

B1 (Official Form 1)(12/11)

<b>United States Bankruptcy Court Southern District of Florida</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Highlands Advanced Rheumatology and Arthritis Center, PL</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>27-0321442</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>3750 Emergency Ln, Suite 3 Sebring, FL</b> <div style="text-align: right; margin-right: 50px;">ZIP Code <b>33870</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Highlands</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (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.)	<b>Nature of Business</b> (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	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (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
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (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).	<b>Nature of Debts</b> (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.
<b>Filing Fee</b> (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.	<b>Chapter 11 Debtors</b> 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).	
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s):  <b>Highlands Advanced Rheumatology and Arthritis Center, PL</b></p>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	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: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(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.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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).</p> <p><b>X</b> _____                  Signature of Attorney for Debtor(s) (Date)</p>
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**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?

Yes, and Exhibit C is attached and made a part of this petition.

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.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

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)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

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)

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)

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

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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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

Name of Debtor(s):  
**Highlands Advanced Rheumatology and Arthritis Center, PL**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).  
 I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
 Signature of Debtor

**X** \_\_\_\_\_  
 Signature of Joint Debtor

\_\_\_\_\_  
 Telephone Number (If not represented by attorney)

\_\_\_\_\_  
 Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
 Signature of Foreign Representative

\_\_\_\_\_  
 Printed Name of Foreign Representative

\_\_\_\_\_  
 Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
 Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
 Address

**X** \_\_\_\_\_

\_\_\_\_\_  
 Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Attorney\***

**X** /s/ Craig I. Kelley  
 Signature of Attorney for Debtor(s)

**Craig I. Kelley 782203**  
 Printed Name of Attorney for Debtor(s)

**Kelley & Fulton, PL**  
 Firm Name

**1665 Palm Beach Lakes Blvd  
 The Forum - Suite 1000  
 West Palm Beach, FL 33401**

\_\_\_\_\_  
 Address

**Email: craig@kelleylawoffice.com**

**561-491-1200 Fax: 561-684-3773**  
 Telephone Number

**March 12, 2013**  
 Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Alexander Torres  
 Signature of Authorized Individual

**Alexander Torres**  
 Printed Name of Authorized Individual

**Managing Member**  
 Title of Authorized Individual

**March 12, 2013**  
 Date

\_\_\_\_\_  
 Date

B4 (Official Form 4) (12/07)

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

In re Highlands Advanced Rheumatology and Arthritis Center, PL  
 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>
Ambassador Financial 501 Congressional Blvd Suite 250 Carmel, IN 46032	Ambassador Financial 501 Congressional Blvd Suite 250 Carmel, IN 46032			3,969.19
Cardinal Health Specialty Pharm Division 15 Ingram Blvd, Suite 140 La Vergne, TN 37086	Cardinal Health Specialty Pharm Division 15 Ingram Blvd, Suite 140 La Vergne, TN 37086			29,234.40
Cardinal Health Ambulatory Care 7000 Cardinal PI Dublin, OH 43017	Cardinal Health Ambulatory Care 7000 Cardinal PI Dublin, OH 43017			5,758.40
Cardinal Health 7000 Cardinal PI Dublin, OH 43017	Cardinal Health 7000 Cardinal PI Dublin, OH 43017			Unknown (0.00 secured)
Copy Concepts 11901 Metro Pkwy Fort Myers, FL 33966	Copy Concepts 11901 Metro Pkwy Fort Myers, FL 33966			1,544.80
CuraScript 255 Technology Park Lake Mary, FL 32746	CuraScript 255 Technology Park Lake Mary, FL 32746			142,441.16
Dex One 1001 Winstead Drive Cary, NC 27513	Dex One 1001 Winstead Drive Cary, NC 27513	Yellow Page Advertising		900.00
Highlands Regional Medical Center 3600 S Highlands Sebring, FL 33870	Highlands Regional Medical Center 3600 S Highlands Sebring, FL 33870			5,904.52
Ken Foote, PA 6521 Ridge Rd, Suite 4 Port Richey, FL 34668	Ken Foote, PA 6521 Ridge Rd, Suite 4 Port Richey, FL 34668	Attorney for ex-wife	Contingent Unliquidated Disputed	Unknown
Lab Corp 531 South Spring Street Burlington, NC 27215	Lab Corp 531 South Spring Street Burlington, NC 27215			1,033.99

