

B1 (Official Form 1)(12/11)

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Mid-Florida Radiation Oncology, P.A.	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): DBA Mid-Florida Radiation Oncology Associates; FDBA Green Day Medical Oncology and Hematology	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) 65-0659572	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): 604 W. Midway Road Fort Pierce, FL	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 34982	ZIP Code
County of Residence or of the Principal Place of Business: Saint Lucie	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):

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information

Debtor estimates that funds will be available for distribution to unsecured creditors.
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

<input checked="" 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

Estimated Assets

<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

Estimated Liabilities

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

THIS SPACE IS FOR COURT USE ONLY

B1 (Official Form 1)(12/11)

Page 2

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Mid-Florida Radiation Oncology, P.A.	
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: See Attachment		Case Number:	Date Filed:
District:		Relationship:	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.)		(To be completed if debtor is an individual whose debts are primarily consumer debts.)	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		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).	
		X _____ 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 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 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)).			

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Mid-Florida Radiation Oncology, P.A.</p>
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Robert C. Furr</u> Signature of Attorney for Debtor(s)</p> <p><u>Robert C. Furr 210854</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Furr & Cohen</u> Firm Name</p> <p><u>2255 Glades Rd.</u> <u>Suite 337W</u> <u>Boca Raton, FL 33431</u> Address</p> <p><u>561-395-0500 Fax: 561-338-7532</u> Telephone Number</p> <p><u>August 2, 2012</u> Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Ronald H. Woody</u> Signature of Authorized Individual</p> <p><u>Ronald H. Woody</u> Printed Name of Authorized Individual</p> <p><u>President</u> Title of Authorized Individual</p> <p><u>August 2, 2012</u> Date</p>	

In re Mid-Florida Radiation Oncology, P.A., Case No. _____
Debtor

FORM 1. VOLUNTARY PETITION
Pending Bankruptcy Cases Filed Attachment

<u>Name of Debtor / District</u>	<u>Case No. / Relationship</u>	<u>Date Filed / Judge</u>
Port St Lucie Business Ventures Inc Southern District of Florida	related entity	
Ronald Harlan Woody, III Southern District of Florida	shareholder	

B4 (Official Form 4) (12/07)

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

In re Mid-Florida Radiation Oncology, P.A.

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>
American Express PO Box 650448 Dallas, TX 75265-0448	American Express PO Box 650448 Dallas, TX 75265-0448	credit card		25,407.55
American Express PO Box 650448 Dallas, TX 75265-0448	American Express PO Box 650448 Dallas, TX 75265-0448	credit card		14,550.37
Belinda Burns & Scott Burns c/o Nancy La Vista, Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407	Belinda Burns & Scott Burns c/o Nancy La Vista, Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407	arbitration decision on appeal	Contingent Disputed	1,800,000.00
Charles McKenzie c/o Gloria Seidule, Esq 2400 SE Federal Hwy #300 Stuart, FL 34994	Charles McKenzie c/o Gloria Seidule, Esq 2400 SE Federal Hwy #300 Stuart, FL 34994	lawsuit. settlement	Contingent Unliquidated Disputed	25,000.00
Donald Lee Smitz and Nancy Smitz c/o David S Kuezler Esq 239 S Indian River Dr Fort Pierce, FL 34950	Donald Lee Smitz and Nancy Smitz c/o David S Kuezler Esq 239 S Indian River Dr Fort Pierce, FL 34950		Contingent	12,000.00
Healthy Advice Communications PO Box 193810 Little Rock, AR 72219	Healthy Advice Communications PO Box 193810 Little Rock, AR 72219	advertising		4,218.30
Hulett Environmental Services PO Box 220928 West Palm Beach, FL 33422-0928	Hulett Environmental Services PO Box 220928 West Palm Beach, FL 33422-0928	commercial lawn program		314.00
Michael Whelan & Romana Whelan c/o Nancy La Vista Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407	Michael Whelan & Romana Whelan c/o Nancy La Vista Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407	lawsuit settlement	Contingent	100,000.00

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

In re Mid-Florida Radiation Oncology, P.A.

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>
Robert Rimes and Rene Rimes c/o Bernard A. Lebedeker Esq 515 N Flagler Dr, #400 West Palm Beach, FL 33401	Robert Rimes and Rene Rimes c/o Bernard A. Lebedeker Esq 515 N Flagler Dr, #400 West Palm Beach, FL 33401	auto accident - employee Donald Smitz	Contingent Unliquidated Disputed	275,000.00
Siemens Financial Services 51 Valley Stream Pkwy #K21 Malvern, PA 19355-3202	Siemens Financial Services 51 Valley Stream Pkwy #K21 Malvern, PA 19355-3202	guaranty of Lease by Epirad, Inc. for Biograph TruPoint 6 & Syngo Multi-Modality WP	Contingent	1,035,147.31
SunTrust Bank PO Box 791144 Baltimore, MD 21279-1144	SunTrust Bank PO Box 791144 Baltimore, MD 21279-1144	2008 Acura MDX VIN#2HNYD284X8H 501313, subject to lien of Suntrust Bank (being paid by Epirad, Inc.		29,406.86 (9,900.00 secured)
Suntrust Bank PO Box 305053 Nashville, TN 37230-5053	Suntrust Bank PO Box 305053 Nashville, TN 37230-5053			628.65

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

In re Mid-Florida Radiation Oncology, P.A.
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

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

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

Date August 2, 2012

Signature /s/ Ronald H. Woody
Ronald H. Woody
President

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

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

United States Bankruptcy Court
Southern District of Florida

In re Mid-Florida Radiation Oncology, P.A.
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	4	115,239.38		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		48,406.86	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		4,827,852.35	
G - Executory Contracts and Unexpired Leases	Yes	2			
H - Codebtors	Yes	2			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		16			
			Total Assets	115,239.38	
			Total Liabilities	4,876,259.21	

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

In re Mid-Florida Radiation Oncology, P.A.
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 Mid-Florida Radiation Oncology, P.A. 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
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None

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

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

In re Mid-Florida Radiation Oncology, P.A.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. 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 is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

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

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply 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).

