

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): Faine, Robert	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) xxx-xx-4947	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): 3400 SW 27 Ave., Apt 1805 Miami, FL	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 33133	ZIP Code
County of Residence or of the Principal Place of Business: Miami-Dade	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>Type of Debtor (Form of Organization) (Check one box)</p> <p><input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p>	<p>Nature of Business (Check one box)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input checked="" type="checkbox"/> Other</p> <hr/> <p>Tax-Exempt Entity (Check box, if applicable)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p>Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <hr/> <p>Nature of Debts (Check one box)</p> <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."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p>Filing Fee (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><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.</p> <p><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>	<p>Check one box:</p> <p><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p>Check if:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.</p> <hr/> <p>Check all applicable boxes:</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><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).</p>
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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.

Estimated Number of Creditors

<input type="checkbox"/> 1-49	<input checked="" 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
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Estimated Assets

<input checked="" 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 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
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Estimated Liabilities

<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 \$50 million	<input type="checkbox"/> \$10,000,001 to \$100 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
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THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Faine, Robert	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: Robert Faine, D.D.S. P.A.		Case Number:	Date Filed: 3/17/10
District: SDFL		Relationship: Affiliate	Judge:
Exhibit A		Exhibit 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.		(To be completed if debtor is an individual whose debts are primarily consumer debts.) 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). <input checked="" type="checkbox"/> _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C			
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.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" 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.			
Information Regarding the Debtor - Venue			
(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 checked="" 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.			
Certification by a Debtor Who Resides as a Tenant of Residential Property			
(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)).			

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

Name of Debtor(s):
Faine, Robert

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 /s/ Robert Faine _____
 Signature of Debtor **Robert Faine**

X _____
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

March 17, 2010 _____
 Date

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.

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Attorney*

X /s/ Geoffrey S Aaronson _____
 Signature of Attorney for Debtor(s)

Geoffrey S Aaronson 649623 _____
 Printed Name of Attorney for Debtor(s)

Geoffrey S Aaronson P.A. _____
 Firm Name

Bank of America Tower
100 SE 2nd Street, 27th Floor
Miami, FL 33131

 Address

Email: gaaronson@aaronsonpa.com

786.594.3000 Fax: 305.675.3880 _____
 Telephone Number

March 17, 2010 _____
 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 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 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

X _____
 Date

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 _____
 Signature of Authorized Individual

 Printed Name of Authorized Individual

 Title of Authorized Individual

 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 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.

B 1D (Official Form 1, Exhibit D) (12/09)

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

In re Robert Faine

Debtor(s)

Case No. _____

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Robert Faine
Robert Faine

Date: March 17, 2010

B4 (Official Form 4) (12/07)

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

In re Robert Faine

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>
GE Commercial Finance PO Box C-97550 Bellevue, WA 98009-7550	GE Commercial Finance PO Box C-97550 Bellevue, WA 98009-7550	Guarantee of Business Debt Secured by First Mortgage on Office Condo	Contingent	446,714.49
Cenlar Central Loan Adminsitration & Reporting PO Box 986 Newark, NJ 07184-0986	Cenlar Central Loan Adminsitration & Reporting PO Box 986 Newark, NJ 07184-0986	Guarantee of Business Loan		195,000.00
U.S. Small Business Adminsitration PO Box 740192 Atlanta, GA 30374-0192	U.S. Small Business Adminsitration PO Box 740192 Atlanta, GA 30374-0192	Guarantee of Business Debt Secured by Second Mortgage on Office Condo	Contingent	111,209.31
The Real Yellow Pages c/o AT&T Advertising & Publishing PO Box 105024 Atlanta, GA 30348-5024	The Real Yellow Pages c/o AT&T Advertising & Publishing PO Box 105024 Atlanta, GA 30348-5024	Business Debt	Contingent	107,000.00
Total Bank PO Box 450678 Miami, FL 33245-0678	Total Bank PO Box 450678 Miami, FL 33245-0678	Guarantee of Business Loan Secured by Second Lien of Furniture , Furnishings & Equipment on Office Condo		99,999.00
Metro Bank of Dade County 9350 South Dixie Highway Miami, FL 33156	Metro Bank of Dade County 9350 South Dixie Highway Miami, FL 33156	Guarantee of Business Loan Secured by First Lien on Furniture , Furnishings & Equipment on Office Condo	Contingent	75,000.00
Citi Mastercard PO Box 6077 Sioux Falls, SD 57117	Citi Mastercard PO Box 6077 Sioux Falls, SD 57117	Business Debt Guarantee	Contingent	44,326.13

