

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF FLORIDA

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Gulf Medical Services, 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) 59-2849613

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 3103 North 12 Ave. Pensacola, FL 32503 Escambia County

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 **Gulf Medical Services, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

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

B. Check all that apply

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

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

\_\_\_\_\_

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

Debtor **Gulf Medical Services, 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**

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

**15. Estimated Assets**

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

**16. Estimated liabilities**

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

Debtor **Gulf Medical Services, 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 **January 4, 2018**  
MM / DD / YYYY

**X /s/ Kenneth R. Steber**  
Signature of authorized representative of debtor  
  
Title **President**

**Kenneth R. Steber**  
Printed name

**18. Signature of attorney** **X /s/ J. Steven Ford**  
Signature of attorney for debtor

Date **January 4, 2018**  
MM / DD / YYYY

**J. Steven Ford**  
Printed name

**Wilson, Harrell, Farrington, Ford, et al**  
Firm name

**307 S. Palafox Street**  
**Pensacola, FL 32502**  
Number, Street, City, State & ZIP Code

Contact phone \_\_\_\_\_ Email address \_\_\_\_\_

**512869**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Gulf Medical Services, Inc.

United States Bankruptcy Court for the: NORTHERN 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 January 4, 2018

**X /s/ Kenneth R. Steber**  
Signature of individual signing on behalf of debtor

**Kenneth R. Steber**  
Printed name

**President**  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Gulf Medical Services, Inc.  
 United States Bankruptcy Court for the: NORTHERN 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
Bank of America PO Box 15019 Wilmington, DE 19850		Credit card purchases				\$28,788.05
Faye Jernigan 5953 Moors Oak Dr Milton, FL 32583		unsecured debt				\$1,323,380.13
Florida Department of Revenue 5050 West Tennessee St Tallahassee, FL 32399			Disputed			\$20,431.46
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346		941 payroll taxes				\$95,915.25
Janet Harris 1951 Iris Lane Navarre, FL 32566		unsecured debt				\$34,312.28
Karen Duncan 780 Ash Drive Pensacola, FL 32503		unsecured debt				\$34,200.00
Life Gas 24963 Network Place Chicago, IL 60673		Trade debt				\$141,670.54
Regions Bank 201 Milan Pkwy Birmingham, AL 35211		unsecured misc.		\$207,234.33	\$51,808.58	\$155,425.75
Regions Bank PO Box 830734 Birmingham, AL 35283		Various Medical Equipment		\$527,617.05	\$131,904.26	\$395,712.79

Debtor **Gulf Medical Services, 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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Regions Bank PO Box 830734 Birmingham, AL 35283		3103 North 12TH AVE Pensacola, Florida		\$291,000.37	\$0.00	\$291,000.37
Regions Bank PO Box 830734 Birmingham, AL 35283						\$207,234.33
Regions Bank PO Box 830734 Birmingham, AL 35283		Various Medical Equipment		\$122,132.56	\$30,608.14	\$91,524.42
Regions Bank PO Box 830734 Birmingham, AL 35283		Various Medical Equipment		\$77,673.25	\$19,418.31	\$58,254.94
Regions Bank PO Box 830734 Birmingham, AL 35283		Various Medical Equipment		\$62,497.75	\$15,624.43	\$46,873.32
Regions Bank PO Box 830734 Birmingham, AL 35283		Various Medical Equipment		\$61,301.26	\$15,325.31	\$45,975.95
Regions Bank PO Box 830734 Birmingham, AL 35283		Various Medical Equipment		\$55,849.52	\$13,962.38	\$41,887.14
Resmed PO Box 534593 Atlanta, GA 30353		Trade debt				\$156,812.46
Respironics PO BOx 405740 Atlanta, GA 30384		Trade debt				\$103,791.14
Robert Rinke 21 La Caribe Dr Pensacola Beach, FL 32561		unsecured debt				\$1,360,000.00
State of Florida Department of Revenue 5050 W Tennesse St Tallahassee, FL 32399		Florida Corp Tax				\$19,881.49

**Fill in this information to identify the case:**

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United States Bankruptcy Court for the: NORTHERN 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. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>275,000.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>1,462,370.77</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>1,737,370.77</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>1,531,316.35</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>145,168.34</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>3,479,736.41</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>5,156,221.10</u>

**Fill in this information to identify the case:**

Debtor name Gulf Medical Services, Inc.  
 United States Bankruptcy Court for the: NORTHERN 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
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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	
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3.1. <u>Synovus</u>	<u>Checking</u>		<u>\$20,000.00</u>
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3.2. <u>Regions</u>			<u>\$0.00</u>
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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.

<u>\$20,000.00</u>
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**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.
- Yes Fill in the information below.

11. **Accounts receivable**

Debtor Gulf Medical Services, Inc.  
Name

Case number (If known) \_\_\_\_\_

11a. 90 days old or less: 997,590.84 - 0.00 = .... \$997,590.84  
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.

<u>\$997,590.84</u>
---------------------

**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 assets**

18. 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.	<b>Raw materials</b>				
20.	<b>Work in progress</b>				
21.	<b>Finished goods, including goods held for resale</b>				
22.	<b>Other inventory or supplies</b>				

Debtor Gulf Medical Services, Inc.  
Name

Case number (If known) \_\_\_\_\_

Wheel Chair (Qty. 11)			
\$1,1550.00			
Concentrators (Qty. 13)			
\$4,410.00			
Beds (Qty. 8) \$2,800.00			
Walkers (Qty. 35)			
\$665.00			
Hoyerlifts (Qty. 7)			
\$2,801.61			
Rollators (Qty. 11)			
\$511.00			
Cannulas (Qty. 112)			
\$252.00			
25' Tubing (Qty. 70)			
\$280.00			
Neb kits (Qty 24) \$84.24			
Non disp nebkits (Qty. 36) \$252.00			
Transport chairs (Qty. 5)			
\$276.50			
Drap arm bsc (Qty. 6)			
\$152.25			
Transfer tub bench (Qty. 7) \$388.50			
Low air loss mattress (Qty. 6) \$1,734.00			
Bedside commode (Qty. 14) \$277.20			
Platform attachments (Qty. 5) \$218.15			
Knee scooter (Qty. 9)			
\$1,521.00			
Seat cushion (Qty. 5)			
\$69.95			
Back cushion (Qty. 6)			
\$117.00			
Nebulizers (Qty. 51)			
\$829.26		\$0.00	\$18,789.66

23. **Total of Part 5.** \$18,789.66  
Add lines 19 through 22. Copy the total to line 84.

