United States Bankruptcy Court Southern District of Florida

In re IFA Medical Center, Inc.

Debtor

Case No. _____ Chapter _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(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, gov- ernment contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
GE Healthcare Robert J Nader				\$487,145.60
1509 West Swann Avenue Suite 235 Tampa, FI 33606				SECURED VALUE:
Bank of America-Global Finance Veronica Rager				\$430,370.00
305 W Big Beaver Road Suite 400 Troy, Michigan 48007-7023				SECURED VALUE:
Sovereign Rothstein, Rosenfeldt, Adler, Richa 401 E Las Olas Blvd				\$313,000.00
Suite 401 Ft.Lauderdale, Fl 33301				SECURED VALUE:
Credential Clearlake Financial Corp.				\$127,337.00
5011 S State Road 7 Davie, Fl 33314 Ron Epstein				SECURED VALUE:
HPSC 1 Robert J Nader				\$120,278.00
Old Hyde Park Village 1509 West Swann Avenue Ste 235 Tampa, Fl 33606				SECURED VALUE:
HPSC 2 Robert J Nader				\$81,397.00
Old Hyde Park Village 1509 West Swann Avenue Ste 235 Tampa, Fl 33606				SECURED VALUE:

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

Boca Raton, FL 33434

In re IFA Medical Center, Inc.

Debtor

Case No. _____ Chapter _____ _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(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, gov- ernment contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
Credential Clearlake Financial Corp.				\$74,677.00
5011 S State Road 7 Davie, Fl 33314 Ron Epstein				SECURED VALUE:
William Lehman Francine d Holbrook				\$43.142.40
1600 South Bayshore Lane Suite 2 B Miami, Fl 33133				SECURED VALUE:
Credential Clearlake Financial Corp.				\$42,720.00
5011 S State Road 7 Davie, Fl 33314 Ron Epstein				SECURED VALUE:
Reliant Kevin H Fabrikant & Associates Regions Bank Builing				\$27,461.16
450 North Park Road Ste 300 Hollywood, Fl 33021				
Praxair, Inc P.O. Box 281901 Atlanta, GA 30384				\$20,366.10
Radiology Corp of America 7900 Glades Rd Ste 400				\$20,200.00

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

Margate, FL 33063

In re IFA Medical Center, Inc.

Debtor

Case No. Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(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, gov- ernment contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
Engineering & Network Systems 20871 Johnson St Ste 111 Pembroke Pines, FI 33029				\$12,300.00
GE Healthcare PO Box 640200 Pittsburg, PA 15264				\$10.052.25
George R Pizarro, M.D.P.A 4401 SW 8 Street Miami, FL 33134				\$9,587.50
Absolute Billing Service 12781 SW 42 St Ste 1 Miami, FL 33175				\$9,129.75
Medtype Medico & Legal Proff Svs 9221 SW 13 Street Miami, FL 33174	i			\$6,156.00
Gaston Mendez, M.D 1853 Banks Road				\$5,196.00



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

In re IFA Medical Center, Inc.

Debtor

Case No. Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)

Traxis GPS Solution

6555 NW 9 Ave Ste 108 Ft Lauderdale, FL 33309

Name of creditor and complete mailing address including zip code

(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted

(3)

(4)

Indicate if claim is contingent, unliquidated, disputed or subject to setoff

Amount of claim [if secured also state value of security]

(5)

\$4,173.00

\$4,102.70

Miami Dade County Traffic P.O. Box 16755 Austin, TX 78761

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

I, Elieser Gonzalez, 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: 6/6/2009

Signature:

s/ Elieser Gonzalez

Elieser Gonzalez , 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.

Nature of claim (trade debt. bank loan, gov-

ernment contract,

etc.)