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

In re **Robert Faine**

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>
GMAC, Inc. c/o Pollack and Rosen, P.A. 800 Douglas Rd. N Tower Suite 450 Miami, FL 33134	GMAC, Inc. c/o Pollack and Rosen, P.A. 800 Douglas Rd. N Tower Miami, FL 33134	Unsecured balance of surrendered auto debt		36,725.24
Metro Bank of Dade County 9350 South Dixie Highway Miami, FL 33156	Metro Bank of Dade County 9350 South Dixie Highway Miami, FL 33156	Guarantee of Business Loan Secured by First Lien on Furniture , Furnishings & Equipment on Office Condo	Contingent	27,000.00
Bank of America Business Card P.O. Box 15710 Wilmington, DE 19886	Bank of America Business Card P.O. Box 15710 Wilmington, DE 19886	Business Debt Guarantee	Contingent	24,770.49
Wells Fargo Financial Leasing Manufacturer Services Group PO Box 7777 San Francisco, CA 94120-7777	Wells Fargo Financial Leasing Manufacturer Services Group PO Box 7777 San Francisco, CA 94120-7777	Guarantee of Business Debt	Contingent	22,144.98
Care Credit c/o GE Money Bank PO Box 960061 Orlando, FL 32896-0061	Care Credit c/o GE Money Bank PO Box 960061 Orlando, FL 32896-0061	Loan		21,724.79
Bank of America P.O. Box 15019 Wilmington, DE 19886-5019	Bank of America P.O. Box 15019 Wilmington, DE 19886-5019	Credit Card		21,100.77
Creative Dental Laboratories 10721 Gillsville Rd. Maysville, GA 30558	Creative Dental Laboratories 10721 Gillsville Rd. Maysville, GA 30558	Business Debt	Contingent	19,600.00
Bank of America P.O. Box 15019 Wilmington, DE 19886-5548	Bank of America P.O. Box 15019 Wilmington, DE 19886-5548	Credit Card		18,379.50
Bank of America P.O. Box 21845 Greensboro, NC 27420	Bank of America P.O. Box 21845 Greensboro, NC 27420	Personal Line of Credit		17,385.92
Capital One Bank P.O. Box 71083 Charlotte, NC 28272-1083	Capital One Bank P.O. Box 71083 Charlotte, NC 28272-1083	Credit Card used for Business	Contingent	7,200.00
USAA 10750 McDermott Freeway San Antonio, TX 78288-9876	USAA 10750 McDermott Freeway San Antonio, TX 78288-9876	2010 Toyota Camry		23,365.18 (18,000.00 secured)

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

In re **Robert Faine**

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>
Internal Revenue Service Insolvency Unit 7850 S.W. 6th Court Mail Stop 5730 Fort Lauderdale, FL 33324	Internal Revenue Service Insolvency Unit 7850 S.W. 6th Court Fort Lauderdale, FL 33324	2008 Income Taxes		5,100.00
Alicia Carroll, D.D.S. 9580 Southwest 107th Ave., Ste 103 Miami, FL 33176	Alicia Carroll, D.D.S. 9580 Southwest 107th Ave., Ste 103 Miami, FL 33176	Sale of used x-ray equipment to business		5,000.00

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

I, **Robert Faine**, 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 **March 17, 2010**Signature **/s/ Robert Faine****Robert Faine**

Debtor

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.

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Southern District of Florida

In re Robert Faine
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	0.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		862,988.55	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		5,100.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		1,331,797.43	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	4			
I - Current Income of Individual Debtor(s)	Yes	1			0.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			0.00
Total Number of Sheets of ALL Schedules		26			
			Total Assets	0.00	
			Total Liabilities	2,199,885.98	

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

In re Robert Faine
Debtor

Case No. _____
Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6A (Official Form 6A) (12/07)

In re Robert Faine Case No. _____
 Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Condominium located 3400 SW 27 Ave., Apt 1805, Miami, FL 33133	Fee simple	-	Unknown	512,623.37

Sub-Total > **0.00** (Total of this page)
 Total > **0.00**
 (Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6D (Official Form 6D) (12/07)