24. **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)?**

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

Debtor Gulf Medical Services, Inc.  
Name

Case number (If known) \_\_\_\_\_

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Pensacola Building Desk (Qty) 19 \$1,700.00 Filing cabinets (8sm, 8Lg) (Qty. 16) \$520.00 Chairs (Qty.41) \$1,025.00 Tables (Qty. 5) and Book cases (Qty. 8) \$775.00 Refrigerator (1 sm and 1 Lg.) \$275.00 Microwave (Qty. 2) \$70.00 Toaster (Qty, 1) \$25.00 Coffee Pot (Qty. 1) \$30.00	Unknown	N/A	\$4,420.00
FWB Building Desks (Qty.5) \$250.00 Filing cabinet (Qty. 13) \$290.00 Chairs (Qty. 15) \$300.00 Tables/Book cases (Qty. 11) \$550.00 Refrigerator (Qty.1) \$200.00 Microwave (Qty. 1) \$70.00 Coffee Pot (Qty. 1) \$30.00	Unknown	N/A	\$1,390.00
Panama City Building Desks (Qty.5) \$250.00 Filing cabinet (Qty. 7) \$210.00 Chairs (Qty. 8) \$240.00 Tables/Book cases (Qty. 6) \$390.00 Microwave (Qty. 1) \$40.00 Coffee Pot (Qty. 1) \$30.00	Unknown	N/A	\$1,160.00
Tallahassee- Building Desks (Qty.2) \$150.00 Filing cabinet (Qty. 5) \$150.00 Chairs (Qty. 2) \$60.00 Tables/Book cases (Qty. 5) \$225.00 Refrigerator (Qty.1) \$75.00 Coffee Pot (Qty. 1) \$30.00	Unknown	N/A	\$690.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Pensacola-Building Computers (Qty. 21) \$4,200.00 Extra Monitors (Qty. 4) \$120.00 Phones (Qty. 21) 1,575.00 Calculators, Large (Qty. 3) \$45.00 Printers (small) (Qty. 2) \$200.00 Shredder (Qty. 1) \$120.00	Unknown	N/A	\$6,140.00

Debtor Gulf Medical Services, Inc.  
Name

Case number (If known) \_\_\_\_\_

<b>FWB-Building</b>			
Computers (Qty. 4) \$800.00			
Phones (Qty. 3) 225.00			
Printers (Qty. 1) \$100.00			
Shredder (Qty. 2) \$150.00	Unknown	N/A	\$1,275.00

<b>Panama City-Building</b>			
Computers (Qty. 4) \$800.00			
Phones (Qty. 3) 225.00			
Printers (Qty. 1) \$75.00	Unknown	N/A	\$1,100.00

<b>Pensacola-Building</b>			
Computers (Qty. 2) \$400.00			
Phones (Qty. 2) 150.00			
Printers (Qty. ) \$75.00	Unknown	N/A	\$625.00

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 collectibles

43. **Total of Part 7.** **\$16,800.00**  
Add lines 39 through 42. Copy the total to line 86.

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	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
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Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

(Where available)

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. <b>2005 Ford</b>			
VIN- 1FTNE24W15HA19537			
Vehicle #25			
Tag-K836UA	Unknown		\$1,120.00

47.2. <b>1900 Trailer</b>			
VIN-NOVIN000083792117			
Tag-Y05YZW	Unknown	Recent cost	\$1,000.00

Debtor	Name	Case number (If known)		
47.3.	2006 Chevy VIN-1GCGG29V861221921 Vehicle #3 Tag-4265BC		\$0.00	Comparable sale \$1,402.00
47.4.	2012 Ford Van VIN-1FTNE1EW5CDA37214 Vehicle #100 Tag#V032ZC		\$0.00	Comparable sale \$8,358.00
47.5.	2013 Ford VIN-NM0LS6BNXDT158530 Vehicle #113 Tag#CPBN19		\$0.00	Comparable sale \$6,656.00
47.6.	2013 Nissan VIN-1N6BF0KY0DN112152 Vehicle #114 Tag#K837UA		\$0.00	Comparable sale \$1,723.00
47.7.	2013 Nissan VIN-1N6BF0KY6DN113578 Vehicle #115 Tag#K844UA		\$0.00	Comparable sale \$7,517.00
47.8.	2013 Ford Cargo Van VIN-1FTNE1EW9DDA13693 Vehicle #101 Tag#K835UA		\$0.00	Comparable sale \$8,796.00
47.9.	2006 Chevy VIN-1GCGG25V261113767 Vehicle #4 Tag#4264BC		\$0.00	Comparable sale \$0.00
47.10	2014 Nissan VIN-1N6BF0KYXEN107901 Vehicle #116 Tag#Y38GVZ		\$0.00	Comparable sale \$9,253.00
47.11	2014 Nissan VIN-1n6bf0ky0en104201 Vehicle #117 Tag#y39GVZ		\$0.00	Comparable sale \$13,403.00
47.12	2016 Nissan Versa VIN-3N1CE2CP3GL363444 Vehicle #1 Tag#Y06YZW		\$0.00	Comparable sale \$5,510.00

Debtor	Name	Case number (If known)		
47.13	2014 Nissan VIN-1N6BF0KM0EN100386 Vehicle #111 Tag#DYFH85		\$0.00	Comparable sale \$8,942.00
47.14	2012 Nissan VIN-1N6BF0LY5CN108742 Vehicle #118 Tag#J470EP		\$0.00	Comparable sale \$11,466.00
47.15	2015 Nissan VIN-1N6BF0KL2FN804338 Vehicle #120 Tag#372RPP		\$0.00	Comparable sale \$12,285.00
47.16	2014 Nissan VIN-1N6BF0KM8EN105514 Vehicle #119 Tag#174RCW		\$0.00	Comparable sale \$10,046.00
47.17	2013 Ford f-150 Van VIN: 1FTNE1EW2DDA17584 Vehicle #112 Tag 872PWN		\$0.00	Comparable sale \$17,684.00
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
	Various Medical Equipment		\$0.00	\$5,377.86
	Various Medical Equipment		\$0.00	\$19,418.31
	Various Medical Equipment		\$0.00	\$30,608.14
	Various Medical Equipment		\$0.00	\$15,624.43
	Various Medical Equipment		\$0.00	\$15,325.31
	Various Medical Equipment		\$0.00	\$131,904.26
	Various Medical Equipment		\$0.00	\$13,962.38
	Computers and Pill VAC		\$0.00	\$0.00

