

B1 (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>PHYSICIANS IMAGING CENTER OF FLORIDA, LLC</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>41-2218841</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. and Street, City, and State): <b>4251 Mangrum Court Hollywood, FL</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>33021</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Broward</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):

<p><b>Type of Debtor</b> (Form of Organization) (Check one box)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <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.)	<p><b>Nature of Business</b> (Check one box)</p> <input checked="" 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 type="checkbox"/> Other <hr/> <p><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<p><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <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 <hr/> <p><b>Nature of Debts</b> (Check one box)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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<p><b>Filing Fee</b> (Check one box)</p> <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.	<p><b>Chapter 11 Debtors</b></p> <p>Check one box:</p> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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**Statistical/Administrative Information**

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 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>Estimated Number of Creditors</b>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000

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

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

THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>PHYSICIANS IMAGING CENTER OF FLORIDA, LLC</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b>  (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.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	<b>Exhibit B</b> <small>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</small> I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).  <b>X</b> _____ Signature of Attorney for Debtor(s) (Date)		
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____			
(Name of landlord that obtained judgment)			
_____			
(Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): <b>PHYSICIANS IMAGING CENTER OF FLORIDA, LLC</b></p>
<b>Signatures</b>	
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____ Signature of Debtor</p> <p><b>X</b> _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;"><b>Signature of a Foreign Representative</b></p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><b>X</b> _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;"><b>Signature of Attorney*</b></p> <p><b>X</b> <u>/s/ Craig A. Pugatch, Esq. FL Bar No.</u> Signature of Attorney for Debtor(s)</p> <p><u>Craig A. Pugatch, Esq. FL Bar No. 653381</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Rice Pugatch Robinson &amp; Schiller, P.A.</u> Firm Name</p> <p><b>101 NE Third Ave</b> <b>Suite 1800</b> <b>Ft. Lauderdale, FL 33301</b></p> <p>_____ Address</p> <p><u>954-462-8000 Fax: 954-462-4300</u> Telephone Number</p> <p><u>September 4, 2009</u> Date</p> <p><small>*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.</small></p>	<p style="text-align: center;"><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p><b>X</b> _____ Date</p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>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:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> <u>/s/ Herbert L. Shick, MD</u> Signature of Authorized Individual</p> <p><u>Herbert L. Shick, MD</u> Printed Name of Authorized Individual</p> <p><u>Managing Member</u> Title of Authorized Individual</p> <p><u>September 4, 2009</u> Date</p>	

B4 (Official Form 4) (12/07)

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

In re PHYSICIANS IMAGING CENTER OF FLORIDA, LLC

Debtor(s)

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

Chapter 11

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

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
AFCO Department 0809 Dallas, TX 75312-0809	AFCO Department 0809 Dallas, TX 75312-0809	Business Insurance		8,269.28
AT&T PO Box 105262 Atlanta, GA 30348-5262	AT&T PO Box 105262 Atlanta, GA 30348-5262	Telephone Service		2,393.10
Bracco Diagnostics PO Box 532411 Charlotte, NC 28290-2411	Bracco Diagnostics PO Box 532411 Charlotte, NC 28290-2411	Medical Supplies		3,904.75
Broward County Tax Collector 115 S. Andrew Avenue Fort Lauderdale, FL 33301	Broward County Tax Collector 115 S. Andrew Avenue Fort Lauderdale, FL 33301	Tangible Taxes		50,000.00
Federal Express Customer Administration Service Dallas, TX 75267-2085	Federal Express Customer Administration Service Dallas, TX 75267-2085	Services Rendered		2,240.11
GE Healthcare Pharmacy PO Box 640200 Pittsburgh, PA 15264-0200	GE Healthcare Pharmacy PO Box 640200 Pittsburgh, PA 15264-0200	Medical Supplies		6,733.98
GE Healthcare/GE Capital c/o Derek Pennington, Esq. 11256 Cornell Park Avenue Suite 500 Cincinnati, OH 45242	GE Healthcare/GE Capital c/o Derek Pennington, Esq. 11256 Cornell Park Avenue Cincinnati, OH 45242	Computer Program	Disputed	426,768.00
General Electric Capital Corporation PO Box 414 Milwaukee, WI 53201	General Electric Capital Corporation PO Box 414 Milwaukee, WI 53201	Medical Equipment	Disputed	5,081,355.00 undersecured
Henry Schein PO Box 382023 Pittsburgh, PA 15250-8023	Henry Schein PO Box 382023 Pittsburgh, PA 15250-8023	Medical Supplies		1,365.96
Hirschberg & Sorturion 4650 Sheridan Street Suite 260 Fort Lauderdale, FL 33304	Hirschberg & Sorturion 4650 Sheridan Street Suite 260 Fort Lauderdale, FL 33304	CPA Professional Fees		5,400.00