In re Robert Faine

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No. 097707802	-	Mortgage						512,623.37	Unknown
Bank of America PO Box 5170 Simi Valley, CA 93062-5170		Condominium located 3400 SW 27 Ave., Apt 1805, Miami, FL 33133							
Value \$									
Account No. xxxxxxx5849	-	Second Mortgage- HELOC						327,000.00	Unknown
JP Morgan Chase 2901 Kinwest Pkwy., Ste 300 Irving, TX 75063		Condominium located 3400 SW 27 Ave., Apt 1805, Miami, FL 33133							
Value \$									
Account No. xxx8330	-	Purchase Money Security						23,365.18	5,365.18
USAA 10750 McDermott Freeway San Antonio, TX 78288-9876		2010 Toyota Camry							
Value \$									
Account No.									
Value \$									
Subtotal (Total of this page)								862,988.55	5,365.18
Total (Report on Summary of Schedules)								862,988.55	5,365.18

0 continuation sheets attached

In re Robert Faine

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

 Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (12/07) - Cont.

In re Robert Faine
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Internal Revenue Service Insolvency Unit 7850 S.W. 6th Court Mail Stop 5730 Fort Lauderdale, FL 33324			2008 Income Taxes				5,100.00	0.00
Account No. Internal Revenue Service Insolvency Unit 7850 S.W. 6th Court Mail Stop 5730 Fort Lauderdale, FL 33324			2009 Income Taxes				Unknown	Unknown
Account No. 								
Account No. 								
Account No. 								

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal (Total of this page)	5,100.00	0.00	5,100.00
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Total (Report on Summary of Schedules)	5,100.00	0.00	5,100.00
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B6F (Official Form 6F) (12/07)

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W	J				
Account No. xXS38 Airgas South P.O. Box 9249 Marietta, GA		X	-					544.10
Account No. Alicia Carroll, D.D.S. 9580 Southwest 107th Ave., Ste 103 Miami, FL 33176		-						5,000.00
Account No. -x2001 American Express Platinum Card PO Box 981540 El Paso, TX 79998-1540		-						510.72
Account No. xxx-xxx-xxxx-xxx-0441 AT&T P.O. Box 105503 Atlanta, GA 30348-5503		-						130.35
Subtotal (Total of this page)								6,185.17

10 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H	W						
Account No. xxx-xxx-xxxx-xxx-0444 AT&T P.O. Box 105262 Atlanta, GA 30348-5262	X	-		Business Debt	X			496.31	
Account No. B&J Dental 754 NE 126 Street Miami, FL 33161	X	-		Business Debt	X			3,993.00	
Account No. xxxx-xxxx-xxxx-5181 Bank of America Business Card P.O. Box 15710 Wilmington, DE 19886	X	-		Business Debt Guarantee	X			24,770.49	
Account No. xxxxxxxxxx0995 Bank of America P.O. Box 15019 Wilmington, DE 19886-5019	-	-		Credit Card				21,100.77	
Account No. xxxxxxxxxx0263 Bank of America P.O. Box 21845 Greensboro, NC 27420	-	-		Personal Line of Credit				17,385.92	
Sheet no. <u>1</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page)	67,746.49

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxxxxxx0995 Bank of America P.O. Box 15019 Wilmington, DE 19886-5548							18,379.50	
Account No. xxxx-x3081 Berman Rennert Vogel & Mandler, P.S. Miami Tower 100 SE 2nd Street, Suite 2900 Miami, FL 33131							432.19	
Account No. xxxxxx8518 Brasseler USA Dental Instrumentation One Brasseler Blvd Savannah, GA 31419	X	-		X			2,129.88	
Account No. xxxx-xxxx-xxxx-4959 Capital One Bank P.O. Box 71083 Charlotte, NC 28272-1083	X	-		X			7,200.00	
Account No. xxxx xxxx xxxx 8400 Care Credit c/o GE Money Bank PO Box 960061 Orlando, FL 32896-0061							21,724.79	
Sheet no. <u>2</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	49,866.36