Debtor Gulf Medical Services, Inc.  
Name

Case number (If known) \_\_\_\_\_

51. **Total of Part 8.**

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

<u>\$357,381.69</u>
---------------------

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No  
 Yes

53. **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 <small>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).</small>	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. <b>320 Racetrack Road NE, Ft. Walton Beach, FL 32547</b> <b>Building for office and warehouse</b>	Fee simple	\$275,000.00		\$275,000.00
55.2. <b>3103 North 12TH AVE Pensacola, Florida</b>	Leased	\$0.00		\$0.00
55.3. <b>2018 Gilliam Lane Suite 2, Tallahassee, FL 32308</b>	LEASED	\$0.00		\$0.00
55.4. <b>1833 North East Ave., Bldg. A, Panama City Beach, Florida 32405</b>	LEASED	\$0.00		\$0.00

56. **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.

<u>\$275,000.00</u>
---------------------

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

Debtor Gulf Medical Services, Inc.  
Name

Case number (If known) \_\_\_\_\_

**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.

**Current value of debtor's interest**

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

**\$51,808.58**

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

**\$51,808.58**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
- Yes

Debtor Gulf Medical Services, 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. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$20,000.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$997,590.84</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$18,789.66</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$16,800.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$357,381.69</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$275,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$51,808.58</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$1,462,370.77</u>	+ 91b. <u>\$275,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$1,737,370.77</u>

**Fill in this information to identify the case:**

Debtor name Gulf Medical Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

**Part 1: List Creditors Who Have Secured Claims**

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

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p><b>2.1 Ally Financial</b></p> <p>Creditor's Name</p> <p><b>PO Box 380901</b> <b>Minneapolis, MN 55438</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien</p> <p><b>2014 Nissan</b> <b>VIN-1N6BF0KYXEN107901</b> <b>Vehicle #116</b> <b>Tag#Y38GVZ</b></p> <hr/> <p>Describe the lien</p> <p><b>Purchase Money Security</b></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p><b>\$18,956.03</b></p>	<p><b>\$9,253.00</b></p>

<p><b>2.2 Regions Bank</b></p> <p>Creditor's Name</p> <p><b>PO Box 830734</b> <b>Birmingham, AL 35283</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>2198</b></p>	<p>Describe debtor's property that is subject to a lien</p> <p><b>2014 Nissan</b> <b>VIN-1n6bf0ky0en104201</b> <b>Vehicle #117</b> <b>Tag#y39GVZ</b></p> <hr/> <p>Describe the lien</p> <p><b>Purchase Money Security</b></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	<p><b>\$14,489.52</b></p>	<p><b>\$13,403.00</b></p>
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Debtor Gulf Medical Services, Inc. Case number (if know) \_\_\_\_\_

Name

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

- Check all that apply
- Contingent
  - Unliquidated
  - Disputed

**2.3 Regions Bank** Describe debtor's property that is subject to a lien \$12,388.50 \$5,510.00

Creditor's Name

**2016 Nissan Versa**  
**VIN-3N1CE2CP3GL363444**  
**Vehicle #1**  
**Tag#Y06YZW**

**PO Box 830734**  
**Birmingham, AL 35283**

Creditor's mailing address

Describe the lien

**Purchase Money Security**

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)

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.

As of the petition filing date, the claim is:

- Check all that apply
- Contingent
  - Unliquidated
  - Disputed

**2.4 Regions Bank** Describe debtor's property that is subject to a lien \$12,179.62 \$8,942.00

Creditor's Name

**2014 Nissan**  
**VIN-1N6BF0KM0EN100386**  
**Vehicle #111**  
**Tag#DYFH85**

**PO Box 830734**  
**Birmingham, AL 35283**

Creditor's mailing address

Describe the lien

**Purchase Money Security**

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)

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.

As of the petition filing date, the claim is:

- Check all that apply
- Contingent
  - Unliquidated
  - Disputed

**2.5 Regions Bank** Describe debtor's property that is subject to a lien \$13,881.04 \$11,466.00

Creditor's Name

**2012 Nissan**  
**VIN-1N6BF0LY5CN108742**  
**Vehicle #118**  
**Tag#J470EP**

**PO Box 830734**  
**Birmingham, AL 35283**

Debtor **Gulf Medical Services, Inc.**  
Name

Case number (if know)

Creditor's mailing address

**Describe the lien**

**Purchase Money Security**

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)

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.

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

**2.6 Regions Bank**

Creditor's Name

Describe debtor's property that is subject to a lien

**\$16,940.46**

**\$12,285.00**

**PO Box 830734  
Birmingham, AL 35283**

Creditor's mailing address

**2015 Nissan  
VIN-1N6BF0KL2FN804338  
Vehicle #120  
Tag#372RPP**

**Describe the lien**

**Purchase Money Security**

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)

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.

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

**2.7 Regions Bank**

Creditor's Name

Describe debtor's property that is subject to a lien

**\$15,663.64**

**\$10,046.00**

**PO Box 830734  
Birmingham, AL 35283**

Creditor's mailing address

**2014 Nissan  
VIN-1N6BF0KM8EN105514  
Vehicle #119  
Tag#174RCW**

**Describe the lien**

**Purchase Money Security**

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)

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?