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

In re **Highlands Advanced Rheumatology and Arthritis Center,  
PL**

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>
<b>McKesson Medical Surgical, Inc. c/o Sprechman &amp; Associates, PA 2775 Sunny Isles Blvd Suite 100 Miami, FL 33160-4007</b>	<b>McKesson Medical Surgical, Inc. c/o Sprechman &amp; Associates, PA 2775 Sunny Isles Blvd Miami, FL 33160-4007</b>			<b>7,353.89</b>
<b>McKesson Specialty Care Distribution Join Venture, LP c/o Carlton Fields, PA PO Box 3239 Tampa, FL 33601-3239</b>	<b>McKesson Specialty Care Distribution Join Venture, LP c/o Carlton Fields, PA Tampa, FL 33601-3239</b>		<b>Contingent Unliquidated Disputed</b>	<b>181,527.62  (0.00 secured)</b>
<b>Metro Medical Supply, Inc. c/o Swaine &amp; Harris, PA 425 S Commerce Ave Sebring, FL 33870</b>	<b>Metro Medical Supply, Inc. c/o Swaine &amp; Harris, PA 425 S Commerce Ave Sebring, FL 33870</b>	<b>Judgment</b>	<b>Contingent Unliquidated Disputed</b>	<b>33,245.46</b>
<b>Same Day Transcription 11523 Palm Brush Tr Suite 102 Lakewood Ranch, FL 34202</b>	<b>Same Day Transcription 11523 Palm Brush Tr Suite 102 Lakewood Ranch, FL 34202</b>		<b>Contingent Unliquidated Disputed</b>	<b>Unknown</b>
<b>Tanio Consultants, Inc. 604 Kettner Ct Saint Augustine, FL 32086</b>	<b>Tanio Consultants, Inc. 604 Kettner Ct Saint Augustine, FL 32086</b>			<b>Unknown</b>
<b>William Benton, CPA NCT Group 435 S Commerce Ave Sebring, FL 33870</b>	<b>William Benton, CPA NCT Group 435 S Commerce Ave Sebring, FL 33870</b>	<b>Accounting services</b>		<b>Unknown</b>

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

In re Highlands Advanced Rheumatology and Arthritis Center,  
PL

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

Debtor(s)

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

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

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

Date March 12, 2013

Signature /s/ Alexander Torres

**Alexander Torres**

**Managing Member**

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

Ambassador Financial  
501 Congressional Blvd  
Suite 250  
Carmel, IN 46032

Cardinal Health  
Ambulatory Care  
7000 Cardinal Pl  
Dublin, OH 43017

Cardinal Health  
Specialty Pharm Division  
15 Ingram Blvd, Suite 140  
La Vergne, TN 37086

Cardinal Health  
7000 Cardinal Pl  
Dublin, OH 43017

Coface Collections North America, Inc  
2400 Beterans Blvd  
Suite 300  
Kenner, LA 70062

Copy Concepts  
11901 Metro Pkwy  
Fort Myers, FL 33966

CuraScript  
255 Technology Park  
Lake Mary, FL 32746

Dex One  
1001 Winstead Drive  
Cary, NC 27513

GUC&L  
1201 Elm St, Suite 4800  
Dallas, TX 75270

Highlands Regional Medical Center  
3600 S Highlands  
Sebring, FL 33870

Internal Revenue Service  
The Honorable Peter Nickles  
Atty General United States Dept Justice  
Tenth & Constitution  
Washington, DC 20530

Internal Revenue Service  
The Honorable Jeffrey H. Sloman  
Acting US Attorney  
99 NE 4th Street  
Miami, FL 33132

Internal Revenue Service  
Central Insolvency Operation  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Internal Revenue Service  
c/o IRS District Counsel  
Claude Pepper Federal Bldg  
51 S.W. 1st Ave., 11th Floor  
Miami, FL 33130

Ken Foote, PA  
6521 Ridge Rd, Suite 4  
Port Richey, FL 34668

Lab Corp  
531 South Spring Street  
Burlington, NC 27215

McKesson Corporation  
401 Mason Rd  
La Vergne, TN 37086

McKesson Medical Surgical, Inc.  
c/o Sprechman & Associates, PA  
2775 Sunny Isles Blvd  
Suite 100  
Miami, FL 33160-4007

McKesson Specialty Care Distribution  
Join Venture, LP  
c/o Carlton Fields, PA  
PO Box 3239  
Tampa, FL 33601-3239



Metro Medical Supply, Inc.  
c/o Swaine & Harris, PA  
425 S Commerce Ave  
Sebring, FL 33870

Same Day Transcription  
11523 Palm Brush Tr  
Suite 102  
Lakewood Ranch, FL 34202

Tanio Consultants, Inc.  
604 Kettner Ct  
Saint Augustine, FL 32086

William Benton, CPA  
NCT Group  
435 S Commerce Ave  
Sebring, FL 33870