

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

**Voluntary Petition**

|   |   |
|---|---|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Delray Harbor Medical Center, Inc.</b>                       | Name of Joint Debtor (Spouse) (Last, First, Middle):  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):                            | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):    |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all): <b>65-0987517</b> | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all): |
| Street Address of Debtor (No. & Street, City, and State):<br><b>3795 W. Boynton Beach Blvd<br/>Boynton Beach, FL</b>          | Street Address of Joint Debtor (No. & Street, City, and State):   |
| ZIP CODE <b>33436</b>   | ZIP CODE  |
| County of Residence or of the Principal Place of Business:<br><b>Palm Beach</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):                                     |   |
| ZIP CODE  |   |

|   |   |   |
|---|---|---|
| <p align="center"><b>Type of Debtor</b><br/>(Form of Organization)<br/>(Check one box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors)<br/><i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" 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.)<br/>_____</p> | <p align="center"><b>Nature of Business</b><br/>(Check one box)</p> <p><input checked="" 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 type="checkbox"/> Other</p> <hr/> <p align="center"><b>Tax-Exempt Entity</b><br/>(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 align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (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 align="center"><b>Nature of Debts</b><br/>(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> |
|---|---|---|

|   |   |
|---|---|
| <p align="center"><b>Filing Fee</b> (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 align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). -----</p> <p><b>Check all applicable boxes</b></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> |
|---|---|

|   |   |                                     |                                     |                             |                              |                               |                                |                              |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |
|---|---|-------------------------------------|-------------------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|--------------------------|--------------------------|-----------------|-----------------------|------------------------|--------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|-----------------------|--|
| <p><b>Statistical/Administrative Information</b></p> <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>   | <b>THIS SPACE IS FOR COURT USE ONLY</b> |                                     |                                     |                             |                              |                               |                                |                              |                          |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |
| <p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>  | <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          |  |
| <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             |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |
| <p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>      | <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"/>     | <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 |  |
| <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"/>       | <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    |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |
| <p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> | <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"/>     | <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 |  |
| <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"/>       | <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    |                          |                 |                       |                        |                          |                             |                              |                               |                                |                              |                       |  |





**UNITED STATES BANKRUPTCY COURT  
Southern District of Florida**

In re: Delray Harbor Medical Center, Inc.  
Debtor

Case No.  
Chapter **11**

**Exhibit "A" to Voluntary Petition**

1. If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file number is .

2. The following financial data is the latest available information and refers to debtor's condition on .

|    |   |    |                   |
|----|---|----|-------------------|
| a. | Total assets  | \$ | <u>348,359.49</u> |
| b. | Total debts (including debts listed in 2.c., below) | \$ | <u>292,329.04</u> |

Approximate  
number of  
holders

c. Debt securities held by more than 500 holders.

|    | secured                             | unsecured | subordinated |                             |                             |
|----|-------------------------------------|-----------|--------------|-----------------------------|-----------------------------|
| d. | Number of shares of preferred stock |           |              | <u>                    </u> | <u>                    </u> |
| e. | Number of shares of common stock    |           |              | <u>10,000</u>               | <u>2</u>                    |

Comments, if any:

3. Brief description of debtor's business:

**Health Care Business**

4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

**Mark Freeman, MD  
Tamsin Freeman**

**United States Bankruptcy Court**

**Southern District of Florida**

In re:

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

Chapter **11**

**Delray Harbor Medical Center, Inc.**

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Mark Freeman, M.D.**, declare under penalty of perjury that I am the **President** of **Delray Harbor Medical Center, Inc.**, a **Florida** Corporation and that on **06/15/2010** the following resolution was duly adopted by the **Officer** of this Corporation:

"Whereas, it is in the best interest of this Corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Mark Freeman, MD, President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the Corporation; and

Be It Further Resolved, that **Mark Freeman, MD, President** of this Corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the Corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Corporation in connection with such bankruptcy case; and

Be It Further Resolved, that **Mark Freeman, MD, President** of this Corporation, is authorized and directed to employ **Leslie N. Reizes**, attorney and the law firm of **Kaye Reizes P.L.** to represent the Corporation in such bankruptcy case."

