B1 (Official Form 1)(1/08)								
	States Bank thern District						Voluntary	Petition
Name of Debtor (if individual, enter Last, First, The Center of Cosmetic Dentistry, I			Name	of Joint De	ebtor (Spouse	e) (Last, First,	, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): DBA The Spa For Cosmetic Dentistry				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-Taxpa (if more than one, state all) 65-0764547	yer I.D. (ITIN) No./	Complete EII	N Last for	our digits o e than one, s		Individual-T	Гахрауег I.D. (ITIN) N	o./Complete EIN
Street Address of Debtor (No. and Street, City, a 2000 PGA Blvd. Suite 3120 North Palm Beach, FL	, _	ZIP Code 33408	Street	Address of	Joint Debtor	(No. and Str	reet, City, and State):	ZIP Code
County of Residence or of the Principal Place of Palm Beach	f Business:		Count	y of Reside	nce or of the	Principal Pla	ace of Business:	
Mailing Address of Debtor (if different from stre	eet address):		Mailir	ng Address	of Joint Debt	or (if differen	nt from street address):	
	Γ	ZIP Code						ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):								
Type of Debtor (Form of Organization) (Check one box) ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)	(Checi ☐ Health Care Bu ☐ Single Asset R in 11 U.S.C. § ☐ Railroad ☐ Stockbroker ☐ Commodity Br ☐ Clearing Bank ☐ Other ☐ Tax-Exc	eal Estate as (101 (51B) coker empt Entity x, if applicable) exempt orga of the United	nization States	defined	the 1 er 7 er 9 er 11 er 12	Petition is Fi Cl of Cl of Cl of Nature (Check consumer debts, § 101(8) as idual primarily	busin	decognition eding decognition
Filing Fee (Check on Full Filing Fee attached Filing Fee to be paid in installments (applica attach signed application for the court's cons is unable to pay fee except in installments. R Filing Fee waiver requested (applicable to chattach signed application for the court's cons Statistical/Administrative Information Debtor estimates that funds will be available	ble to individuals or ideration certifying ule 1006(b). See Offnapter 7 individuals ideration. See Official for distribution to u	that the debto icial Form 3A. only). Must I Form 3B.	Check	Debtor is if: Debtor's a to insiders all applica A plan is Acceptanc classes of	a small busin not a small b aggregate nor s or affiliates) ble boxes: being filed w	usiness debto necontingent li o are less than ith this petition n were solici accordance v	defined in 11 U.S.C. § or as defined in 11 U.S iquidated debts (excluding \$2,190,000.	C. § 101(51D). ling debts owed e or more b).
1- 50- 100- 200-	on to unsecured cree 1,000- 5,001-	□ 10,001-	□ 25,001-	50,001-	OVER			
Estimated Assets	5,000 10,000	\$50,000,001 to \$100	50,000 \$100,000,001 to \$500 million	100,000 \$500,000,001 to \$1 billion				
Estimated Liabilities	\$1,000,001 \$10,000,001 to \$10 to \$50	\$50,000,001	\$100,000,001 to \$500	\$500,000,001 to \$1 billion				

B1 (Omciai For	m 1)(1/08)		Page 2		
Voluntar	y Petition	Name of Debtor(s): The Center of Cosmetic Dentistry, Inc.			
(This page mi	ast be completed and filed in every case)				
	All Prior Bankruptcy Cases Filed Within Las	t 8 Years (If more than two, attach ac	lditional sheet)		
Location Where Filed:	- None -	Case Number:	Date Filed:		
Location Where Filed:		Case Number:	Date Filed:		
Pe	nding Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more tha	n one, attach additional sheet)		
Name of Debt - None -	or:	Case Number:	Date Filed:		
District:		Relationship:	Judge:		
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition. Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer de I, the attorney for the petitioner named in the foregoing petition, declare thave informed the petitioner that [he or she] may proceed under chapter 12, or 13 of title 11, United States Code, and have explained the relief avoided each such chapter. I further certify that I delivered to the debtor the required by 11 U.S.C. §342(b). Signature of Attorney for Debtor(s) (Date)					
☐ Yes, and ☐ No. (To be comp	or own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.	nibit D ach spouse must complete and attach			
If this is a join					
	Information Regardin				
•	(Check any ap Debtor has been domiciled or has had a residence, princip days immediately preceding the date of this petition or for	al place of business, or principal asse			
	There is a bankruptcy case concerning debtor's affiliate, g		•		
	Certification by a Debtor Who Reside (Check all app		rty		
	22				
(Name of landlord that obtained judgment)					
	(Address of landlord)				
	Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment				
	Debtor has included in this petition the deposit with the coafter the filing of the petition.	ourt of any rent that would become du	e during the 30-day period		
	□ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).				