Type of Property	N O N E	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	X			
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.		Bank of America, Business Economy checking Acct #xxxx3699 NOTE: related entity Port St Lucie Ventures, Inc. business income deposited into this account and all bills for Port St Lucie Ventures are paid from this account.	-	35.08
		Bank of America, Business Economy Checking Payroll account Acct #xxx3661	-	70.14
		Texas First Bank checking acct #xxxx6625, negative balance -\$1.50	-	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Metropolitan Life Long Term Disability Policy for Employees - #3043571-01, group policy	-	0.00
			Sub-Total >	105.22
			(Total of this page)	

3 continuation sheets attached to the Schedule of Personal Property

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

In re Mid-Florida Radiation Oncology, P.A.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	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
10. Annuities. Itemize and name each issuer.	X			
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).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Patient receivables (Being Managed by Epirad, Inc.)	-	10,000.00
		\$154,816.		
		Quniterro Note Receivable (doubtful collectible)	-	14,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
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.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
			Sub-Total >	24,000.00
			(Total of this page)	

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

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

In re Mid-Florida Radiation Oncology, P.A.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	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
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.		John W. Hill - claim for improperly taking monies, misappropriation	-	75,000.00
		Port St Lucie Ventures, Inc, Ronald Harlan Woody II and Mid Florida Radiation Oncology PA vs Robert Rimes and Rene Rimes, Case No. 50-2011-CA011488, relating to motor vehicle accident. Counter-claim \$275,000 - Debtor's insurance company, Progressive Insurance litigating on behalf of plaintiffs. Not liquidated	-	0.00
		Claim for \$250,000 paid on 1/20/2012 ato Belinda Burns and Scott Burns. The Final Judgment has been vacated and voided just prior to filing. Debtor will seek turnover of \$250,000. Refunded monies are subeject to the lien of John David Woody.	-	0.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
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.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2008 Acura MDX VIN#2HNYD284X8H501313, 180,000 miles subject to lien of Suntrust Bank (being paid by Epirad, Inc. value \$9,900, loan exceeds value	-	9,900.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Postage equipment 3K00 #0213500 and B700 #876827, subject to lease of Pitney Bowes Financial (belongs to Epirad, Inc.)	-	234.16

Sub-Total > **85,134.16**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

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

In re Mid-Florida Radiation Oncology, P.A.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	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
		blood analyzer equipment (Green Day Medical Oncology & Hematology)) IS this the ASD UCC-1 filed in 2009 subject to lease, Trinity Vendor Finance, Value \$25,000, equity \$6000	-	6,000.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	6,000.00
(Total of this page)	
Total >	115,239.38

(Report also on Summary of Schedules)

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

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

In re Mid-Florida Radiation Oncology, P.A.

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 \$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).

* 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.

B6E (Official Form 6E) (4/10) - Cont.

In re Mid-Florida Radiation Oncology, P.A.
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 W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Dept. of Revenue Bankruptcy Section P.O. Box 6668 Tallahassee, FL 32314-6668							0.00	0.00
Account No. Internal Revenue Service POB 7346 Philadelphia, PA 19101-7346							0.00	0.00
Account No. St. Lucie County Tax Collector POB 308 Fort Pierce, FL 34954							0.00	0.00
Account No.								
Account No.								

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

Subtotal
(Total of this page) **0.00** **0.00**

Total
(Report on Summary of Schedules) **0.00** **0.00**

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

In re Mid-Florida Radiation Oncology, P.A.,
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 C					
Account No. xxxxxxx-x1006 American Express PO Box 650448 Dallas, TX 75265-0448		X	-				14,550.37
Account No. xxxxxxxxx-x6009 American Express PO Box 650448 Dallas, TX 75265-0448		X	-				25,407.55
Account No. ASD Specialty Healthcare Inc 2801 Horace Shepard Dr Dothan, AL 36303		-				X	0.00
Account No. Belinda Burns & Scott Burns c/o Nancy La Vista, Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407		X	-		X	X	1,800,000.00
Subtotal (Total of this page)							1,839,957.92

3 continuation sheets attached

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

In re Mid-Florida Radiation Oncology, P.A. Case No. _____
 Debtor

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. Charles McKenzie c/o Gloria Seidule, Esq 2400 SE Federal Hwy #300 Stuart, FL 34994	X -		lawsuit. settlement	X	X	X	25,000.00	
Account No. Christopher L Slack M.D. c/o Gregory P Durham Esq Gray Robinson PA 1795 W Nasa Blvd Melbourne, FL 32901-2611	X -		Charles McKenzie lawsuit, co defendant	X	X	X	0.00	
Account No. Dickinson Leisure Industries, Inc 4400 Country Club Dr Dickinson, TX 77539	-		12-2011 termination of Management Agreement	X	X	X	0.00	
Account No. Donald Lee Smitz and Nancy Smitz c/o David S Kuezler Esq 239 S Indian River Dr Fort Pierce, FL 34950	X -			X			12,000.00	
Account No. Epirad, Inc 400 SE Osceola St #102 Stuart, FL 34994	X -		Equipment Lease: equipment operating lease agreement				804,707.00	
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	841,707.00