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

In re PHYSICIANS IMAGING CENTER OF FLORIDA, LLC

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

Debtor(s)

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

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
IBM Credit, LLC 1 North Castle Drive Armonk, NY 10504	IBM Credit, LLC 1 North Castle Drive Armonk, NY 10504	Equipment Loan	Disputed	2,650,000.00 undersecured
Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114	Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114	Payroll Taxes		156,385.00
Ivy Biomedical PO Box 200150 Pittsburgh, PA 15251-0150	Ivy Biomedical PO Box 200150 Pittsburgh, PA 15251-0150	Medical Supplies		1,565.35
JRT Associates 5 Nepperhan Avenue Elmsford, NY 10523	JRT Associates 5 Nepperhan Avenue Elmsford, NY 10523	Medical Supplies		314.00
Newmatic Sound Systems PO Box 751454 Petaluma, CA 94975-1454	Newmatic Sound Systems PO Box 751454 Petaluma, CA 94975-1454	MRI Supplies		1,003.74
Petnet Solutions PO Box 277293 Atlanta, GA 30384-7293	Petnet Solutions PO Box 277293 Atlanta, GA 30384-7293	Radioactive Isotopes-Petnet Scan		7,385.00
Spacemanager, LLC Hollywood, FL 33021	Spacemanager, LLC Hollywood, FL 33021	Rental Space		20,000.00
Wachovia Bank PO Box 740502 PO Box Atlanta, GA 30374	Wachovia Bank PO Box 740502 PO Box Atlanta, GA 30374	Note		283,000.00 undersecured

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

I, the Managing Member 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 September 4, 2009Signature /s/ Herbert L. Shick, MD

**Herbert L. Shick, MD  
Managing Member**

*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 PHYSICIANS IMAGING CENTER OF FLORIDA, LLC,  
 Debtor

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
<b>Herbert L. Shick, MD</b> <b>4251 Mangrum Court</b> <b>Hollywood, FL 33021</b>			<b>50% Ownership Interest</b>
<b>Rolla I. Shick</b> <b>4251 Mangrum Court</b> <b>Hollywood, FL 33021</b>			<b>50% Ownership Interest</b>

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

I, the Managing Member 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 September 4, 2009

Signature /s/ Herbert L. Shick, MD

**Herbert L. Shick, MD**  
**Managing Member**

*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.

AFCO  
Department 0809  
Dallas, TX 75312-0809

AT&T  
PO Box 105262  
Atlanta, GA 30348-5262

Bracco Diagnostics  
PO Box 532411  
Charlotte, NC 28290-2411

Broward County Tax Collector  
115 S. Andrew Avenue  
Fort Lauderdale, FL 33301

Federal Express  
Customer Administration Service  
Dallas, TX 75267-2085

GE Healthcare Pharmacy  
PO Box 640200  
Pittsburgh, PA 15264-0200

GE Healthcare/GE Capital  
c/o Derek Pennington, Esq.  
11256 Cornell Park Avenue  
Suite 500  
Cincinnati, OH 45242

General Electric Capital Corporation  
PO Box 414  
Milwaukee, WI 53201

Henry Schein  
PO Box 382023  
Pittsburgh, PA 15250-8023

Herbert L. Shick, MD  
4251 Mangrum Court  
Hollywood, FL 33021

Hirschberg & Sorturion  
4650 Sheridan Street  
Suite 260  
Fort Lauderdale, FL 33304

IBM Credit, LLC  
1 North Castle Drive  
Armonk, NY 10504

Imaging Teknix, LLC  
4251 Mangrum Court  
Hollywood, FL 33021

Internal Revenue Service  
P.O. Box 21126  
Philadelphia, PA 19114

Internal Revenue Service  
Compliance Services Insolvency  
STOP 5730  
7850 Southwest 6th Court  
Plantation, FL 33324

Ivy Biomedical  
PO Box 200150  
Pittsburgh, PA 15251-0150

JRT Associates  
5 Nepperhan Avenue  
Elmsford, NY 10523

Newmatic Sound Systems  
PO Box 751454  
Petaluma, CA 94975-1454

Petnet Solutions  
PO Box 277293  
Atlanta, GA 30384-7293

PSS Physicians Sales & Service  
301 Gillis Drive  
Suite 200  
Orlando, FL 32824



Rolla I. Shick  
4251 Mangrum Court  
Hollywood, FL 33021

Sourceone Healthcare Technology  
PO Box 8004  
Mentor, OH 44061-8004

Spacemanager, LLC  
Hollywood, FL 33021

The Hartford  
PO Box 2907  
Hartford, CT 06104

Wachovia Bank  
PO Box 740502  
PO Box  
Atlanta, GA 30374