Executed on: **6/16/2010** \_\_\_\_\_

Signed: **s/ Mark Freeman, MD** \_\_\_\_\_  
**Mark Freeman, M.D.**

B4 (Official Form 4) (12/07)

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

In re Delray Harbor Medical Center, Inc., Case No. \_\_\_\_\_  
Debtor Chapter 11

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

| (1)   | (2)  | (3)   | (4)   | (5)  |
|---|--|---|---|--|
| <i>Name of creditor and complete mailing address including zip code</i> | <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i> | <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i> | <i>Amount of claim [if secured also state value of security]</i> |
| Harvey Pflanzer, DO<br>5130 Linton Blvd, E3<br>Delray Beach, FL 33484   | Harvey Pflanzer<br>561-495-4580<br>Harvey Pflanzer, DO<br>5130 Linton Blvd, E3<br>Delray Beach, FL 33484   | Medical services  |   | <b>\$2,500.00</b>  |

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

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

Date: 6/16/2010

Signature: s/ Mark Freeman, MD

**Mark Freeman, MD ,President**  
\_\_\_\_\_  
(Print Name and Title)

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

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

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

In re Delray Harbor Medical Center, Inc.,  
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 also must 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   | NO                | 1             | \$ 0.00              |                      |       |
| B - Personal Property   | NO                | 2             | \$ 348,359.49        |                      |       |
| C - Property Claimed as Exempt  | NO                |               |                      |                      |       |
| D - Creditors Holding Secured Claims  | YES               | 2             |                      | \$ 289,829.04        |       |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | YES               | 2             |                      | \$ 0.00              |       |
| F - Creditors Holding Unsecured Nonpriority Claims                              | YES               | 1             |                      | \$ 2,500.00          |       |
| G - Executory Contracts and Unexpired Leases                                    | YES               | 1             |                      |                      |       |
| H - Codebtors   | YES               | 1             |                      |                      |       |
| I - Current Income of Individual Debtor(s)                                      | NO                | 0             |                      |                      | \$    |
| J - Current Expenditures of Individual Debtor(s)                                | NO                | 0             |                      |                      | \$    |
| <b>TOTAL</b>  |                   | <b>10</b>     | <b>\$ 348,359.49</b> | <b>\$ 292,329.04</b> |       |

Form 6 - Statistical Summary (12/07)

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

In re Delray Harbor Medical Center, Inc.  
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)  | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F)  | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.                  | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$ 0.00 |
| TOTAL   | \$ 0.00 |

**State the following:**

|   |         |
|---|---------|
| Average Income (from Schedule I, Line 16)   | \$ 0.00 |
| Average Expenses (from Schedule J, Line 18)   | \$ 0.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 ) | \$ 0.00 |

**State the following:**

|  |         |             |
|--|---------|-------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$ 0.00     |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |             |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$ 0.00     |
| 4. Total from Schedule F   |         | \$ 2,500.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$ 2,500.00 |



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

In re: Delray Harbor Medical Center, Inc.  
 Debtor

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE A - REAL PROPERTY

| 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 |
|--------------------------------------|---|-----------------------------------|--|-------------------------|
| <b>Total</b>                         |   |                                   | <b>0.00</b>  |                         |

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re Delray Harbor Medical Center, Inc.