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxxxxx8263 Cenlar Central Loan Administration & Reporting PO Box 986 Newark, NJ 07184-0986	X	-	Guarantee of Business Loan				195,000.00	
Account No. 8378 Chase Credit Card PO Box 36520 Louisville, KY 40233-6520		-	Credit Card				1,935.80	
Account No. xxxx-xxxx-xxxx-3230 Citi Mastercard PO Box 6077 Sioux Falls, SD 57117	X	-	Business Debt Guarantee	X			44,326.13	
Account No. xA012 Creative Dental Laboratories 10721 Gillsville Rd. Maysville, GA 30558	X	-	Business Debt		X		19,600.00	
Account No. xx0037 Crest P&G Oral Health 24808 Network Place Chicago, IL 60673-1248	X	-	Business Debt		X		274.26	
Sheet no. <u>3</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	261,136.19

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B R O R	Husband, Wife, Joint, or Community		D I S P U T E D	A M O U N T O F C L A I M
		H W J C	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.		
Account No. xxxxxxxxx3156 Crystal Springs PO Box 660579 Dallas, TX 75266-0579	X	-		X	49.50
Account No. xxxxxx-xxx-5847 Denmat Holdings, LLC PO Box 1729 Santa Maria, CA 93456	X	-		X	767.43
Account No. Dennis Grossman, Esq. 757 SE 17th St Apt 307 Fort Lauderdale, FL 33316		-			800.00
Account No. x7420 Dentsply Tulsa Dental Specialties 5100 East Skelly Dr., Suite 300 Tulsa, OK 74135	X	-		X	1,171.97
Account No. xx9897 Discuss Dental LLC Dept 2446 PO Box 122446 Dallas, TX 75312-2446	X	-		X	345.89
Sheet no. <u>4</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)	3,134.79

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxxx-x692-0 FedEx PO Box 660481 Dallas, TX 75266-0481	X -		Business Debt	X			59.56	
Account No. xxxxx-x7128 Florida Power & Light Company PO Box 025576 Miami, FL 33102	X -		Business Debt	X			662.00	
Account No. Galloway Office Supplies 10201 NW 21 Street Miami, FL 33172	X -		10470 Business Debt	X			72.29	
Account No. xxxxxx3-001 GE Commercial Finance PO Box C-97550 Bellevue, WA 98009-7550	X -		Guarantee of Business Debt Secured by First Mortgage on Office Condo	X			446,714.49	
Account No. xxx6661 GMAC, Inc. c/o Pollack and Rosen, P.A. 800 Douglas Rd. N Tower Suite 450 Miami, FL 33134	-		Unsecured balance of surrendered auto debt				36,725.24	
Sheet no. <u>5</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	484,233.58

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H	W						
Account No. xx0329 Henry Schein Inc. 135 Duryea Rd. Melville, NY 11747-3824	X	-		Business Debt	X			1,889.70	
Account No. xxxx xxxx xxxx 3860 HSBC Mastercard PO Box 5250 Carol Stream, IL 60197-5250	-			Credit Card				2,570.18	
Account No. 2937 Keystone Dental 144 Middlesex Turnpike Burlington, MA 01803	X	-		Business Debt	X			1,140.00	
Account No. xxxx5589 Metro Bank of Dade County 9350 South Dixie Highway Miami, FL 33156	X	-		Guarantee of Business Loan Secured by First Lien on Furniture , Furnishings & Equipment on Office Condo	X			75,000.00	
Account No. xxxx0720 Metro Bank of Dade County 9350 South Dixie Highway Miami, FL 33156	X	-		Guarantee of Business Loan Secured by First Lien on Furniture , Furnishings & Equipment on Office Condo	X			27,000.00	
Sheet no. <u>6</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page)	107,599.88

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xx9390 Mullen Howard Hammatt & Co. PA 7900 Red Road, Suite 26 Miami, FL 33143			Accounting Services				1,050.00	
Account No. Prime Dental Studio Corp. 1490 W. 49 Pl., Suite 215 A Hialeah, FL 33012	X	-	Business Debt	X			972.00	
Account No. xxxx4993 Protection One PO Box 5714 Carol Stream, IL 60197-5714	X	-	Business Debt	X			81.98	
Account No. xx4212 Reys Cleaners 2619 Ponce de Leon Blvd. Miami, FL 33134	X	-	Business Debt	X			161.59	
Account No. xxxx2891 RTI Biologics PO Box 11404 Columbia, SC 29211-1404	X	-	Business Debt	X			653.00	
Sheet no. <u>7</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,918.57