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

In re Mid-Florida Radiation Oncology, P.A. Case No. _____
 Debtor

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 E D 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. Epirad, Inc aka FL Skin Cancer Center 400 SE Osceola St #102 Stuart, FL 34994		-	1/25/2010 Health Insurance December 2010				22,555.17
Account No. xxxxxxx0205 Healthy Advice Communications PO Box 193810 Little Rock, AR 72219		-	2/1/2012 advertising				4,218.30
Account No. xx6744 Hulett Environmental Services PO Box 220928 West Palm Beach, FL 33422-0928		-	3/2012 commercial lawn program				314.00
Account No. John W and Lynn Hill d/b/a ISA 4400 Country Club Dr Dickinson, TX 77539		-	services contract, terminated	X	X	X	500,000.00
Account No. Michael Whelan & Romana Whelan c/o Nancy La Vista Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407	X	-	lawsuit settlement	X			100,000.00
Sheet no. <u>2</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	627,087.47

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

In re Mid-Florida Radiation Oncology, P.A. Case No. _____
 Debtor

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. Robert Rimes and Rene Rimes c/o Bernard A. Lebedeker Esq 515 N Flagler Dr, #400 West Palm Beach, FL 33401	X	-	5/10/2010 auto accident - employee Donald Smitz	X	X	X	275,000.00
Account No. Ronald H. Woody, III MD 7210 Reserve Creek Dr Port Saint Lucie, FL 34986	-	-	1/2011 personal contribution to company				208,324.00
Account No. xxxxxxxxxxxxxx #xxxxxxx3779 Siemens Financial Services 51 Valley Stream Pkwy #K21 Malvern, PA 19355-3202	X	-	guaranty of Lease by Epirad, Inc. for Biograph TruPoint 6 & Syngo Multi-Modality WP	X			1,035,147.31
Account No. xx73+16 Suntrust Bank PO Box 305053 Nashville, TN 37230-5053	-	-	5/10/12				628.65
Account No.							

Sheet no. 3 of 3 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page)	1,519,099.96
Total (Report on Summary of Schedules)	4,827,852.35

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

In re Mid-Florida Radiation Oncology, P.A.

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	Group PPO health insurance, dental insurance, group life, group AD&D, expires 9/30/2012
Epirad Leasing LLC 400 SE Osceola St #102 Stuart, FL 34994	Lease of 2007 Toyota JTDKB20U173286824 subject to Equipment Lease dated 4/9/2012, \$200 per month for 36 months.
EPIRAD, Inc. 400 SE Osceola St #102 Stuart, FL 34994	Management Services Agreement 1/1/2012, Epirad Inc. - provide comprehensive management, administrative and support services to radiation oncology service programs and provide qualified physicians to radiation treatment centers, provide utilities and equipment, provide all medical, office supplies, telephone answering, reception, secretarial and transcribing services, paging, postage, provide all bookkeeping services, prepare income statements, billing and collection of account. Entitled to 80% of amount collected that is attributed to technical component & 100% of amount collected that is attributable to professional component, paid on the 10th day of each month. contract ends 1/1/17.
Healthy Advice Communications PO Box 193810 Little Rock, AR 72219	Lawnwood Regional Physician Directory Full Page Ad and St Lucie Medical Center Patient Handbook Full Page Ad, \$468.70 per month
John and Lynn Hill dba ISA Info Systems Architect Inc 4400 Country Club Dr Dickinson, TX 77539	Professional Service Agreement -provider medical billing and management service for 7 years. 10% of net cash collections related to medical operations 5/1/03
Metropolitan Life PO Box 8500-3895 Philadelphia, PA 19178-3895	Group Policy #XXX57101, long term disability insurance for employees
Muzak of Palm Beach Focus Four LLC PO Box 534558 Atlanta, GA 30353-4558	audio marketing - contract for taped office music.
Pitney Bowes Global Financial PO Box 371887 Pittsburgh, PA 15250-7887	Lease #3473288, value Max program, lease of postage equipment

1

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

In re Mid-Florida Radiation Oncology, P.A.

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

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.
Port St Lucie Ventures, Inc 1780 SE Hillmoor Dr Port Saint Lucie, FL 34986	Professional Services Agreement 8/10/1997, Dr. Ronald H. Woody and Mid-Florida Radiation provide professional and other services to centers of Port St Lucie Ventures, Inc. in Fort Pierce and Port St Lucie area.
Port St Lucie Ventures, Inc. 604 West Midway Road Fort Pierce, FL 34982	Contract to perform radiation oncology services at Port St. Lucie Cancer Center and Mid-Florida Cancer Center
Trinity Vendor Finance PO Box 7167 Pasadena, CA 91109-7167	lease of blood analyzer equipment at Green Day Medical Oncology and Hematology location

Sheet 1 of 1 continuation sheets attached to the Schedule of Executory Contracts and Unexpired Leases

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

In re Mid-Florida Radiation Oncology, P.A.