B1 (Official Form 1)(1/08) Page 3

Voluntary Petition

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

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

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

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

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

X

Signature of Debtor

 \mathbf{X}

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X /s/ Stephen L. Cook

Signature of Attorney for Debtor(s)

Stephen L. Cook 217931

Printed Name of Attorney for Debtor(s)

Stephen L. Cook Attorney & Counselor at Law

Firm Name

10800 North Military Trail

Suite 106

Palm Beach Gardens, FL 33410-6527

Address

Email: itslegal@gmail.com

561-622-2946 Fax: 561-828-3198

Telephone Number

July 1, 2008

Date

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

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ Dr. Patrick Leconte

Signature of Authorized Individual

Dr. Patrick Leconte

Printed Name of Authorized Individual

President

Title of Authorized Individual

July 1, 2008

Date

Name of Debtor(s):

The Center of Cosmetic Dentistry, Inc.

Signatures

Signature of a Foreign Representative

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

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

Social-Security number (If the bankrutpcy 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.)

•

Date

Address

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 additional sheets conforming to the appropriate official form for each person.

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

B4 (Official Form 4) (12/07)

United States Bankruptcy Court Southern District of Florida

In re	The Center of Cosmetic Dentistry, Inc.			
		Debtor(s)	Chapter	11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
American Express C/O Hayt, Hayt, and Landau 7765 S.W. 87th Ave Suite 101 Miami, FL 33173	American Express C/O Hayt, Hayt, and Landau 7765 S.W. 87th Ave Miami, FL 33173	credit card- business expenses		6,456.87
HCES Corporate Offices 900 Indiana Street Wichita Falls, TX 76301	HCES Corporate Offices 900 Indiana Street Wichita Falls, TX 76301	equipment		2,700.00
Internal Revenue Services Compliance Services Insolvency STOP 5730 7850 SW 6th Court Fort Lauderdale, FL 33324	Internal Revenue Services Compliance Services Insolvency STOP 5730 Fort Lauderdale, FL 33324	Payroll/witholding tax		90,000.00
Profit Strategies Inc 607 South M Street Lake Worth, FL 33460	Profit Strategies Inc 607 South M Street Lake Worth, FL 33460	services		2,775.00
Scott Young C/O Richard Cohen Esq. 1806 Old Okeechobee Road West Palm Beach, FL 33409	Scott Young C/O Richard Cohen Esq. 1806 Old Okeechobee Road West Palm Beach, FL 33409	malpractice suit		266,000.00

B4 (Offi	cial Form 4) (12/07) - Cont.		
In re	The Center of Cosmetic Dentistry, Inc.	Case No.	
	Debtor(s)		

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A 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 and that it is true and correct to the best of my information and belief.

Date	July 1, 2008	Signature	/s/ Dr. Patrick Leconte
		-	Dr. Patrick Leconte
			President

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.

American Express C/O Hayt, Hayt, and Landau 7765 S.W. 87th Ave Suite 101 Miami, FL 33173

CFO2 Palm Beach, LP. C/O Walter Gottlieb 100 US Hwy One Suite 204 Jupiter, FL 33477

HCES Corporate Offices 900 Indiana Street Wichita Falls, TX 76301

Internal Revenue Services Compliance Services Insolvency STOP 5730 7850 SW 6th Court Fort Lauderdale, FL 33324

Profit Strategies Inc 607 South M Street Lake Worth, FL 33460

Scott Young C/O Richard Cohen Esq. 1806 Old Okeechobee Road West Palm Beach, FL 33409