As of the petition filing date, the claim is:

Check all that apply

Debtor Gulf Medical Services, Inc. Case number (if know) \_\_\_\_\_

Name

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

**2.8** Regions Bank Describe debtor's property that is subject to a lien \$21,511.45 \$5,377.86

Creditor's Name

Describe debtor's property that is subject to a lien

**Various Medical Equipment**

**PO Box 830734  
Birmingham, AL 35283**

Creditor's mailing address

Describe the lien

Creditor's email address, if known

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)

Date debt was incurred

Last 4 digits of account number  
**2228**

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

Check all that apply

- Contingent  Unliquidated  Disputed

**2.9** Regions Bank Describe debtor's property that is subject to a lien \$77,673.25 \$19,418.31

Creditor's Name

Describe debtor's property that is subject to a lien

**Various Medical Equipment**

**PO Box 830734  
Birmingham, AL 35283**

Creditor's mailing address

Describe the lien

Creditor's email address, if known

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)

Date debt was incurred

Last 4 digits of account number  
**0226**

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

Check all that apply

- Contingent  Unliquidated  Disputed

**2.10** Regions Bank Describe debtor's property that is subject to a lien \$122,132.56 \$30,608.14

Creditor's Name

Describe debtor's property that is subject to a lien

**Various Medical Equipment**

**PO Box 830734  
Birmingham, AL 35283**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

- No

Debtor Gulf Medical Services, Inc. Case number (if know) \_\_\_\_\_  
Name

Creditor's email address, if known

Yes  
**Is anyone else liable on this claim?**

**Date debt was incurred**

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

**Last 4 digits of account number**  
**3088**

**Do multiple creditors have an interest in the same property?**

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

**As of the petition filing date, the claim is:**

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

2.1  
1

**Regions Bank**

Creditor's Name

**PO Box 830734  
 Birmingham, AL 35283**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**  
**7858**

**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**

**Various Medical Equipment**

**\$62,497.75**

**\$15,624.43**

**Describe the 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

2.1  
2

**Regions Bank**

Creditor's Name

**PO Box 830734  
 Birmingham, AL 35283**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**  
**8881**

**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**

**Various Medical Equipment**

**\$61,301.26**

**\$15,325.31**

**Describe the 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

Debtor Gulf Medical Services, Inc. Case number (if know) \_\_\_\_\_  
Name

2.1 3	<b>Regions Bank</b> <small>Creditor's Name</small>	Describe debtor's property that is subject to a lien <b>Various Medical Equipment</b>	<b>\$527,617.05</b>	<b>\$131,904.26</b>
	<b>PO Box 830734</b> <b>Birmingham, AL 35283</b> <small>Creditor's mailing address</small>	Describe the lien		
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b> <b>8733</b>	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		
	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.			

2.1 4	<b>Regions Bank</b> <small>Creditor's Name</small>	Describe debtor's property that is subject to a lien <b>Various Medical Equipment</b>	<b>\$55,849.52</b>	<b>\$13,962.38</b>
	<b>PO Box 830734</b> <b>Birmingham, AL 35283</b> <small>Creditor's mailing address</small>	Describe the lien		
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b> <b>1108</b>	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		
	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.			

2.1 5	<b>Regions Bank</b> <small>Creditor's Name</small>	Describe debtor's property that is subject to a lien <b>unsecured misc.</b>	<b>\$207,234.33</b>	<b>\$51,808.58</b>
	<b>201 Milan Pkwy</b> <b>Birmingham, AL 35211</b> <small>Creditor's mailing address</small>	Describe the lien		
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b>			

Debtor Gulf Medical Services, Inc. Case number (if know) \_\_\_\_\_  
Name

**9363**

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

- Check all that apply
- Contingent
  - Unliquidated
  - Disputed

2.1 6	<p><b>Regions Bank</b>  <small>Creditor's Name</small></p> <p><b>PO Box 830734</b>  <b>Birmingham, AL 35283</b>  <small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b>  <b>2724</b></p> <p>Do multiple creditors have an interest in the same property?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</li> </ul>	<p>Describe debtor's property that is subject to a lien  <b>3103 North 12TH AVE Pensacola, Florida</b></p> <hr/> <p>Describe the lien</p> <p>Is the creditor an insider or related party?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <p>Is anyone else liable on this claim?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</li> </ul> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	<p><b>\$291,000.37</b></p>	<p><b>\$0.00</b></p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$1,531,316.35**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

<small>Name and address</small>	<small>On which line in Part 1 did you enter the related creditor?</small>	<small>Last 4 digits of account number for this entity</small>
---------------------------------	--	--

**Fill in this information to identify the case:**

Debtor name Gulf Medical Services, Inc.

United States Bankruptcy Court for the: NORTHERN 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 <b>Florida Department of Revenue</b> <b>5050 West Tennessee St</b> <b>Tallahassee, FL 32399</b>	<b>\$20,431.46</b>	<b>\$20,431.46</b>
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			
Date or dates debt was incurred _____ Basis for the claim: <b>Sales Tax</b>			
Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	<b>\$95,915.25</b>	<b>\$95,915.25</b>
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			
Date or dates debt was incurred _____ Basis for the claim: <b>941 payroll taxes</b>			
Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor Gulf Medical Services, Inc. Case number (if known) \_\_\_\_\_

Name

2.3 Priority creditor's name and mailing address **Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346** As of the petition filing date, the claim is: **\$8,940.14** **\$8,940.14**  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred \_\_\_\_\_

Basis for the claim:  
**941 taxes Sept 30 2017**

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No  
 Yes

2.4 Priority creditor's name and mailing address **State of Florida Department of Revenue  
5050 W Tennessee St  
Tallahassee, FL 32399** As of the petition filing date, the claim is: **\$19,881.49** **\$19,881.49**  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred \_\_\_\_\_

Basis for the claim:  
**Pentalty; Corporate income tax**

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No  
 Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			<b>Amount of claim</b>
3.1	Nonpriority creditor's name and mailing address <b>ALTUS/Remit Data 80 Monroe Ave Suite 300 Memphis, TN 38103</b>	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	<b>Unknown</b>
	Date(s) debt was incurred _____	Basis for the claim: <b>Unsecured</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.2	Nonpriority creditor's name and mailing address <b>Bank of America PO Box 15019 Wilmington, DE 19850</b>	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	<b>\$28,788.05</b>
	Date(s) debt was incurred _____	Basis for the claim: <b>Credit card purchases</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.3	Nonpriority creditor's name and mailing address <b>Brown and Fortunate PO Box 9418 Amarillo, TX 79105</b>	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	<b>\$8,297.25</b>
	Date(s) debt was incurred _____	Basis for the claim: <b>Legal Services</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)
	<b>Gulf Medical Services, Inc.</b>	
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Caine-Weiner/joint comm/wk 105.00</b> <b>1699 East Woddfield Rd</b> <b>#36</b> <b>Memphis, TN 38103</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Capital One</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130-0285</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$14,711.04</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Discover Financial Services</b> <b>PO Box 15316</b> <b>Wilmington, DE 19850</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$12,582.43</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Euler Hermes/Drive</b> <b>800 Red Brook Blvd.</b> <b>Suite 400C</b> <b>Owings Mills, MD 21117</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Express Oil</b> <b>384 Turnberry Rd</b> <b>Birmingham, AL 35244</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$4,382.87</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Faye Jernigan</b> <b>5953 Moors Oak Dr</b> <b>Milton, FL 32583</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$1,323,380.13</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Geriscript</b> <b>PO Box 1534</b> <b>Columbus, GA 31902</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$1,870.65</b>

