

B 1 (Official Form 1) (1/08)

United States Bankruptcy Court  
Southern District of Florida

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): <b>Diagnostic Testing Group, Inc.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>65-0629116</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): <b>9485 SW 72 St. #A-150 Miami, FL</b>	Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE <b>33173</b>	ZIP CODE
County of Residence or of the Principal Place of Business: <b>Dade County</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP CODE	ZIP CODE

Location of Principal Assets of Business Debtor (if different from street address above):  
**9485 SW 72 St. #150, Miami, FL** ZIP CODE **33173**

<b>Type of Debtor (Form of Organization) (Check one box)</b> <input type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business (Check one box)</b> <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other  <b>Tax-Exempt Entity (Check box, if applicable)</b> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)</b> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
		<b>Nature of Debts (Check one box)</b> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(6) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee (Check one box)</b> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	<b>THIS SPACE IS FOR COURT USE ONLY</b>
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000	
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	



B 1 (Official Form 1) (1/08)

FORM B1, Page 3

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

Name of Debtor(s):  
**Diagnostic Testing Group, Inc.**

**Signatures**

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

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

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

**Not Applicable**

Signature of Debtor

**Not Applicable**

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

*Patrick S. Scott*  
 Signature of Attorney

Signature of Attorney for Debtor(s)

**Patrick S. Scott Bar No. 290025**

Printed Name of Attorney for Debtor(s) / Bar No.

**Law Office of Patrick Scott**

Firm Name

**111 S.E. 12th Street, Suite B Ft. Lauderdale, FL 33316-1813**

Address

**954-523-1615**

**954-523-1614**

Telephone Number

*6-30-08*

Date

\*In a case in which § 707(b)(2)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in this schedule is incorrect.

**Signature of Debtor (Corporation/Partnership)**

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

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

*Charles H. Wardlow*  
 Signature of Authorized Individual

**Charles H. Wardlow**

Printed Name of Authorized Individual

**President**

Title of Authorized Individual

*6/30/08*

Date

**Signature of a Foreign Representative**

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

(Check only one box.)

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

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

**Not Applicable**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

**Signature of Non-Attorney Petition Preparer**

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

**Not Applicable**

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

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

Address

**Not Applicable**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

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

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

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

B4 (Official Form 4) (12/07)

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

In re Diagnostic Testing Group, Inc.

Debtor

Case No. \_\_\_\_\_

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
<b>Merill Lynch Business Financial Service</b> C/O Michael M. Eidelman Vedder Price PC 222 N LaSalle St #2600 Chicago, IL 60601			<b>UNLIQUIDATED</b>	<b>\$3,887,541.00</b>
				<b>SECURED VALUE:</b> <b>\$3,587,459.00</b>
<b>Siemens Medical Solutions USA Inc.</b> 188 Wood Avenue South Iselin, NJ 08830				<b>\$781,867.80</b>
				<b>SECURED VALUE:</b> <b>\$521,245.20</b>
<b>Philips Medical Systems NA Co</b> POB 100355 Atlanta, GA 30384				<b>\$95,275.33</b>
<b>All Points Capital Corporation</b> 275 Broadhollow Rd Melville, NY 11747				<b>\$65,605.20</b>
				<b>SECURED VALUE:</b> <b>\$43,736.80</b>
<b>Siemens Financial Services</b> 2809 Collection Center Drive Chicago, IL 60683				<b>\$48,517.96</b>
<b>GE Healthcare</b> POB 840200 Pittsburgh, PA 15264				<b>\$35,199.80</b>

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

In re Diagnostic Testing Group, Inc.

Debtor

Case No. \_\_\_\_\_

Chapter 11

### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
GE Walker POB 850001 Orlando, FL 32885				<b>\$29,235.48</b>
Phillips Medical Capital Attn Lockbox 951307 Loc 6141 4100 West 150 Street Cleveland, OH 44135				<b>\$27,191.42</b>
Sovereign Bank POB 14833 Reading, PA 19612				<b>\$23,029.80</b>
				<b>SECURED VALUE: \$15,353.20</b>
Recall PO Box 101057 Atlanta, GA 30392				<b>\$18,185.24</b>
Virtual Imaging 2905-C South Congress Ave Delray Beach, FL 33445				<b>\$16,229.84</b>
Citicorp Vendor Finance Inc 700 East Gate Drive Mt. Laurel, NJ 08054				<b>\$14,791.20</b>
				<b>SECURED VALUE: \$9,860.80</b>

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

In re Diagnostic Testing Group, Inc.

Case No. \_\_\_\_\_

Debtor

Chapter 11

### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim (if secured also state value of security)</i>
Mallinckrodt Inc POB 73192 Chicago, IL 60673				\$14,595.92
Universal Shielding 20 W Jeffry Blvd Deer Park, NY 11729				\$13,617.00
Alvaro Ocampo MD 5961 SW 91 St Miami, FL 33143				\$13,175.00
Noel R Zusmer MD PA 9300 West Bay Harbor Dr Apt 1B Bay Harbor, FL 33154				\$11,760.00
Vista Healthplan Inc POB 30741 Tampa, FL 33630				\$9,131.49
Zylomed Corporation 1004 Callier Center Way #100 Naples, FL 34110				\$9,096.75

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

In re Diagnostic Testing Group, Inc.

Debtor

Case No. \_\_\_\_\_

Chapter 11

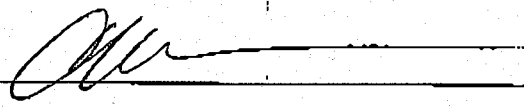
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Citicorp Leasing Inc POB 7247-7878 Philadelphia, PA 19170				<b>\$8,861.74</b>
Orlando Almanza MD 10921 SW 93 Avenue Miami, FL 33176				<b>\$6,565.00</b>

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

I, Charles H. Wardlow, President of the Corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 6/30/08

Signature: 

**Charles H. Wardlow, President**  
(Print Name and Title)

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

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

In re **Diagnostic Testing Group, Inc.**

Case No.

Debtor.

Chapter **11**

**STATEMENT OF CORPORATE OWNERSHIP**

Comes now **Diagnostic Testing Group, Inc.** (the "Debtor") and pursuant to Fed. R. Bankr. P. 1007(a) and 7007.1 state as follows:

1. All corporations that directly or indirectly own 10% or more of any class of the Debtor's equity interests are listed below:

**Owner**

**% of Shares Owned**

**Cardiac Management Systems, Inc.  
9485 S.W. 72nd St. #A-150  
Miami, FL 33173**

**100**

By: \_\_\_\_\_

**Patrick S. Scott**  
Signature of Attorney

Counsel for **Diagnostic Testing Group, Inc.**

Bar no.: **290025**

Address.: **Law Office of Patrick Scott  
111 S.E. 12th Street, Suite B  
Ft. Lauderdale, FL 33316-1813**

Telephone No.: **954-523-1615**

Fax No.: **954-523-1614**

E-mail address:





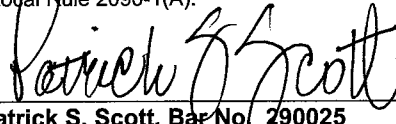
**CERTIFICATION**

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.

I hereby certify that I am admitted to the Bar of the United States District Court for the Southern District of Florida and I am in compliance with the additional qualifications to practice in this court set forth in Local Rule 2090-1(A).

Dated: \_\_\_\_\_

6/30/08



Patrick S. Scott, Bar No. 290025

111 S.E. 12th Street, Suite B  
Ft. Lauderdale, FL 33316-1813

Phone: 954-523-1615

Attorney For: Diagnostic Testing Group, Inc.