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

Debtor

(If known)

## SCHEDULE B - PERSONAL PROPERTY

| TYPE OF PROPERTY  | NONE     | DESCRIPTION AND LOCATION OF PROPERTY   | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|----------|--|-----------------------------------|--|
| 1. Cash on hand   | <b>X</b> |  |                                   |  |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |          | <b>Bank of America acct: xxxxxxxx8056<br/>(Note: writ of garnishment placed on account)</b>  |                                   | <b>50,114.49</b>   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   |          | <b>Rental security deposit<br/>FLA-PALM Court Limited Partnership</b>  |                                   | <b>8,415.96</b>  |
| 4. Household goods and furnishings, including audio, video, and computer equipment.   | <b>X</b> |  |                                   |  |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.   | <b>X</b> |  |                                   |  |
| 6. Wearing apparel.   | <b>X</b> |  |                                   |  |
| 7. Furs and jewelry.  | <b>X</b> |  |                                   |  |
| 8. Firearms and sports, photographic, and other hobby equipment.  | <b>X</b> |  |                                   |  |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | <b>X</b> |  |                                   |  |
| 10. Annuities. Itemize and name each issuer.  | <b>X</b> |  |                                   |  |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | <b>X</b> |  |                                   |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | <b>X</b> |  |                                   |  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | <b>X</b> |  |                                   |  |
| 14. Interests in partnerships or joint ventures. Itemize.   | <b>X</b> |  |                                   |  |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | <b>X</b> |  |                                   |  |
| 16. Accounts receivable.  |          | <b>Trailing tabulation of expired Humam contract. Unkonwn amount. Changes each month depending if any credits are given for claims</b> |                                   | <b>0.00</b>  |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | <b>X</b> |  |                                   |  |

B6B (Official Form 6B) (12/07) -- Cont.

In re Delray Harbor Medical Center, Inc.

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

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY  | NONE                                | DESCRIPTION AND LOCATION OF PROPERTY  | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|-------------------------------------|---|-----------------------------------|--|
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  |                                     | <b>Malpractice claim against John P. Fenner, Esq. for judgment of \$289,829.04 and interest plus legal fees expended.</b> |                                   | <b>289,829.04</b>  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | <input checked="" type="checkbox"/> |   |                                   |  |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <input checked="" type="checkbox"/> |   |                                   |  |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 26. Boats, motors, and accessories.   | <input checked="" type="checkbox"/> |   |                                   |  |
| 27. Aircraft and accessories.   | <input checked="" type="checkbox"/> |   |                                   |  |
| 28. Office equipment, furnishings, and supplies.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 29. Machinery, fixtures, equipment and supplies used in business.   | <input checked="" type="checkbox"/> |   |                                   |  |
| 30. Inventory.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 31. Animals.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 32. Crops - growing or harvested. Give particulars.   | <input checked="" type="checkbox"/> |   |                                   |  |
| 33. Farming equipment and implements.   | <input checked="" type="checkbox"/> |   |                                   |  |
| 34. Farm supplies, chemicals, and feed.   | <input checked="" type="checkbox"/> |   |                                   |  |
| 35. Other personal property of any kind not already listed. Itemize.  | <input checked="" type="checkbox"/> |   |                                   |  |
| 1 continuation sheets attached  |                                     |   | Total >                           | <b>\$ 348,359.49</b>   |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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

In re Delray Harbor Medical Center, Inc.  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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 AN ACCOUNT NUMBER (See Instructions, Above.)   | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|----------|-----------------------------------|---|------------|--------------|----------|---|---------------------------|
| <p><b>ACCOUNT NO.</b></p> <p>Fairway-Harbor, LLC<br/>2830 Cahaba Road<br/>Birmingham, AL 35223</p> <p>Larry M. Mesches, Esq.<br/>525 S. Flagler Drive<br/>Suite 200<br/>West Palm Beach, FL 33401</p> |          |                                   | <p>04/07/2010<br/>Judgment Lien<br/>Bank of America acct:<br/>xxxxxxxx8056<br/>(Note: writ of garnishment placed on account)<br/>Malpractice claim against John P. Fenner, Esq. for judgment of \$289,829.04 and interest plus legal fees expended.<br/>Trailing tabulation of expired Humam contract. Unkonwn amount. Changes each month depending if any credits are given for claims</p> <hr/> <p>VALUE \$339,943.50</p> |            |              | X        | 39,417.79   | 0.00                      |

1 continuation sheets attached

Subtotal >  
(Total of this page)

Total >  
(Use only on last page)

|              |         |
|--------------|---------|
| \$ 39,417.79 | \$ 0.00 |
| \$           | \$      |

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6D (Official Form 6D) (12/07)- Cont.