Debtor	Name	Case number (if known)
	<b>Gulf Medical Services, Inc.</b>	
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Hayslip and Zost Pharmacy Brokers, LLC</b> <b>Rick Lewellen</b> <b>3717 Skyline Drive</b> <b>Plano, TX 75025</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$15,000.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>In Home Solutions</b> <b>8500 Baycenter Rd</b> <b>Suite 25</b> <b>Jacksonville, FL 32256</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Janet Harris</b> <b>1951 Iris Lane</b> <b>Navarre, FL 32566</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$34,312.28</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Karen Duncan</b> <b>780 Ash Drive</b> <b>Pensacola, FL 32503</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$34,200.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Life Gas</b> <b>24963 Network Place</b> <b>Chicago, IL 60673</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$141,670.54</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>McKession Surgical</b> <b>Minnwsota Supply Inc.</b> <b>Lockbox 63404</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$14,015.81</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Medline</b> <b>Dept CH 14400</b> <b>Palatine, IL 60055</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$7,019.09</b>

Debtor	Name	Case number (if known)
	<b>Gulf Medical Services, Inc.</b>	
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>New Era</b> <b>North Orange St</b> <b>Suite 767</b> <b>Wilmington, DE 19801</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>QS1</b> <b>PO Box 890898</b> <b>Charlotte, NC 28289</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$7,666.68</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Queen Funding</b> <b>2221 NE 164th ST</b> <b>Suite 1144</b> <b>North Miami Beach, FL 33160</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Unsecured</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Regions Bank</b> <b>PO Box 830734</b> <b>Birmingham, AL 35283</b> Date(s) debt was incurred __ Last 4 digits of account number <u>9363</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$207,234.33</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Resmed</b> <b>PO Box 534593</b> <b>Atlanta, GA 30353</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$156,812.46</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Respironics</b> <b>PO BOX 405740</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$103,791.14</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Rinke</b> <b>21 La Caribe Dr</b> <b>Pensacola Beach, FL 32561</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>unsecured debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$1,360,000.00</b>

Debtor Gulf Medical Services, Inc. Case number (if known) \_\_\_\_\_  
Name

3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Top RX</b> <b>2950 Brother Blvd.</b> <b>Bartlet, TN 38133</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,001.66</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Universal Financial /Trace Medical</b> <b>5877 Pine Ave</b> <b>Suite 200</b> <b>Chino Hills, CA 91709</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Unsecured</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>McCarthy, Burgess and Wolff</b> <b>2600 Cannon Rd</b> <b>Bedford, OH 44146</b>	Line <u>3.25</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.

	<b>Total of claim amounts</b>
5a. Total claims from Part 1	5a. \$ <u>145,168.34</u>
5b. Total claims from Part 2	5b. + \$ <u>3,479,736.41</u>
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	5c. \$ <u>3,624,904.75</u>

**Fill in this information to identify the case:**

Debtor name Gulf Medical Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

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

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

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

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1.	State what the contract or lease is for and the nature of the debtor's interest	<b>Various Medical Equipment</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Amur PO Box 2555 Grand Island, NE 68801</b>

2.2.	State what the contract or lease is for and the nature of the debtor's interest	<b>Various Medical Equipment</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Amur PO Box 2555 Grand Island, NE 68801</b>

2.3.	State what the contract or lease is for and the nature of the debtor's interest	<b>Various Medical Equipment</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Blue Bridge 535 Washing Street Suite 201 Buffalo, NY 14203</b>

2.4.	State what the contract or lease is for and the nature of the debtor's interest	<b>Various Medical Equipment</b>	
	State the term remaining		
	List the contract number of any government contract		<b>Financial Pacific PO Box 749642 Los Angeles, CA 90074</b>

Debtor 1 **Gulf Medical Services, 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**

2.5. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Financial Pacific  
 PO Box 749642  
 Los Angeles, CA 90074**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Hitachi-Tempus  
 10170W Tropicana Ave  
 Las Vegas, NV 89147**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Unsecured**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**In Home Solutions  
 8500 Baycenter Rd  
 Suite 25  
 Jacksonville, FL 32256**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Key Equipment  
 100 South McCaslin Blvd.  
 Superior, CO 80027**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Key Equipment/7  
 100 South McCaslin Blvd.  
 Superior, CO 80027**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Key Equipment/8  
 100 South McCaslin Blvd.  
 Superior, CO 80027**

Debtor 1 **Gulf Medical Services, 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

government contract \_\_\_\_\_

2.11. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Leaf Capital  
 PO Box 742647  
 Cincinnati, OH 45274**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Leaf Capital  
 PO Box 742647  
 Cincinnati, OH 45274**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Main Street  
 3 Hutton Centre Drive  
 Suite 400  
 Santa Ana, CA 92707**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Main Street  
 3 Hutton Centre Drive  
 Suite 400  
 Santa Ana, CA 92707**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Navitas  
 PO Box 9500  
 Wilkes Barre, PA 18773**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

**Navitas  
 PO Box 9500  
 Wilkes Barre, PA 18773**

Debtor 1 **Gulf Medical Services, 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**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

2.17. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Navitas  
 PO Box 9500  
 Wilkes Barre, PA 18773**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Navitas  
 PO Box 9500  
 Wilkes Barre, PA 18773**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Pawnee/Providence  
 3801 Automation Way  
 Suite 209  
 Fort Collins, CO 80525**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Pawnee/Providence  
 3801 Automation Way  
 Suite 209  
 Fort Collins, CO 80525**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Pawnee/Providence  
 3801 Automation Way  
 Suite 209  
 Fort Collins, CO 80525**