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H	W						
Account No. xx5572 SmartPractice 3400 E. McDowell Rd Phoenix, AZ 85008	X -			Business Debt	X			86.21	
Account No. xxxx9701 Sound Components Inc. 1536 South Dixie Highway Miami, FL 33146	X -			Business Debt	X			771.71	
Account No. xxx5442 Stericycle 28161 N. Keith Drive Lake Forest, IL 60045	X -			Business Debt	X			1,697.75	
Account No. xxxxx5445 The Real Yellow Pages c/o AT&T Advertising & Publishing PO Box 105024 Atlanta, GA 30348-5024	X -			Business Debt	X			107,000.00	
Account No. xxxxxx2702 Total Bank PO Box 450678 Miami, FL 33245-0678	X -			Guarantee of Business Loan Secured by Second Lien of Furniture , Furnishings & Equipment on Office Condo				99,999.00	
Sheet no. <u>8</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page)	209,554.67

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxxxxx-40-06 U.S. Small Business Adminsitraton PO Box 740192 Atlanta, GA 30374-0192	X -		Guarantee of Business Debt Secured by Second Mortgage on Office Condo	X			111,209.31	
Account No. x1409 Ultrdent Products Inc. 505 West 10200 South South Jordan, UT 84095	X -		Business Debt	X			166.93	
Account No. xx1481 University Directories PO Box 8830 Chapel Hill, NC 27515	X -		Business Debt	X			750.00	
Account No. xxF350 UPS PO Box 7247-0244 Philadelphia, PA 19170-0001	X -		Business Debt	X			512.71	
Account No. xxxxxx5001 Wells Fargo Financial Leasing Manufacturer Services Group PO Box 7777 San Francisco, CA 94120-7777	X -		Guarantee of Business Debt	X			22,144.98	
Sheet no. <u>9</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	134,783.93

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Faine, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	A M O U N T O F C L A I M	
		H W J C				D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.
Account No. xxxxx6000		Business Debt				
Zimmer PO Box 277542 Atlanta, GA 30384-7542	-			X	4,637.80	
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. <u>10</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	4,637.80
					Total (Report on Summary of Schedules)	1,331,797.43

B6G (Official Form 6G) (12/07)

In re Robert Faine

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Blue Cross Blue Shield of Florida PO Box 105358 Atlanta, GA 30348-5358	xxxx0003 Health Care Insurance for Debtor
Blue Cross Blue Shield of Florida PO Box 105358 Atlanta, GA 30348-5358	xxxx0001 Group Insurance Policy for Robert Faine, D.D.S. P.A. staff
Dell Financial Services, LLC One Dell Way Round Rock, TX 78682	Lease xxxxxxxxxxxx1-001 Computers
Dell Financial Services, LLC One Dell Way Round Rock, TX 78682	Lease No.: xxxxxxxxxxxx1-002 Computers
Great West Life & Annuity Insurance Co. ADA Group Dept 890 Denver, CO 80271-0890	xxxxx0254 Business Interruption Insurance
Sunset Station Condo Assoc., Inc. Attn: Lockbox Dept PO Box 166277 Miami, FL 33116-6277	Condominium Maintenance Agreement
TransAmerica Life Insurance Company PO Box 95302 Hurst, TX 76053-5302	Long Term Care Insurance Contract
USAA 10750 McDermott Freeway San Antonio, TX 78288-9876	Home & Auto Insurance

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_____ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Robert Faine**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, 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 and Fed. R. Bankr. P. 1007(m).

 Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Bank of America Business Card P.O. Box 15710 Wilmington, DE 19886
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Citi Mastercard PO Box 6077 Sioux Falls, SD 57117
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Airgas South P.O. Box 9249 Marietta, GA
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	AT&T P.O. Box 105262 Atlanta, GA 30348-5262
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	B&J Dental 754 NE 126 Street Miami, FL 33161
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Brasseler USA Dental Instrumentation One Brasseler Blvd Savannah, GA 31419
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Capital One Bank P.O. Box 71083 Charlotte, NC 28272-1083
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Cenlar Central Loan Adminsitration & Reporting PO Box 986 Newark, NJ 07184-0986
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Creative Dental Laboratories 10721 Gillsville Rd. Maysville, GA 30558