In re Delray Harbor Medical Center, Inc.

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

Debtor

(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER<br>(See Instructions, Above.)   | CODEBTOR | HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|-----------------------------------|---|------------|--------------|----------|---|---------------------------|
| <p>ACCOUNT NO.</p> <p>Fairway-Harbor, LLC<br/>2830 Cahaba Road<br/>Birmingham, AL 35223</p> <p>Larry M. Mesches, Esq.<br/>525 S. Flagler Drive<br/>Suite 200<br/>West Palm Beach, FL 33401</p> |          |                                   | <p>02/16/2010<br/>Judgment Lien<br/>Bank of America acct:<br/>xxxxxxxx8056<br/>(Note: writ of garnishment placed on account)<br/>Malpractice claim against John P. Fenner, Esq.<br/>for judgment of \$289,829.04 and interest plus legal fees expended.<br/>Trailing tabulation of expired Humam contract. Unkonwn amount. Changes each month depending if any credits are given for claims</p> <hr/> <p>VALUE \$339,943.50</p> |            |              | X        | 250,411.25  | 0.00                      |

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal >  
(Total of this page)

Total >  
(Use only on last page)

|    |            |    |      |
|----|------------|----|------|
| \$ | 250,411.25 | \$ | 0.00 |
| \$ | 289,829.04 | \$ | 0.00 |

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (4/10)

In re Delray Harbor Medical Center, Inc.  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** 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 \$11,725\* 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 \$5,775\* 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 \$2,600\* 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 4/01/13, 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) (4/10) – Cont.

In re Delray Harbor Medical Center, Inc.  
Debtor

Case No. \_\_\_\_\_  
(If known)

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

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF CLAIM | AMOUNT<br>ENTITLED TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED TO<br>PRIORITY, IF<br>ANY |
|---|----------|--------------------------------------|--|------------|--------------|----------|--------------------|-----------------------------------|---|
| ACCOUNT NO.   |          |                                      |  |            |              |          |                    |                                   | <b>\$0.00</b>                                       |

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals >  
(Totals of this page)

|         |         |         |
|---------|---------|---------|
| \$ 0.00 | \$ 0.00 | \$ 0.00 |
| \$ 0.00 |         |         |
|         | \$ 0.00 | \$ 0.00 |

Total >  
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total >  
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07)

In re Delray Harbor Medical Center, Inc.  
Debtor

Case No. \_\_\_\_\_  
(If known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>      | CODEBTOR<br>HUSBAND, WIFE, JOINT<br>OR COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|--|---|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>N/A</b><br><br><b>Harvey Pflanzner, DO</b><br><b>5130 Linton Blvd, E3</b><br><b>Delray Beach, FL 33484</b> |  | <b>Unpaid fees for coverage of medical admissions</b>   |            |              |          | <b>2,500.00</b>    |

0 Continuation sheets attached

|            |                    |
|------------|--------------------|
| Subtotal > | \$ <b>2,500.00</b> |
| Total >    | \$ <b>2,500.00</b> |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)



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

In re: Delray Harbor Medical Center, Inc.  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

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. |
|--|--|
| <b>FLA-PALM Court Limited Partnership</b><br><b>3502 Woodview Trace</b><br><b>Indianapolis, IN 46268</b> | <b>120 month Lease of offices at 5130 Linton Blvd., Suite E-3,</b><br><b>Delray Beach, FL 3348</b><br><b>Dated: 6/3/08</b><br><b>Monthly Rent: \$5,570.13</b>                |

B6H (Official Form 6H) (12/07)

In re: Delray Harbor Medical Center, Inc.  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE H - CODEBTORS

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|------------------------------|------------------------------|

**UNITED STATES BANKRUPTCY COURT**  
**Southern District of Florida**

In re: **Delray Harbor Medical Center, Inc.**

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

Chapter **11**

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

## PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 1,000,498.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ 0.00

## PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

|  |    |             |
|--|----|-------------|
| 3. Net Employee Payroll (Other Than Debtor)          | \$ | <u>0.00</u> |
| 4. Payroll Taxes                                     |    | <u>0.00</u> |
| 5. Unemployment Taxes                                |    | <u>0.00</u> |
| 6. Worker's Compensation                             |    | <u>0.00</u> |
| 7. Other Taxes                                       |    | <u>0.00</u> |
| 8. Inventory Purchases (Including raw materials)     |    | <u>0.00</u> |
| 9. Purchase of Feed/Fertilizer/Seed/Spray            |    | <u>0.00</u> |
| 10. Rent (Other than debtor's principal residence)   |    | <u>0.00</u> |
| 11. Utilities  |    | <u>0.00</u> |
| 12. Office Expenses and Supplies                     |    | <u>0.00</u> |
| 13. Repairs and Maintenance                          |    | <u>0.00</u> |
| 14. Vehicle Expenses                                 |    | <u>0.00</u> |
| 15. Travel and Entertainment                         |    | <u>0.00</u> |
| 16. Equipment Rental and Leases                      |    | <u>0.00</u> |
| 17. Legal/Accounting/Other Professional Fees         |    | <u>0.00</u> |
| 18. Insurance  |    | <u>0.00</u> |
| 19. Employee Benefits (e.g., pension, medical, etc.) |    | <u>0.00</u> |

20. Payments to Be Made Directly By Debtor to Secured Creditors For  
 Pre-Petition Business Debts (Specify):  
**None** \_\_\_\_\_

21. Other (Specify):  
**None** \_\_\_\_\_

22. Total Monthly Expenses (Add items 3 - 21) \$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) \$ 0.00

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

In re Delray Harbor Medical Center, Inc.  
Debtor

Case No. \_\_\_\_\_  
(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

(NOT APPLICABLE)

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

I **Mark Freeman, MD**, the **President** of the **Corporation** named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 12 sheets (*Total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date 6/16/2010

Signature: s/ Mark Freeman, MD

Mark Freeman, MD President

[Print or type name of individual signing on behalf of debtor.]

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

B7 (Official Form 7) (4/10)

**UNITED STATES BANKRUPTCY COURT  
Southern District of Florida**

In re: Delray Harbor Medical Center, Inc.  
Debtor

Case No. \_\_\_\_\_  
(If known)

**STATEMENT OF FINANCIAL AFFAIRS**

**1. Income from employment or operation of business**

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT       | SOURCE              | FISCAL YEAR PERIOD |
|--------------|---------------------|--------------------|
| 890,000.00   | Humana Medical Plan | 2008               |
| 1,000,498.00 | Humana Medical Plan | 2009               |
| 0.00         | Humana Medical Plan | 2010 YTD           |

**2. Income other than from employment or operation of business**

None  State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE | FISCAL YEAR PERIOD |
|--------|--------|--------------------|
|--------|--------|--------------------|

**3. Payments to creditors**

**Complete a. or b., as appropriate, and c.**

None  a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|-------------------|-------------|--------------------|
|------------------------------|-------------------|-------------|--------------------|

- None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|------------------------------|------------------------------|-----------------------------------|--------------------|
|------------------------------|------------------------------|-----------------------------------|--------------------|

*\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

- None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|---|-----------------|-------------|--------------------|
|---|-----------------|-------------|--------------------|

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER  | NATURE OF PROCEEDING                      | COURT OR AGENCY AND LOCATIO                                    | STATUS OR DISPOSITION |
|--|---|--|-----------------------|
| <b>Fairway-Harbor, LLC v. Delray Harbor Medical Center, Inc.<br/>502008CA026796XXXXMB AD</b> | <b>Commercial landlord-tenant dispute</b> | <b>Palm Beach County Circuit Court<br/>West Palm Beach, FL</b> | <b>Judgment</b>       |

