincinnati, OH 45242	Unifund Co 10751 Montgomery Road Cincinnati, OH 45242			6,210.00
West Asset 2703 N Highway 75 Sherman, TX 75090	West Asset 2703 N Highway 75 Sherman, TX 75090	Collection Med1 02 Gulf Coast H		1,192.00
West Asset 2703 N Highway 75 Sherman, TX 75090	West Asset 2703 N Highway 75 Sherman, TX 75090	Collection Med1 02 Gulf Coast H		1,066.00
West Asset 2703 N Highway 75 Sherman, TX 75090	West Asset 2703 N Highway 75 Sherman, TX 75090	Collection Med1 02 Gulf Coast H		2,398.00
West Asset 2703 N Highway 75 Sherman, TX 75090	West Asset 2703 N Highway 75 Sherman, TX 75090	Collection Med1 02 Gulf Coast H		2,000.00
West Asset 2703 N Highway 75 Sherman, TX 75090	West Asset 2703 N Highway 75 Sherman, TX 75090	Collection Med1 02 Gulf Coast H		1,564.00

B4 (Official Form 4) (12/07) - Cont.

In re **George Bert Howell, Jr.**
Betty Rountree Duffy Howell
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

We, **George Bert Howell, Jr.** and **Betty Rountree Duffy Howell**, the debtors in this case, declare under penalty of perjury that we have read the foregoing list and that it is true and correct to the best of our information and belief.

Date **January 13, 2009**

Signature **/s/ George Bert Howell, Jr.**
George Bert Howell, Jr.
Debtor

Date **January 13, 2009**

Signature **/s/ Betty Rountree Duffy Howell**
Betty Rountree Duffy Howell
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

AMI Account Managesment Inc
PO Box 3287
Brentwood, TN 37024

Bay Radiology Assn. P.A.
527 North Palo alto Ave.
Panama City, FL 32401

Cb Services
P.O. Box 4127
Fort Walton Be, FL 32549

Ar Resources
Pob 1056
Blue Bell, PA 19422

Bk Of Amer
4060 Ogletown/Stan
Newark, DE 19713

Cb Services
P.O. Box 4127
Fort Walton Be, FL 32549

Ar Resources
Pob 1056
Blue Bell, PA 19422

Cardiology Associates
801 E. 6Th St. Ste 504
Panama City, FI 32401

Cb Services
P.O. Box 4127
Fort Walton Be, FL 32549

Ar Resources
Pob 1056
Blue Bell, PA 19422

Cardiology Associates
4300 W. Main St. Ste 102
Dothan, AI 36305

Cbpanamacity
450 Magnolia Av
Panama City, FL 32401

Asset Accept
Po Box 2036
Warren, MI 48090

Cb Services
P.O. Box 4127
Fort Walton Be, FL 32549

Cbpanamacity
450 Magnolia Av
Panama City, FL 32401

Bay Bk

Cb Services
P.O. Box 4127
Fort Walton Be, FL 32549

Cbpanamacity
450 Magnolia Av
Panama City, FL 32401

Bay Emergency Physicians
Po Box 59515
Panama City, FI 32402-9515

Cb Services
P.O. Box 4127
Fort Walton Be, FL 32549

Cbpanamacity
450 Magnolia Av
Panama City, FL 32401

Bay Pathology Associatio
Po Box 15759
Panama City, FI 32402-9515

Cb Services
P.O. Box 4127
Fort Walton Be, FL 32549

Cbpanamacity
450 Magnolia Av
Panama City, FL 32401

Bay Radiology
Po Box 1770
Panama City, FI 32402

Cb Services
P.O. Box 4127
Fort Walton Be, FL 32549

Ccbcommun
221 E Three Notch St
Andalusia, AL 36420-3122

Chase Manhattan Bank
Chase Card Center Services
PO Box 94014
Palatine, IL 60094-4014