In re **Robert Faine**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Crest P&G Oral Health 24808 Network Place Chicago, IL 60673-1248
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Crystal Springs PO Box 660579 Dallas, TX 75266-0579
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Denmat Holdings, LLC PO Box 1729 Santa Maria, CA 93456
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Dentsply Tulsa Dental Specialties 5100 East Skelly Dr., Suite 300 Tulsa, OK 74135
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Discuss Dental LLC Dept 2446 PO Box 122446 Dallas, TX 75312-2446
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	FedEx PO Box 660481 Dallas, TX 75266-0481
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Florida Power & Light Company PO Box 025576 Miami, FL 33102
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Galloway Office Supplies 10201 NW 21 Street Miami, FL 33172
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	GE Commercial Finance PO Box C-97550 Bellevue, WA 98009-7550
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Henry Schein Inc. 135 Duryea Rd. Melville, NY 11747-3824

Sheet 1 of 3 continuation sheets attached to the Schedule of Codebtors

In re **Robert Faine**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Keystone Dental 144 Middlesex Turnpike Burlington, MA 01803
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Prime Dental Studio Corp. 1490 W. 49 Pl., Suite 215 A Hialeah, FL 33012
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Protection One PO Box 5714 Carol Stream, IL 60197-5714
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Reys Cleaners 2619 Ponce de Leon Blvd. Miami, FL 33134
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	RTI Biologics PO Box 11404 Columbia, SC 29211-1404
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	SmartPractice 3400 E. McDowell Rd Phoenix, AZ 85008
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Sound Components Inc. 1536 South Dixie Highway Miami, FL 33146
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Stericycle 28161 N. Keith Drive Lake Forest, IL 60045
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	The Real Yellow Pages c/o AT&T Advertising & Publishing PO Box 105024 Atlanta, GA 30348-5024
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Ultradent Products Inc. 505 West 10200 South South Jordan, UT 84095

Sheet 2 of 3 continuation sheets attached to the Schedule of Codebtors

In re **Robert Faine**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	University Directories PO Box 8830 Chapel Hill, NC 27515
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	UPS PO Box 7247-0244 Philadelphia, PA 19170-0001
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Total Bank PO Box 450678 Miami, FL 33245-0678
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	U.S. Small Business Adminsitration PO Box 740192 Atlanta, GA 30374-0192
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Wells Fargo Financial Leasing Manufacturer Services Group PO Box 7777 San Francisco, CA 94120-7777
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Metro Bank of Dade County 9350 South Dixie Highway Miami, FL 33156
Robert Faine, D.D.S., P.A. 5975 SW 72 Street Suite 502 Miami, FL 33143	Metro Bank of Dade County 9350 South Dixie Highway Miami, FL 33156

Sheet 3 of 3 continuation sheets attached to the Schedule of Codebtors

B6 Declaration (Official Form 6 - Declaration). (12/07)

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

In re **Robert Faine**

Debtor(s)

Case No. _____

Chapter **11**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **28** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 17, 2010**

Signature **/s/ Robert Faine**

Robert Faine

Debtor

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.

Faine, Robert -

Adorno & Yoss LLP
2525 Ponce de Leon
Miami, FL 33134

Airgas South
P.O. Box 9249
Marietta, GA

Alicia Carroll, D.D.S.
9580 Southwest 107th Ave., Ste 103
Miami, FL 33176

American Express Platinum Card
PO Box 981540
El Paso, TX 79998-1540

AT&T
P.O. Box 105503
Atlanta, GA 30348-5503

AT&T
P.O. Box 105262
Atlanta, GA 30348-5262

B&J Dental
754 NE 126 Street
Miami, FL 33161

Bank of America
Business Card
P.O. Box 15710
Wilmington, DE 19886

Bank of America
P.O. Box 15019
Wilmington, DE 19886-5019

Bank of America
P.O. Box 21845
Greensboro, NC 27420

Bank of America
PO Box 5170
Simi Valley, CA 93062-5170

Faine, Robert -

Bank of America
P.O. Box 15019
Wilmington, DE 19886-5548

Berman Rennert Vogel & Mandler, P.S.
Miami Tower
100 SE 2nd Street, Suite 2900
Miami, FL 33131