- None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED         | DATE OF SEIZURE   | DESCRIPTION AND VALUE OF PROPERTY                       |
|--|-------------------|---|
| <b>Fairway-Harbor, LLC<br/>2830 Cahaba Road<br/>Birmingham, AL 35223</b> | <b>05/21/2010</b> | <b>50,114.49 Bank of America acct:<br/>xxxxxxxx8056</b> |

**5. Repossessions, foreclosures and returns**

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR OR SELLER | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION<br>AND VALUE OF<br>PROPERTY |
|---|--|---|
|---|--|---|

**6. Assignments and receiverships**

None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF<br>ASSIGNMENT<br>OR SETTLEMENT |
|---------------------------------|-----------------------|---|
|---------------------------------|-----------------------|---|

None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND ADDRESS<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION<br>AND VALUE OF<br>PROPERTY |
|----------------------------------|---|------------------|---|
|----------------------------------|---|------------------|---|

**7. Gifts**

None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF PERSON<br>OR ORGANIZATION | RELATIONSHIP<br>TO DEBTOR,<br>IF ANY | DATE<br>OF GIFT | DESCRIPTION<br>AND VALUE OF<br>GIFT |
|--|--------------------------------------|-----------------|-------------------------------------|
|--|--------------------------------------|-----------------|-------------------------------------|

**8. Losses**

None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION<br>AND VALUE OF<br>PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF<br>LOSS WAS COVERED IN WHOLE OR IN PART<br>BY INSURANCE, GIVE PARTICULARS | DATE OF<br>LOSS |
|---|--|-----------------|
|---|--|-----------------|

**9. Payments related to debt counseling or bankruptcy**

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE   | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR     | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY  |
|---|---|---|
| <b>Kaye Reizes P.L.<br/>1200 S Federal Hwy, Ste 301<br/>Boynton Beach, FL 33435</b> | <b>Delray Harbor Medical<br/>Center LLC<br/>6/15/10</b> | <b>Attorneys fees \$10,000.<br/>Filing fee 1,039.</b> |

**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR   | DATE              | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|--|-------------------|--|
| <b>Delray Harbor LLC<br/>3795 W Boynton Beach Blvd<br/>Boynton Beach, FL 33436<br/>Affiliate</b> | <b>05/21/2010</b> | <b>Medical equipment<br/>\$7,500.</b>            |

None  b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR INTEREST IN PROPERTY |
|-------------------------------|------------------------|---|
|-------------------------------|------------------------|---|

**11. Closed financial accounts**

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|--|------------------------------------|
|---------------------------------|--|------------------------------------|



**12. Safe deposit boxes**

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF BANK OR<br>OTHER DEPOSITORY | NAMES AND ADDRESSES<br>OF THOSE WITH ACCESS<br>TO BOX OR DEPOSITOR | DESCRIPTION<br>OF<br>CONTENTS | DATE OF TRANSFER<br>OR SURRENDER,<br>IF ANY |
|--|--|-------------------------------|---|
|--|--|-------------------------------|---|

**13. Setoffs**

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF<br>SETOFF | AMOUNT OF<br>SETOFF |
|------------------------------|-------------------|---------------------|
|------------------------------|-------------------|---------------------|

**14. Property held for another person**

None  List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS<br>OF OWNER | DESCRIPTION AND VALUE<br>OF PROPERTY | LOCATION OF PROPERTY |
|------------------------------|--------------------------------------|----------------------|
|------------------------------|--------------------------------------|----------------------|

**15. Prior address of debtor**

None  If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS   | NAME USED                             | DATES OF OCCUPANCY     |
|---|---------------------------------------|------------------------|
| 1705 S. Federal Hwy.<br>Suite A-8<br>Delray Beach, FL 33483 | Delray Harbor Medical Center,<br>Inc. | 2001 - Sept. 2008      |
| 5130 Linton Blvd.<br>Suite E3<br>Delray Beach, FL 33484     | Delray Harbor Medical Center,<br>Inc. | Sept. 2008 - Nov. 2009 |