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
Associated Coastal Ear Nose & Throat	Charles McKenzie c/o Gloria Seidule, Esq 2400 SE Federal Hwy #300 Stuart, FL 34994
Associated Coastal Ear Nose & Throat	Christopher L Slack M.D. c/o Gregory P Durham Esq Gray Robinson PA 1795 W Nasa Blvd Melbourne, FL 32901-2611
Christopher L Slack MD c/o Gregory P Durham Esq Gray Robinson 1795 W Nasa Blvd Melbourne, FL 32901-2611	Charles McKenzie c/o Gloria Seidule, Esq 2400 SE Federal Hwy #300 Stuart, FL 34994
Epirad, Inc. 604 W Midway Rd Fort Pierce, FL 34982	Siemens Financial Services 51 Valley Stream Pkwy #K21 Malvern, PA 19355-3202
Port St Lucie Ventures 1780 SE Hillmoor Dr Port Saint Lucie, FL 34986	Siemens Financial Services 51 Valley Stream Pkwy #K21 Malvern, PA 19355-3202
Port St Lucie Ventures Inc	Belinda Burns & Scott Burns c/o Nancy La Vista, Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407
Port St Lucie Ventures Inc	Epirad, Inc 400 SE Osceola St #102 Stuart, FL 34994
Port St Lucie Ventures Inc. c/o Hubert S McGinley Esq 11410 N Jog Rd #100 Palm Beach Gardens, FL 33418	Robert Rimes and Rene Rimes c/o Bernard A. Lebedeker Esq 515 N Flagler Dr, #400 West Palm Beach, FL 33401
Port St Lucie Ventures, Inc.	Michael Whelan & Romana Whelan c/o Nancy La Vista Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407

1

_____ continuation sheets attached to Schedule of Codebtors

In re Mid-Florida Radiation Oncology, P.A.

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Ronald H Woody III MD	Charles McKenzie c/o Gloria Seidule, Esq 2400 SE Federal Hwy #300 Stuart, FL 34994
Ronald H Woody III, MD	Christopher L Slack M.D. c/o Gregory P Durham Esq Gray Robinson PA 1795 W Nasa Blvd Melbourne, FL 32901-2611
Ronald H Woody MD	Michael Whelan & Romana Whelan c/o Nancy La Vista Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407
Ronald H. Woody, III 7210 Reserve Creek Dr	Siemens Financial Services 51 Valley Stream Pkwy #K21 Malvern, PA 19355-3202
Ronald H. Woody, III	American Express PO Box 650448 Dallas, TX 75265-0448
Ronald H. Woody, MD 7210 Reserve Creek Dr. Port Saint Lucie, FL 34986	American Express PO Box 650448 Dallas, TX 75265-0448
Ronald Harland Woody III	Robert Rimes and Rene Rimes c/o Bernard A. Lebedeker Esq 515 N Flagler Dr, #400 West Palm Beach, FL 33401
Ronald Woody MD	Belinda Burns & Scott Burns c/o Nancy La Vista, Esq 1919 N Flagler Dr, 2nd Fl West Palm Beach, FL 33407
Woody Qualified Personal Residential Tru c/o Craig Rappel, Esq. 1515 Indian River Blvd #A210 Vero Beach, FL 32960	Donald Lee Smitz and Nancy Smitz c/o David S Kuezler Esq 239 S Indian River Dr Fort Pierce, FL 34950

Sheet 1 of 1 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 Mid-Florida Radiation Oncology, P.A.

Debtor(s)

Case No. _____

Chapter 11**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, 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 18 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 2, 2012Signature /s/ Ronald H. Woody**Ronald H. Woody
President**

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

B7 (Official Form 7) (04/10)

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

In re Mid-Florida Radiation Oncology, P.A.

Debtor(s)

Case No.

Chapter

11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

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
\$0.00	2012 Receipts 1/1/2012 to 4/30/2012
\$683,838.68	2011 Receipts
\$1,923,571.00	2010 receipts
\$2,788,230.00	2009 Receipts

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, or 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

3. Payments to creditors

None **Complete a. or b., as appropriate, and c.**

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 (*) 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
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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
see attached		\$0.00	\$0.00

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
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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 LOCATION	STATUS OR DISPOSITION
Ronald H. Woody, III as Trustee of Woody Qualified Personal Residential Trust and Mid Florida Radiation Oncology PA vs Donald Lee Smitz, Nancy Smitz,, Case No. 562012 CC000161	eviction and possession - 1701 Gulfstream Ave #791	In the County Court of the 19th Judicial Circuit, St Lucie County	dismissed without prejudice

* 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.

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Okeechobee Business Ventures, Inc. dba Big Lake Cancer Center and Ramesh T Kumar MD, vs Port St Lucie Ventures, Inc., Ronald H. Woody II MD, Info Systems Architects Inc aka ISA Billing Services and John Hill; Mid Florida Radiation Oncology PA vs Ramesh T Kumar MD and Pushpanani Kumar, Ronald H Woody II MD vs PrasadA. Korlipara, Case No. 04-CA000744 (0C)		Circuit Court of the 19th Judicial Circuit, St Lucie County, FL	dismissed with prejudice 3/28/2012
Charles McKenzie vs Christopher L. Slack, MD, Associated Coastal Ear Nose and Throat Physicians PA, Ronald H. Woody, III MC and Mid-Florida Radiation Oncology, PA, Case No. 562011 CA 001644		In the Circuit Court of 19th Judicial Circuit, St Lucie County, FL	
Belinda Burns and Scott Burns vs Ronald Woody MD, Mid-Florida Radiation Oncology PA, and Port St Lucie Ventures, dba Mid Florida Cancer Centers, Case No. 56-2008-CA009258	malpractice	In the Circuit Court of the 19th Judicial Circuit in and for St Lucie County, FL	arbitration decision pending appeal
Michael Whelan and Romana Whelan vs Ronald H. Woody MD, Mid-Florida Radiation Oncology, PA and Port St Lucie Ventures, Inc., Case No. 562011CA001287		In the Circuit Court of the 19th Judicial Circuit, St Lucie County, FL	settled
Port St Lucie Ventures Inc, Ronald Harlan Woody III and Mid Florida Radiation Oncology, vs Robert Rimes and Rene Rimes and Robert Rimes and Rene Rimes vs Ronald Harlan Woody, III and Mid-Florida Radiation, Case No. 50-2011 CA011488	auto accident	In the Circuit Court of the 15th Judicial Circuit, in and for Palm Beach County, FL	pending