Debtor 1 **Gulf Medical Services, 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**

2.22. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Philips  
 PO Box 92449  
 Cleveland, OH 44193**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Philips  
 PO Box 92449  
 Cleveland, OH 44193**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Philips  
 PO Box 92449  
 Cleveland, OH 44193**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Providence Capital Funding  
 3020 Saturn Street  
 Suite 203  
 Brea, CA 92821**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Royal Bank AM  
 550 Township Line Road  
 Blue Bell, PA 19422**

2.27. State what the contract or lease is for and the nature of the debtor's interest **unsecured**

State the term remaining

List the contract number of any \_\_\_\_\_

**Suntrust Bank  
 PO Box 9079  
 Baltimore, MD 21279**

Debtor 1 **Gulf Medical Services, 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

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract

**Targeted Capital  
 PO Box 3892  
 Seattle, WA 98124**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract

**Umpqua Bank/Fin Pac  
 3455 A 344th Way  
 Suite 300  
 Auburn, WA 98001**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Unsecured**

State the term remaining

List the contract number of any government contract

**Universal Financial /Trace Medical  
 5877 Pine Ave  
 Suite 200  
 Chino Hills, CA 91709**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract

**VGM Financial  
 1111 West SAM Marnan Drive  
 Suite A1 West  
 Waterloo, IA 50701**

2.32. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract

**VGM Financial  
 1111 West SAM Marnan Drive  
 Suite A1 West  
 Waterloo, IA 50701**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

**VGM Financial/330  
 1111 West SAM Marnan Drive  
 Suite A1 West  
 Waterloo, IA 50701**

Debtor 1 **Gulf Medical Services, 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**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.34. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**VGM Financial/331  
1111 West SAm Marnan Drive  
Suite A1 West  
Waterloo, IA 50701**

2.35. State what the contract or lease is for and the nature of the debtor's interest **Various Medical Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**VGM Financial/332  
1111 West SAm Marnan Drive  
Suite A1 West  
Waterloo, IA 50701**

2.36. State what the contract or lease is for and the nature of the debtor's interest **Merchant Cash Advance**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Yellowstone  
1 Eventrust Plaza  
Jersey City, NJ 07302**

**Fill in this information to identify the case:**

Debtor name Gulf Medical Services, Inc.

United States Bankruptcy Court for the: NORTHERN 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	Kenneth Steber	3103 N. 12th Ave Pensacola, FL 32504	Regions Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Kenneth Steber	3103 N. 12th Ave Pensacola, FL 32504	Regions Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Kenneth Steber	3103 N. 12th Ave Pensacola, FL 32504	Regions Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Kenneth Steber	3103 N. 12th Ave Pensacola, FL 32504	Regions Bank	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Kenneth Steber	3103 N. 12th Ave Pensacola, FL 32504	Regions Bank	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Gulf Medical Services, 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 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.6  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.7 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.8  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.8 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.9  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.9 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.10  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.10 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.11  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.11 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.12  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.12 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.13  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.13 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.14  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

Debtor **Gulf Medical Services, 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

2.14 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.15  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.15 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Regions Bank**       D 2.16  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.16 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Queen Funding**       D \_\_\_\_\_  
 E/F 3.20  
 G \_\_\_\_\_

2.17 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **New Era**       D \_\_\_\_\_  
 E/F 3.18  
 G \_\_\_\_\_

2.18 **Stephen Jernigan**      **8532 Moores Oak Drive**  
**Milton, FL 32583**      **Regions Bank**       D 2.16  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.19 **Stephen Jernigan**      **8532 Moores Oak Drive**  
**Milton, FL 32583**      **Regions Bank**       D 2.2  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.20 **Stephen Jernigan**      **8532 Moores Oak Drive**  
**Milton, FL 32583**      **Regions Bank**       D 2.3  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.21 **Stephen Jernigan**      **8532 Moores Oak Drive**  
**Milton, FL 32583**      **Regions Bank**       D 2.4  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

Debtor **Gulf Medical Services, 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

2.22 **Stephen Jernigan** 8532 Moores Oak Drive Milton, FL 32583 **Regions Bank**  D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.23 **Stephen Jernigan** 8532 Moores Oak Drive Milton, FL 32583 **Regions Bank**  D 2.6  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.24 **Stephen Jernigan** 8532 Moores Oak Drive Milton, FL 32583 **Regions Bank**  D 2.7  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.25 **Stephen Jernigan** 8532 Moores Oak Drive Milton, FL 32583 **Regions Bank**  D 2.8  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.26 **Stephen Jernigan** 8532 Moores Oak Drive Milton, FL 32583 **Regions Bank**  D 2.9  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.27 **Stephen Jernigan** 8532 Moores Oak Drive Milton, FL 32583 **Regions Bank**  D 2.10  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.28 **Stephen Jernigan** 8532 Moores Oak Drive Milton, FL 32583 **Regions Bank**  D 2.11  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.29 **Stephen Jernigan** 8532 Moores Oak Drive Milton, FL 32583 **Regions Bank**  D 2.12  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

Debtor **Gulf Medical Services, 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

2.30 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Regions Bank**       D 2.13  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.31 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Regions Bank**       D 2.14  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.32 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Regions Bank**       D 2.15  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.33 **Kenneth Steber**      **3103 N. 12th Ave  
Pensacola, FL 32504**      **Yellowstone**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.36

2.34 **Kenneth Steber**      **3103 N. 12th Ave  
Pensacola, FL 32504**      **Suntrust Bank**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.27

2.35 **Kenneth Steber**      **3103 N. 12th Ave  
Pensacola, FL 32504**      **VGM Financial**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.31

2.36 **Kenneth Steber**      **3103 N. 12th Ave  
Pensacola, FL 32504**      **VGM Financial**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.32

2.37 **Kenneth Steber**      **3103 N. 12th Ave  
Pensacola, FL 32504**      **VGM Financial**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.33

Debtor **Gulf Medical Services, 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

2.38 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **VGM Financial**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.35**  

2.39 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **VGM Financial**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.34**  

2.40 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Key Equipment/7**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.9**  

2.41 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Key Equipment/8**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.10**  