**16. Spouses and Former Spouses**

None  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 **eight years** 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.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

- None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

- None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|
|---------------------------------------|---------------|-----------------------|

**18. Nature, location and name of business**

- None  a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS<br>OF SOCIAL SECURITY<br>OR OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF<br>BUSINESS | BEGINNING AND ENDING<br>DATES |
|------|--|---------|-----------------------|-------------------------------|
|------|--|---------|-----------------------|-------------------------------|

- None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

**19. Books, records and financial statements**

- None  a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|
|------------------|-------------------------|

|   |                        |
|---|------------------------|
| <b>Caruso &amp; Co.<br/>629 E. Hillsboro Blvd<br/>Deerfield Beach, FL 33441</b> | <b>2001 to present</b> |
|---|------------------------|

- None  b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

- None  c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

| NAME | ADDRESS |
|------|---------|
|------|---------|

|                         |  |
|-------------------------|--|
| <b>Caruso &amp; Co.</b> | <b>629 E. Hillsboro Blvd<br/>Deerfield Beach, FL 33441</b> |
|-------------------------|--|

- None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

| NAME AND ADDRESS | DATE ISSUED |
|------------------|-------------|
|------------------|-------------|

|   |                   |
|---|-------------------|
| <b>McLaughlin &amp; Stern, LLP<br/>Larry Mesches, Esq.<br/>525 S. Flagler Dr, Ste 200<br/>West Palm Beach, FL 33401</b> | <b>04/01/2010</b> |
|---|-------------------|

**20. Inventories**

- None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY<br>(Specify cost, market or other basis) |
|-------------------|----------------------|---|
|-------------------|----------------------|---|

- None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

| DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN<br>OF INVENTORY RECORDS |
|-------------------|---|
|-------------------|---|

**21. Current Partners, Officers, Directors and Shareholders**

- None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

- None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE<br>OF STOCK OWNERSHIP |
|------------------|-------|---|
|------------------|-------|---|

|   |                  |                           |
|---|------------------|---------------------------|
| <b>Mark Freeman, MD</b><br><b>1281 Cocanut Rd.</b><br><b>Boca Raton, FL 33432</b> | <b>President</b> | <b>Common shares 100%</b> |
|---|------------------|---------------------------|

**22. Former partners, officers, directors and shareholders**

- None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

- None  b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

**23. Withdrawals from a partnership or distributions by a corporation**

- None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR | DATE AND PURPOSE<br>OF WITHDRAWAL | AMOUNT OF MONEY<br>OR DESCRIPTION<br>AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

**24. Tax Consolidation Group.**

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION TAXPAYER IDENTIFICATION NUMBER (EIN)

**25. Pension Funds.**

None  If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

*[If completed on behalf of a partnership or corporation]*

I, declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date 6/16/2010

Signature s/ Mark Freeman, MD

**Mark Freeman, MD, President**  
Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

\_\_\_\_\_ continuation sheets attached

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

In re: **Delray Harbor Medical Center, Inc.**

Case No.

**List of Equity Security Holders**

| REGISTERED NAME OF HOLDER OF SECURITY<br>LAST KNOWN ADDRESS OR PLACE OF BUSINESS      | CLASS OF<br>SECURITY | NUMBER<br>REGISTERED | KIND OF INTEREST<br>REGISTERED |
|---|----------------------|----------------------|--------------------------------|
| <b>Mark Freeman &amp; Tamsin Freeman<br/>1281 Cocanut Rd<br/>Boca Raton, FL 33432</b> | <b>Common</b>        | <b>10,000</b>        | <b>Owner</b>                   |

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

I, **Mark Freeman, MD, President** 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: 6/16/2010s/ Mark Freeman, MD

**Mark Freeman, MD, President, Delray Harbor Medical  
Center, Inc.**

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: Delray Harbor Medical Center, Inc.  
Debtor

Case No. \_\_\_\_\_  
Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of **1** sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 6/16/2010

Signed: s/ Mark Freeman, MD  
**Mark Freeman, MD**