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
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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 OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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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 OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- 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 OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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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 OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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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 AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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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 the 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
Robert C. Furr Esq Furr and Cohen PA 2255 Glades Rd #337W Boca Raton, FL 33431	12/22/2011 - Epirad, Inc. d/b/a Lawnwood Cancer Center	\$25,000.00

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
Epirad, Inc. 40 SE Osceola St #102 Stuart, FL 34994	1/1/2012	Pursuant to Management Services Agreement dated 1/1/2012, Epirad, Inc. Epirad took over comprehensive management, administrative and support services to radiation oncology services programs and provide physicians to treatment centers and operate all business aspects.
Epirad Leasing LLC 400 SE Osceola St Stuart, FL 34994 Magement Company	3/22/2012	Transferred 2007 Toyota JTDCB20U173286824 purchased on 10/3/2007, to Epirad Leasing LLC, subject to Equipment Lease dated 4/9/2012, \$200 per month for 36 months.

- 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'S INTEREST IN PROPERTY
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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
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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 OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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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 SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

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

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None If the 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
1006 N Parrott Ave Okeechobee, FL 34972	Green Day Medical Oncology and Hematology	8/16/2007 to 11/2010
1231 N Lawnwood Cir Ft Pierce, FL 34950	Green Day Medical Oncology and Hematology	9/16/2007 to 11/2010

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
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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
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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
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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 **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 **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 **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 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 **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Mid-Florida Radiation Oncology, P.A.	9572	f/k/a Green Day Medical Oncology & Hematology 604 W Midway Road Fort Pierce, FL 34982	provides services to radiation oncology centers	4/02/1996 to present

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

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

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
John W. Hill 4400 Country Club Drive Dickinson, TX 77539	terminated services 11/2010
Julia Woody 10511 SW Katrina Way Port St Lucie FL, FL	Oct 2010 to present
Hammack & Co CPA's LLC 10510 Spencer Hwy La Porte, TX 77571	preparation of Tax Returns

None b. List all firms or individuals who within the **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
Rappel Health Law Group PL	1515 Indian River Blvd #A-210 Vero Beach, FL 32960-7106
Hammack & Co CPA LLC	10510 Spencer Hwy La Porte, TX 77571
Epirad, Inc	400 SE Osceola St #102 Stuart, FL 34994
John W. Hill at termination of contract, all of the company's documents were not returned	4400 Country Club Dr Dickinson, TX 77539

- 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

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
(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 two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN 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
OF STOCK OWNERSHIP

Ronald H Woody, III
7210 Reserve Creek Dr
Port Saint Lucie, FL 34986

President/Director**50% shareholder**

Alan S. Krimsley
408 SW Magnolia Cove
Port Saint Lucie, FL 34986

Director, Treasurer, Secretary**50% shareholder****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 OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Ramesh T. Kumar MD 11168 Windsend Chase Port Saint Lucie, FL 34986 partner	voted out, dispute between parties 12/31,2011	Equal stock transfer settlement

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)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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 August 2, 2012Signature /s/ Ronald H. Woody
Ronald H. Woody
President

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

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

Mid-Florida Radiation Oncology

7/30/2012 2:54 PM

Register: MFRO Payroll

From 04/30/2012 through 07/30/2012

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
04/30/2012		Insurance Companies	Fee for Service Income	Deposit		X	22,429.98	6,378.38
04/30/2012		Medicare	Fee for Service Income	Deposit		X	8,800.00	15,178.38
04/30/2012		Bank Fee	Bank Service Charges		17.00	X		15,161.38
04/30/2012	413	Epirad, Inc	Accounts Payable	Funds Distribut...	8,800.00	X		6,361.38
04/30/2012	414	Epirad, Inc	Accounts Payable		22,400.00	X		-16,038.62
05/01/2012		Medicare	Fee for Service Income	Deposit		X	8,300.00	-7,738.62
05/01/2012		Medicare	Fee for Service Income	Deposit		X	10.00	-7,728.62
05/01/2012		Bank Fee	Bank Service Charges		38.00	X		-7,766.62
05/01/2012	415	Epirad, Inc	Accounts Payable	Funds Distribut...	7,236.14	X		-15,002.76
05/01/2012	416	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	1,063.86	X		-16,066.62
05/02/2012		Medicare	Fee for Service Income	Deposit		X	14,450.00	-1,616.62
05/02/2012	417	Epirad, Inc	Accounts Payable	Funds Distribut...	7,029.02	X		-8,645.64
05/02/2012	418	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	7,370.98	X		-16,016.62
05/07/2012		Insurance Companies	Fee for Service Income	Deposit		X	9,093.96	-6,922.66
05/07/2012		Medicare	Fee for Service Income	Deposit		X	550.00	-6,372.66
05/07/2012	419	Epirad, Inc	Accounts Payable	Funds Distribut...	9,100.00	X		-15,472.66
05/08/2012		Insurance Companies	Fee for Service Income	Deposit		X	4,327.89	-11,144.77
05/08/2012	421	Epirad, Inc	Accounts Payable	Funds Distribut...	4,900.00	X		-16,044.77
05/09/2012		Medicare	Fee for Service Income	Deposit		X	9,100.00	-6,944.77
05/09/2012	423	Epirad, Inc	Accounts Payable	Funds Distribut...	7,000.00	X		-13,944.77
05/09/2012	424	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	3,100.00	X		-17,044.77
05/10/2012		Insurance Companies	Fee for Service Income	Deposit		X	15,957.42	-1,087.35
05/10/2012		Medicare	Fee for Service Income	Deposit		X	7,000.00	5,912.65
05/10/2012		Bank Fee	Bank Service Charges		35.00	X		5,877.65
05/10/2012	426	Epirad, Inc	Accounts Payable	Funds Distribut...	3,000.00	X		2,877.65
05/10/2012	427	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	2,900.00	X		-22.35
05/10/2012	428	Epirad, Inc	Accounts Payable	Funds Distribut...	15,900.00	X		-15,922.35
05/15/2012		Insurance Companies	Fee for Service Income	Deposit		X	23,551.62	7,629.27
05/16/2012		Medicare	Fee for Service Income	Deposit		X	18,450.00	26,079.27
05/16/2012	429	Epirad, Inc	Accounts Payable		16,914.53	X		9,164.74
05/16/2012	430	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	25,231.57	X		-16,066.83
05/17/2012		Medicare	Fee for Service Income	Deposit		X	2,875.00	-13,191.83
05/18/2012		Insurance Companies	Fee for Service Income	Deposit		X	23,731.30	10,539.47
05/18/2012	431	Epirad, Inc	Accounts Payable	Funds distributi...	2,850.00	X		7,689.47
05/18/2012	432	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	6,912.10	X		777.37
05/18/2012	433	Epirad, Inc	Accounts Payable	Funds Distribut...	16,819.20	X		-16,041.83
05/22/2012		Insurance Companies	Fee for Service Income	Deposit		X	2,657.39	-13,384.44
05/23/2012		Medicare	Fee for Service Income	Deposit		X	13,700.00	315.56
05/23/2012	434	Epirad, Inc	Accounts Payable	Funds Distribut...	12,252.42	X		-11,936.86