2.42 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Financial Pacific**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.4**  

2.43 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Amur**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.1**  

2.44 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Amur**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.2**  

2.45 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Philips**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.22**

Debtor **Gulf Medical Services, 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

2.46 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Philips**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.23**  

2.47 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Philips**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.24**  

2.48 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Royal Bank AM**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.26**  

2.49 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Hitachi-Tempus**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.6**  

2.50 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Pawnee/Providence**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.19**  

2.51 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Umpqua Bank/Fin**  
**Pac**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.29**  

2.52 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Financial Pacific**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.5**  

2.53 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Main Street**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.13**

Debtor **Gulf Medical Services, 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

2.54 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Pawnee/Providence**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.21**  

2.55 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Main Street**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.14**  

2.56 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Navitas**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.15**  

2.57 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Navitas**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.17**  

2.58 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Navitas**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.18**  

2.59 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Navitas**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.16**  

2.60 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Leaf Capital**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.11**  

2.61 **Kenneth Steber**      **3103 N. 12th Ave**  
**Pensacola, FL 32504**      **Leaf Capital**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   **2.12**



Debtor **Gulf Medical Services, 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

2.70 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Key Equipment/8**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.10

2.71 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Financial Pacific**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.4

2.72 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Amur**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.1

2.73 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Amur**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.2

2.74 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Philips**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.23

2.75 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Philips**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.24

2.76 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Royal Bank AM**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.26

2.77 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Hitachi-Tempus**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.6

Debtor **Gulf Medical Services, 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

2.78 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Pawnee/Providence**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   2.19  

2.79 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Umpqua Bank/Fin  
Pac**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   2.29  

2.80 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Main Street**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   2.13  

2.81 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Pawnee/Providence**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   2.21  

2.82 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Main Street**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   2.14  

2.83 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Leaf Capital**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   2.11  

2.84 **Stephen Jernigan**      **8532 Moores Oak Drive  
Milton, FL 32583**      **Leaf Capital**       D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G   2.12

**Fill in this information to identify the case:**

Debtor name Gulf Medical Services, Inc.  
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

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

**Part 1: Income**

**1. Gross revenue from business**

None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**For prior year:**  
From 1/01/2017 to 12/31/2017

Operating a business  
 Other \_\_\_\_\_

\$7,895,560.47

**For year before that:**  
From 1/01/2016 to 12/31/2016

Operating a business  
 Other \_\_\_\_\_

\$10,060,701.17

**For the fiscal year:**  
From 1/01/2015 to 12/31/2015

Operating a business  
 Other \_\_\_\_\_

\$12,162,759.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **Gulf Medical Services, 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. <b>See attached</b>		<b>\$0.00</b>	<input 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 \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<b>Regions Bank</b> PO Box 830734 Birmingham, AL 35283	<b>Setoff</b> Last 4 digits of account number: _____	<b>12/2017</b>	<b>\$2,000.00</b>

**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
7.1. <b>Queen Funding, LLC v Gulf Medical Services Inc. and Kenneth Richard Steber and Richard A Roberts</b> <b>EF010358-2017</b>	<b>Collection</b>	<b>Supreme Court if the State of New York</b> <b>County of Orange</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **Gulf Medical Services, Inc.**

Case number (if known) \_\_\_\_\_

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2. <b>New Era Lending, LLC</b> v <b>Gulf Medical Services, Inc and Jernigan's Antique Mall, Inc and Kenneth R. Steber</b> <b>E 27539</b>	<b>Civil</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3. <b>Carickhoff</b> v <b>Gulf Medical Services, LLC</b> <b>17-50896-MFW</b>	<b>Civil</b>	<b>US Bankruptcu Court</b> <b>District of Delaware</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

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

None

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

11. **Payments related to bankruptcy**

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

None.

Debtor **Gulf Medical Services, Inc.** Case number (if known) \_\_\_\_\_

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Wilson, Harrell, Farrington, Ford, Wilso 307 S Palafox St Pensacola, FL 32502</b>			<b>\$20,000.00</b>

Email or website address \_\_\_\_\_

Who made the payment, if not debtor? \_\_\_\_\_

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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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
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**Part 9: Personally Identifiable Information**

Debtor **Gulf Medical Services, Inc.**

Case number (if known) \_\_\_\_\_

**16. Does the debtor collect and retain personally identifiable information of customers?**

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

**Medical related records**

Does the debtor have a privacy policy about that information?

- No
- Yes

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

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

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

**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

**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?

**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?

**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).

Debtor **Gulf Medical Services, Inc.**

Case number (if known) \_\_\_\_\_

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

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

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

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No.
- Yes. Provide details below.

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

- 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 <small>Do not include Social Security number or ITIN.</small>	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. <b>Karen Duncan 780 Ash Drive Pensacola, FL 32503</b>	<b>1994 to present</b>

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

Debtor **Gulf Medical Services, Inc.**

Case number (if known)

Name and address	Date of service From-To
26b.1. <b>Equity Accounting 4430 Highway 90 Suite H Milton, FL 32571</b>	<b>2002 to present</b>

Name and address	Date of service From-To
26b.2. <b>Jill B, Sport, CPA 5060 Woodbine rd Milton, FL 32571</b>	<b>2002 to present</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Equity Accounting 4430 Highway 90 Suite H Milton, FL 32571</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

**27. Inventories**

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

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
<b>Kenneth Steber</b>	<b>115 Sabine Dr Pensacola Beach, FL 32561</b>	<b>President</b>	<b>90%</b>
<b>Richard Roberts</b>	<b>1951 Iris Lane Navarre, FL 32566</b>	<b>Vice President</b>	<b>10%</b>

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,

Debtor **Gulf Medical Services, Inc.**

Case number (if known) \_\_\_\_\_

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	<b>Kenneth Steber</b> 721 Pensacola Beach Blvd. Pensacola, FL 32561	\$650,000.00	01/01/2017-12/31/2017	Salary, distributions
	Relationship to debtor			

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
Gulf Medical Services, Inc	EIN: 59-2849613

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

**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 January 4, 2018

/s/ Kenneth R. Steber  
Signature of individual signing on behalf of the debtor

Kenneth R. Steber  
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

B2030 (Form 2030) (12/15)

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

In re **Gulf Medical Services, Inc.**

Debtor(s)

Case No.

Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>20,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>20,000.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**January 4, 2018**

*Date*

**/s/ J. Steven Ford**

**J. Steven Ford**

*Signature of Attorney*

**Wilson, Harrell, Farrington, Ford, et al**

**307 S. Palafox Street**

**Pensacola, FL 32502**

*Name of law firm*

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

In re **Gulf Medical Services, 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
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**-NONE-**

**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 **January 4, 2018**

Signature **/s/ Kenneth R. Steber  
Kenneth R. Steber**

*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  
Northern District of Florida**

In re **Gulf Medical Services, 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: **January 4, 2018**

**/s/ Kenneth R. Steber**

**Kenneth R. Steber/President**

Signer/Title

Gulf Medical Services, Inc.  
3103 North 12 Ave.  
Pensacola, FL 32503

Capital One  
PO Box 30285  
Salt Lake City, UT 84130-0285

Hitachi-Tempus  
10170W Tropicana Ave  
Las Vegas, NV 89147

J. Steven Ford  
Wilson, Harrell, Farrington, Ford, et al  
307 S. Palafox Street  
Pensacola, FL 32502

Discover Financial Services  
PO Box 15316  
Wilmington, DE 19850

In Home Solutions  
8500 Baycenter Rd  
Suite 25  
Jacksonville, FL 32256

Ally Financial  
PO Box 380901  
Minneapolis, MN 55438

Euler Hermes/Drive  
800 Red Brook Blvd.  
Suite 400C  
Owings Mills, MD 21117

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

ALTUS/Remit Data  
80 Monroe Ave  
Suite 300  
Memphis, TN 38103

Express Oil  
384 Turnberry Rd  
Birmingham, AL 35244

Janet Harris  
1951 Iris Lane  
Navarre, FL 32566

Amur  
PO Box 2555  
Grand Island, NE 68801

Faye Jernigan  
5953 Moors Oak Dr  
Milton, FL 32583

Karen Duncan  
780 Ash Drive  
Pensacola, FL 32503

Bank of America  
PO Box 15019  
Wilmington, DE 19850

Financial Pacific  
PO Box 749642  
Los Angeles, CA 90074

Kenneth Steber  
3103 N. 12th Ave  
Pensacola, FL 32504

Blue Bridge  
535 Washing Street  
Suite 201  
Buffalo, NY 14203

Florida Department of Revenue  
5050 West Tennessee St  
Tallahassee, FL 32399

Key Equipment  
100 South McCaslin Blvd.  
Superior, CO 80027

Brown and Fortunate  
PO Box 9418  
Amarillo, TX 79105

Geriscript  
PO Box 1534  
Columbus, GA 31902

Key Equipment/7  
100 South McCaslin Blvd.  
Superior, CO 80027

Caine-Weiner/joint comm/wk 105.00  
1699 East Woddfield Rd  
#36  
Memphis, TN 38103

Hayslip and Zost Pharmacy Brokers, LLC  
Rick Lewellen  
3717 Skyline Drive  
Plano, TX 75025

Key Equipment/8  
100 South McCaslin Blvd.  
Superior, CO 80027

Leaf Capital  
PO Box 742647  
Cincinnati, OH 45274

Philips  
PO Box 92449  
Cleveland, OH 44193

Royal Bank AM  
550 Township Line Road  
Blue Bell, PA 19422

Life Gas  
24963 Network Place  
Chicago, IL 60673

Providence Capital Funding  
3020 Saturn Street  
Suite 203  
Brea, CA 92821

State of Florida Department of Re  
5050 W Tennessee St  
Tallahassee, FL 32399

Main Street  
3 Hutton Centre Drive  
Suite 400  
Santa Ana, CA 92707

QS1  
PO Box 890898  
Charlotte, NC 28289

Stephen Jernigan  
8532 Moores Oak Drive  
Milton, FL 32583

McCarthy, Burgess and Wolff  
2600 Cannon Rd  
Bedford, OH 44146

Queen Funding  
2221 NE 164th ST  
Suite 1144  
North Miami Beach, FL 33160

Suntrust Bank  
PO Box 9079  
Baltimore, MD 21279

McKesson Surgical  
Minnesota Supply Inc.  
Lockbox 63404  
Cincinnati, OH 45263

Regions Bank  
PO Box 830734  
Birmingham, AL 35283

Targeted Capital  
PO Box 3892  
Seattle, WA 98124

Medline  
Dept CH 14400  
Palatine, IL 60055

Regions Bank  
201 Milan Pkwy  
Birmingham, AL 35211

Top RX  
2950 Brother Blvd.  
Bartlet, TN 38133

Navitas  
PO Box 9500  
Wilkes Barre, PA 18773

Resmed  
PO Box 534593  
Atlanta, GA 30353

Umpqua Bank/Fin Pac  
3455 A 344th Way  
Suite 300  
Auburn, WA 98001

New Era  
North Orange St  
Suite 767  
Wilmington, DE 19801

Respironics  
PO BOx 405740  
Atlanta, GA 30384

Universal Financial /Trace Medical  
5877 Pine Ave  
Suite 200  
Chino Hills, CA 91709

Pawnee/Providence  
3801 Automation Way  
Suite 209  
Fort Collins, CO 80525

Robert Rinke  
21 La Caribe Dr  
Pensacola Beach, FL 32561

VGM Financial  
1111 West SAm Marnan Drive  
Suite A1 West  
Waterloo, IA 50701

VGM Financial/330  
1111 West SAm Marnan Drive  
Suite A1 West  
Waterloo, IA 50701

VGM Financial/331  
1111 West SAm Marnan Drive  
Suite A1 West  
Waterloo, IA 50701

VGM Financial/332  
1111 West SAm Marnan Drive  
Suite A1 West  
Waterloo, IA 50701

Yellowstone  
1 Eventrust Plaza  
Jersey City, NJ 07302

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

In re **Gulf Medical Services, 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 **Gulf Medical Services, 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*]

January 4, 2018

Date

/s/ J. Steven Ford

**J. Steven Ford**

Signature of Attorney or Litigant  
Counsel for **Gulf Medical Services, Inc.**

**Wilson, Harrell, Farrington, Ford, et al**

**307 S. Palafox Street  
Pensacola, FL 32502**