Collection Bur Ft Walt
711 Eglin Pkwy E
Fort Walton Beach, FL 32547

Csi
Pob 1431
Pensacola, FL 32596

Chase Na
800 Brooksedge Blv
Westerville, OH 43081

Collection Bur Ft Walt
711 Eglin Pkwy E
Fort Walton Beach, FL 32547

Dr Antonetti, MD
6160 Ni Davis Hwy
Pensacola, FL 32504

Chase Receivables
1247 Broadway
Sonoma, CA 95476

Collection Service D
Box 1160 Po
Panama City, FL 32401

Dr. Stanley Peters
8080 Blue Bonnett Road - Suite 21
Baton Rouge, LA 70810

Cmi
4200 International
Carrollton, TX 75007

Comcast
1316 Harrison Ave.
Panama City, FL
32401-2435

Environmental Security
8600 S. Burnt Mill Creek Rd.
Panama City Beach, FL 32407

Cmi
4200 International
Carrollton, TX 75007

Credit Bureau Panama C
450 Magnolia Ave
Panama City, FL 32401

Fia Csna
P.O. Box 17054
Wilmington, DE 19884

Collection
Po Box 9134
Needham, MA 02494

Credit Bureau Panama C
450 Magnolia Ave
Panama City, FL 32401

Fnbt Ftwaltn
29 Eglin Py
Ft Walton Bch, FL 32549

Collection Bur Ft Walt
711 Eglin Pkwy E
Fort Walton Beach, FL 32547

Credit Bureau Panama C
450 Magnolia Ave
Panama City, FL 32401

Frd Motor Cr
Pob 542000
Omaha, NE 68154

Collection Bur Ft Walt
711 Eglin Pkwy E
Fort Walton Beach, FL 32547

Credit Bureau Panama C
450 Magnolia Ave
Panama City, FL 32401

Fst Premier
3820 N Louise Ave
Sioux Falls, SD 57104

Collection Bur Ft Walt
711 Eglin Pkwy E
Fort Walton Beach, FL 32547

Credit Bureau Panama C
450 Magnolia Ave
Panama City, FL 32401

Gemb/Dillard
Po Box 981432
El Paso, TX 79998

Gemb/Dillard's
Po Box 981400
El Paso, TX 79998

Gulf Emergency SPecialist
NCO Financial
3091 Governors Lake Dr. Bldg 100
Suite 340
Norcross, GA 30071

Nco Fin/33
Pob 13584
Philadelphia, PA 19101

Gemb/Dillard's
Po Box 981400
El Paso, TX 79998

Head & Neck Specialist
724 W 19th Street
Panama City, FL 32405

Palisad Coll
210 Sylvan Ave
Englewood Clif, NJ 07632

Gemb/Jcp
Po Box 981402
El Paso, TX 79998

Health Care Recovery
408 Jenks Ave
Panama City, FL 32401

Panama City Credit Bureau
450 Magnolia Avenue
Panama City, FL 32405

Gemb/Jcp
Po Box 981402
El Paso, TX 79998

Hlthcare Rcv
404-B Jenks Av
Panama City, FL 32401

Panhandle Anesthesiologi
801 E. 6Th St.Suite 205A
Panama City, FI 32401

Gulf Coast Hospital
449 West 23Rd St
Panama City, FI 32406-6479

Jack B Shumate Md
109 Doctors Dr, Ste B
Panama City, FI 32405

Panhandle Anesthesiology
4400 Bayou Blvd.,Ste 16C
Pensacola, FI 32503

Gulf Coast Hospital
449 W 23Rd St
Panama City, FI 32405

Lvnm Funding
P.O. B 10584
Greenville, SC 29603

Peoples1st
P O Box 2950
Panama City, FL 32402-2950

Gulf Coast Hospital
Po Box 31171
Tampa, FI 33631

Lvnm Funding
P.O. B 10584
Greenville, SC 29603

Progressive Ins. Co.
Claims Branch
4221 West Boy Scout Blvd. Suite 50
Tampa, FL 33607

Gulf Coast Hospital
C/O: NCA Financial
3091 Governors Lake Dr. Bldg 110
Suite 350
Norcross, GA 30071

Medical Account Administrations
PO Box 4127
Fort Walton Beach, FL 32549

Progressive Insurance Co.
c/o: Credit Collection Services
2 Wells Ave.
Newton Center, MA 02459

Gulf Emergency Specialist
Po Box 22646
Jackson, MS 39225

Nco Fin/22
Pob 41448
Philadelphia, PA 19101

Robert & Jacqueline Spielman
9130 South Dadeland Blvd
Miami, FL 33156

Saxon Mtg
Po Box 161489
Fort Worth, TX 76161

West Asset
2703 N Highway 75
Sherman, TX 75090

Southern Orthopedic Specialist
1827 Harrison Avenue
Panama City, FL 32405

West Asset
2703 N Highway 75
Sherman, TX 75090

Superior Bnk
Operations Center
Birmingham, AL 35203

West Asset
2703 N Highway 75
Sherman, TX 75090

Transfinanci
7922 Picardy
Baton Rouge, LA 70809

West Asset
2703 N Highway 75
Sherman, TX 75090

Unifund Co
10751 Montgomery Road
Cincinnati, OH 45242

West Asset
2703 N Highway 75
Sherman, TX 75090

West Asset
2703 N Highway 75
Sherman, TX 75090

West Asset
2703 N Highway 75
Sherman, TX 75090

West Asset
2703 N Highway 75
Sherman, TX 75090

West Asset
2703 N Highway 75
Sherman, TX 75090

West Asset
2703 N Highway 75
Sherman, TX 75090

West Asset
2703 N Highway 75
Sherman, TX 75090