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From 04/30/2012 through 07/30/2012

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
05/23/2012	435	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	4,097.58	X		-16,034.44
05/24/2012		Medicare	Fee for Service Income	Deposit		X	6,550.00	-9,484.44
05/24/2012	437	Epirad, Inc	Accounts Payable	Funds Distribut...	6,550.00	X		-16,034.44
05/30/2012		Insurance Companies	Fee for Service Income	Deposit		X	4,353.78	-11,680.66
05/30/2012		Medicare	Fee for Service Income	Deposit		X	20,100.00	8,419.34
05/30/2012		Epirad, Inc	Funds Distribution to P...		7,500.00	X		919.34
05/30/2012		Bank Fee	Bank Service Charges		20.00	X		899.34
05/30/2012		Bank Fee	Bank Service Charges		20.00	X		879.34
05/30/2012	438	Epirad, Inc	Accounts Payable	Funds Distribut...	2,842.18	X		-1,962.84
05/30/2012	439	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	2,257.82	X		-4,220.66
05/31/2012		Medicare	Fee for Service Income	Deposit		X	1,700.00	-2,520.66
05/31/2012		Bank Fee	Bank Service Charges		17.00	X		-2,537.66
05/31/2012	440	Epirad, Inc	Accounts Payable	Funds Distribut...	6,000.00	X		-8,537.66
06/01/2012		Bank Fee	Bank Service Charges		10.00	X		-8,547.66
06/01/2012		Bank Fee	Bank Service Charges		38.00	X		-8,585.66
06/04/2012		Insurance Companies	Fee for Service Income	Deposit		X	6,040.12	-2,545.54
06/04/2012		Medicare	Fee for Service Income	Deposit		X	1,430.00	-1,115.54
06/04/2012	441	Epirad, Inc	Accounts Payable	Funds distributi...	6,040.00	X		-7,155.54
06/04/2012	442	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	1,430.00	X		-8,585.54
06/05/2012		Medicare	Fee for Service Income	Deposit		X	2,700.00	-5,885.54
06/05/2012	443	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	2,700.00	X		-8,585.54
06/06/2012		Medicare	Fee for Service Income	Deposit		X	15,800.00	7,214.46
06/06/2012	444	Epirad, Inc	Accounts Payable	Funds Distribut...	11,544.05	X		-4,329.59
06/06/2012	445	Okeechobee Cancer ...	Accounts Payable		4,262.98	X		-8,592.57
06/08/2012		Insurance Companies	Fee for Service Income	Deposit		X	3,828.44	-4,764.13
06/08/2012		Medicare	Fee for Service Income	Deposit		X	1,050.00	-3,714.13
06/08/2012	446	Epirad, Inc	Accounts Payable	Funds Distribut...	1,050.00	X		-4,764.13
06/08/2012	447	Epirad, Inc	Accounts Payable	Funds Distribut...	3,800.00	X		-8,564.13
06/11/2012		Insurance Companies	Fee for Service Income	Deposit		X	20,791.10	12,226.97
06/11/2012	448	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	10,603.66	X		1,623.31
06/12/2012		Insurance Companies	Fee for Service Income	Deposit		X	6,486.71	8,110.02
06/12/2012	450	Epirad, Inc	Accounts Payable	Funds Distribut...	9,963.58	X		-1,853.56
06/13/2012		Medicare	Fee for Service Income	Deposit		X	1,300.00	-553.56
06/13/2012		Bank Fee	Bank Service Charges		20.00	X		-573.56
06/13/2012		Epirad, Inc	Funds Distribution to P...		7,500.00	X		-8,073.56
06/18/2012		Insurance Companies	Fee for Service Income	Deposit		X	1,169.74	-6,903.82
06/18/2012	454	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	1,600.00	X		-8,503.82
06/20/2012		Medicare	Fee for Service Income	Deposit		X	41,850.00	33,346.18
06/20/2012		Epirad, Inc	Funds Distribution to P...		7,000.00	X		26,346.18