Blue Cross Blue Shield of Florida
PO Box 105358
Atlanta, GA 30348-5358

Brasseler USA Dental Instrumentation
One Brasseler Blvd
Savannah, GA 31419

Capital One Bank
P.O. Box 71083
Charlotte, NC 28272-1083

Care Credit
c/o GE Money Bank
PO Box 960061
Orlando, FL 32896-0061

Cenlar
Central Loan Administration & Reporting
PO Box 986
Newark, NJ 07184-0986

Chase Credit Card
PO Box 36520
Louisville, KY 40233-6520

Citi Mastercard
PO Box 6077
Sioux Falls, SD 57117

Creative Dental Laboratories
10721 Gillsville Rd.
Maysville, GA 30558

Faine, Robert -

Crest P&G Oral Health
24808 Network Place
Chicago, IL 60673-1248

Crystal Springs
PO Box 660579
Dallas, TX 75266-0579

Dell Financial Services, LLC
One Dell Way
Round Rock, TX 78682

Denmat Holdings, LLC
PO Box 1729
Santa Maria, CA 93456

Dennis Grossman, Esq.
757 SE 17th St Apt 307
Fort Lauderdale, FL 33316

Dentsply
Tulsa Dental Specialties
5100 East Skelly Dr., Suite 300
Tulsa, OK 74135

Discuss Dental LLC
Dept 2446
PO Box 122446
Dallas, TX 75312-2446

FedEx
PO Box 660481
Dallas, TX 75266-0481

Florida Power & Light Company
PO Box 025576
Miami, FL 33102

Galloway Office Supplies
10201 NW 21 Street
Miami, FL 33172

GE Commercial Finance
PO Box C-97550
Bellevue, WA 98009-7550

Faine, Robert -

GMAC, Inc.
c/o Pollack and Rosen, P.A.
800 Douglas Rd. N Tower
Suite 450
Miami, FL 33134

Great West Life & Annuity Insurance Co.
ADA Group Dept 890
Denver, CO 80271-0890

Greenberg Traurig, Attn Eric Coffman
1221 Brickell Ave
Miami, FL

Henry Schein Inc.
135 Duryea Rd.
Melville, NY 11747-3824

HSBC Mastercard
PO Box 5250
Carol Stream, IL 60197-5250

Internal Revenue Service
Insolvency Unit
7850 S.W. 6th Court
Mail Stop 5730
Fort Lauderdale, FL 33324

JP Morgan Chase
2901 Kinwest Pkwy., Ste 300
Irving, TX 75063

Keystone Dental
144 Middlesex Turnpike
Burlington, MA 01803

Metro Bank of Dade County
9350 South Dixie Highway
Miami, FL 33156

Mullen Howard Hammatt & Co. PA
7900 Red Road, Suite 26
Miami, FL 33143

Faine, Robert -

Prime Dental Studio Corp.
1490 W. 49 Pl., Suite 215 A
Hialeah, FL 33012

Protection One
PO Box 5714
Carol Stream, IL 60197-5714

Reys Cleaners
2619 Ponce de Leon Blvd.
Miami, FL 33134

Robert Faine, D.D.S., P.A.
5975 SW 72 Street
Suite 502
Miami, FL 33143

RTI Biologics
PO Box 11404
Columbia, SC 29211-1404

SmartPractice
3400 E. McDowell Rd
Phoenix, AZ 85008

Sound Components Inc.
1536 South Dixie Highway
Miami, FL 33146

Stericycle
28161 N. Keith Drive
Lake Forest, IL 60045

Sunset Station Condo Assoc., Inc.
Attn: Lockbox Dept
PO Box 166277
Miami, FL 33116-6277

The Real Yellow Pages
c/o AT&T Advertising & Publishing
PO Box 105024
Atlanta, GA 30348-5024

Faine, Robert -

Total Bank
PO Box 450678
Miami, FL 33245-0678

TransAmerica Life Insurance Company
PO Box 95302
Hurst, TX 76053-5302

U.S. Small Business Administration
PO Box 740192
Atlanta, GA 30374-0192

Ultradent Products Inc.
505 West 10200 South
South Jordan, UT 84095

University Directories
PO Box 8830
Chapel Hill, NC 27515

UPS
PO Box 7247-0244
Philadelphia, PA 19170-0001

USAA
10750 McDermott Freeway
San Antonio, TX 78288-9876

Wells Fargo Financial Leasing
Manufacturer Services Group
PO Box 7777
San Francisco, CA 94120-7777

Zimmer
PO Box 277542
Atlanta, GA 30384-7542