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From 04/30/2012 through 07/30/2012

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06/20/2012		Bank Fee	Bank Service Charges		20.00	X		26,326.18
06/20/2012	455	Epirad, Inc	Accounts Payable	Funds Distribut...	29,382.02	X		-3,055.84
06/20/2012	456	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	5,556.73	X		-8,612.57
06/21/2012		Insurance Companies	Fee for Service Income	Deposit		X	7,221.79	-1,390.78
06/21/2012		Medicare	Fee for Service Income	Deposit		X	37,750.00	36,359.22
06/21/2012	457	Epirad, Inc	Accounts Payable	Funds Distribut...	15,508.51	X		20,850.71
06/21/2012	458	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	22,221.43	X		-1,370.72
06/22/2012		Insurance Companies	Fee for Service Income	Deposit		X	6,666.74	5,296.02
06/22/2012	452	Epirad, Inc	Accounts Payable	Funds Distribut...	2,400.00	X		2,896.02
06/23/2012	453	Epirad, Inc	Accounts Payable	Funds Distribut...	6,666.74	X		-3,770.72
06/25/2012		Insurance Companies	Fee for Service Income	Deposit		X	4,507.28	736.56
06/25/2012		Medicare	Fee for Service Income	Deposit		X	1,700.00	2,436.56
06/25/2012	460	Epirad, Inc	Accounts Payable	Funds Distribut...	3,500.00	X		-1,063.44
06/25/2012	461	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	1,321.85	X		-2,385.29
06/26/2012		Medicare	Fee for Service Income	Deposit		X	1,700.00	-685.29
06/27/2012		Medicare	Fee for Service Income	Deposit		X	19,200.00	18,514.71
06/27/2012	462	Epirad, Inc	Accounts Payable	Funds Distribut...	6,168.44	X		12,346.27
06/27/2012	463	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	14,731.56	X		-2,385.29
06/27/2012	464	Epirad, Inc	Accounts Payable	Funds Distribut...	4,507.00	X		-6,892.29
06/28/2012		Medicare	Fee for Service Income	Deposit		X	6,300.00	-592.29
06/28/2012	465	Epirad, Inc	Accounts Payable	Funds Distribut...	6,300.00	X		-6,892.29
06/29/2012		Bank Fee	Bank Service Charges		17.00	X		-6,909.29
06/30/2012	466	Epirad, Inc	Accounts Payable	Funds Distribut...	18,000.00	X		-24,909.29
07/02/2012		Insurance Companies	Fee for Service Income	Deposit		X	6,342.52	-18,566.77
07/02/2012		Medicare	Fee for Service Income	Deposit		X	18,100.00	-466.77
07/02/2012		Bank Fee	Bank Service Charges		38.00	X		-504.77
07/02/2012	467	Epirad, Inc	Accounts Payable	Funds Distribut...	6,300.00	X		-6,804.77
07/03/2012		Medicare	Fee for Service Income	Deposit		X	1,900.00	-4,904.77
07/03/2012	468	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	1,900.00	X		-6,804.77
07/06/2012		Medicare	Fee for Service Income	Deposit		X	13,200.00	6,395.23
07/06/2012	469	Epirad, Inc	Funds Distribution to P...		13,200.00	X		-6,804.77
07/09/2012		Insurance Companies	Fee for Service Income	Deposit			782.42	-6,022.35
07/09/2012		Insurance Companies	Fee for Service Income	Deposit			782.42	-5,239.93
07/09/2012	470	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	850.00			-6,089.93
07/10/2012		Medicare	Fee for Service Income	Deposit			860.00	-5,229.93
07/10/2012	471	Epirad, Inc	Accounts Payable	Funds Distribut...	860.00			-6,089.93
07/11/2012		Medicare	Fee for Service Income	Deposit			12,950.00	6,860.07
07/11/2012		Okeechobee Cancer ...	Funds Distribution to C...		5,000.00			1,860.07
07/11/2012		Bank Fee	Bank Service Charges		20.00			1,840.07

Mid-Florida Radiation Oncology

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Register: MFRO Payroll

From 04/30/2012 through 07/30/2012

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
07/11/2012	472	Epirad, Inc	Accounts Payable	Funds Distribut...	7,900.00			-6,059.93
07/12/2012		Insurance Companies	Fee for Service Income	Deposit			2,059.57	-4,000.36
07/12/2012	473	Epirad, Inc	Accounts Payable	Funds Distribut...	2,050.00			-6,050.36
07/17/2012		Insurance Companies	Fee for Service Income	Deposit			5,088.74	-961.62
07/17/2012	474	Epirad, Inc	Accounts Payable	Funds Distribut...	5,100.00			-6,061.62
07/19/2012		Medicare	Fee for Service Income	Deposit			12,700.00	6,638.38
07/19/2012	475	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	6,000.00			638.38
07/19/2012	476	Epirad, Inc	Accounts Payable	Funds Distribut...	6,700.00			-6,061.62
07/20/2012		Insurance Companies	Fee for Service Income	Deposit			11,888.35	5,826.73
07/20/2012	477	Epirad, Inc	Accounts Payable	Funds Distribut...	11,900.00			-6,073.27
07/23/2012		Insurance Companies	Fee for Service Income	Deposit			9,935.77	3,862.50
07/23/2012		Medicare	Fee for Service Income	Deposit			11,000.00	14,862.50
07/23/2012	478	Epirad, Inc	Accounts Payable	Funds Distribut...	11,000.00			3,862.50
07/24/2012		Medicare	Fee for Service Income	Deposit			6,250.00	10,112.50
07/24/2012	480	Epirad, Inc	Accounts Payable	Funds Distribut...	16,200.00			-6,087.50
07/25/2012		Medicare	Fee for Service Income	Deposit			8,950.00	2,862.50
07/25/2012	479	Epirad, Inc	Accounts Payable	Funds Distribut...	2,900.00			-37.50
07/25/2012	481	Okeechobee Cancer ...	Accounts Payable	Funds Distribut...	6,000.00			-6,037.50
07/27/2012		Insurance Companies	Fee for Service Income	Deposit			2,827.98	-3,209.52
07/27/2012	482	Epirad, Inc	Accounts Payable	Funds Distribut...	2,850.00			-6,059.52
07/30/2012		Insurance Companies	Fee for Service Income	Deposit			22,888.71	16,829.19
07/30/2012	483	Epirad, Inc	Accounts Payable	Funds Distribut...	22,888.71			-6,059.52

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

In re Mid-Florida Radiation Oncology, P.A.
Debtor

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Alan S. Krimsley, MD 408 SW Magnolia Cove Port Saint Lucie, FL 34986			50% shareholder
Ronald H Woody, III 7210 Reserve Creek Dr Port Saint Lucie, FL 34986			50% shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 2, 2012

Signature /s/ Ronald H. Woody
Ronald H. Woody
President

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

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

In re Mid-Florida Radiation Oncology, P.A.

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 2, 2012

/s/ Ronald H. Woody

Ronald H. Woody/President

Signer/Title

American Express
PO Box 650448
Dallas, TX 75265-0448

ASD Specialty Healthcare Inc
2801 Horace Shepard Dr
Dothan, AL 36303

Associated Coastal Ear Nose & Throat

Bank of the West
aka Trinity Vendor Finance
457 Sansome St, 19th Fl
San Francisco, CA 94111-3112

Belinda Burns & Scott Burns
c/o Nancy La Vista, Esq
1919 N Flagler Dr, 2nd Fl
West Palm Beach, FL 33407

Blue Cross Blue Shield

Charles McKenzie
c/o Gloria Seidule, Esq
2400 SE Federal Hwy #300
Stuart, FL 34994

Christopher L Slack M.D.
c/o Gregory P Durham Esq
Gray Robinson PA
1795 W Nasa Blvd
Melbourne, FL 32901-2611

Christopher L Slack MD
c/o Gregory P Durham Esq
Gray Robinson
1795 W Nasa Blvd
Melbourne, FL 32901-2611

Dept. of Revenue
Bankruptcy Section
P.O. Box 6668
Tallahassee, FL 32314-6668

Dickinson Leisure Industries, Inc
4400 Country Club Dr
Dickinson, TX 77539

Donald Lee Smitz and Nancy Smitz
c/o David S Kuezler Esq
239 S Indian River Dr
Fort Pierce, FL 34950

Epirad Leasing LLC
400 SE Osceola St #102
Stuart, FL 34994

Epirad, Inc
400 SE Osceola St #102
Stuart, FL 34994

Epirad, Inc aka FL Skin Cancer Center
400 SE Osceola St #102
Stuart, FL 34994

EPIRAD, Inc.
400 SE Osceola St #102
Stuart, FL 34994

Epirad, Inc.
604 W Midway Rd
Fort Pierce, FL 34982

Healthy Advice Communications
PO Box 193810
Little Rock, AR 72219

Hulett Environmental Services
PO Box 220928
West Palm Beach, FL 33422-0928

Internal Revenue Service
POB 7346
Philadelphia, PA 19101-7346

John and Lynn Hill dba ISA
Info Systems Architect Inc
4400 Country Club Dr
Dickinson, TX 77539

John W and Lynn Hill
d/b/a ISA
4400 Country Club Dr
Dickinson, TX 77539

Metropolitan Life
PO Box 8500-3895
Philadelphia, PA 19178-3895

Michael Whelan & Romana Whelan
c/o Nancy La Vista Esq
1919 N Flagler Dr, 2nd Fl
West Palm Beach, FL 33407

Muzak of Palm Beach
Focus Four LLC
PO Box 534558
Atlanta, GA 30353-4558

Pitney Bowes Global Financial
PO Box 371887
Pittsburgh, PA 15250-7887

Port St Lucie Ventures, Inc
1780 SE Hillmoor Dr
Port Saint Lucie, FL 34986

Port St Lucie Ventures, Inc.
604 West Midway Road
Fort Pierce, FL 34982

Robert Rimes and Rene Rimes
c/o Bernard A. Lebedeker Esq
515 N Flagler Dr, #400
West Palm Beach, FL 33401

Ronald H. Woody, III MD
7210 Reserve Creek Dr
Port Saint Lucie, FL 34986

Siemens Financial Services
51 Valley Stream Pkwy #K21
Malvern, PA 19355-3202

Siemens Financial Services
c/o Vedder Price PC
222 N LaSalle St
Chicago, IL 60601

St. Lucie County Tax Collector
POB 308
Fort Pierce, FL 34954

SunTrust Bank
PO Box 791144
Baltimore, MD 21279-1144

Suntrust Bank
PO Box 305053
Nashville, TN 37230-5053

Trinity Vendor Finance
PO Box 7167
Pasadena, CA 91109-7167

Trinity Vendors
PO Box 7167
Pasadena, CA 91109-7167