

<b>UNITED STATES BANKRUPTCY COURT</b> <b>SOUTHERN DISTRICT OF FLORIDA</b>	<b>VOLUNTARY PETITION</b>
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Name of Debtor (if individual, enter Last, First, Middle): <b>AMERICAN WALK-IN INC.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>65-0697644</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): <b>6870 Dykes Road</b> <b>Southwest Ranches, Florida</b> <div style="text-align: right;">ZIP CODE <b>33331</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>BROWARD</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):  

ZIP CODE

<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> 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 <b>one</b> box.)  <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> 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
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<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 <b>one</b> 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.
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<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>  <b>Check one box:</b> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <hr style="border-top: 1px dashed black;"/> <b>Check all applicable boxes:</b> <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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<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.  <b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000  <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 type="checkbox"/> \$100,001 to \$500,000 <input checked="" 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>THIS SPACE IS FOR COURT USE ONLY</b>
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>	Name of Debtor(s): <b>AMERICAN WALK-IN INC.</b>
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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 have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ 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 with 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)).

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>	Name of Debtor(s): <b>AMERICAN WALK-IN INC.</b>
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<b>Signatures</b>	
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<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.          [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.          [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>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;"><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only <b>one</b> 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>
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<p style="text-align: center;"><b>Signature of Attorney*</b></p> <p>X <b>s/Charles D. Franken</b> _____ Signature of Attorney for Debtor(s) <b>Charles D. Franken</b> _____ Printed Name of Attorney for Debtor(s) <b>Charles D. Franken P.A.</b> _____ Firm Name <b>600 South Pine Island Road, Suite 203</b> _____ <b>Plantation, Florida 33324</b> _____ Address <b>(954) 476-7200</b> _____ Telephone Number <b>January 10, 2014</b> _____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;"><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Signature</p> <p>_____ 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>
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<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <b>s/Dr. Felipe L. Cubas MD</b> _____ Signature of Authorized Individual <b>Dr. Felipe L. Cubas MD</b> _____ Printed Name of Authorized Individual <b>President and Shareholder</b> _____ Title of Authorized Individual <b>January 10, 2014</b> _____ Date</p>	<p>_____ Address</p> <p>X _____ Signature</p> <p>_____ 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>
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**UNITED STATES BANKRUPTCY COURT**  
SOUTHERN DISTRICT OF FLORIDA

In re AMERICAN WALK-IN INC.,  
Debtor

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

Chapter 11

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address, including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Dr Felipe Cubas MD Account Number: 6870 Dykes Road Southwest Ranches, FL 33331		shareholder loans		\$289,000.00
WRI JT Flamingo Pines LP Account Number: PO Box 924133 Houston , Texas 77292	N Mark New II Esquire 10407 Centurion Parkway N Suite 200 Jacksonville, Florida 32256	None	This claim is contingent, unliquidated, and disputed.	\$196,726.00
Flagler Bank Account Number: 9564 555 Northlake Blvd North Palm Beach, Florida 33408		security agreement UCC 1 as first lien		\$164,000.00  Value of Security: \$35,000.00

B 4 (Official Form 4) (12/07)

Wells Business BKG Support Group Account Number: 9564 MAC D4004-03A PO Box 202902 Dallas, Texas 75320	Carlton Fields 100 SE 2nd Street Suite 4200 Miami , Florida 33131  McGuire Woods LLP 50 North Laura Street Suite 3300 Jacksonville, FL 32202	None		\$80,209.62
Wells Fargo Business Support Account Number: MC D4004-03A P O Box 202902 Dallas , TX 75320	Carlton Fields PA Miami Tower Suite 4200 100 SE 2nd Street Miami, FL 33131	first lien as UCC		\$80,209.00  Value of Security: \$20,950.00
Coquina Station LLC Account Number: 2790 P O Box 645144 Pittsburgh, PA 15264		lease		\$20,160.71
American Express Account Number: PO Box 650448 Dallas, TX 75265		None		\$18,744.23
Regions Bank Account Number: P O Box 1984 Birmingham, Alabama 35201				\$15,300.00
A T T Advertising Account Number: PO Box 105024 Atlanta, Georgia 30353-6216			This claim is disputed.	\$12,457.00
Broward County Revenue Collector Account Number: 115 S. Andrews Avenue Fort Lauderdale, 33301		taxes and certain other debts owed to governmental units		\$7,731.18

B 4 (Official Form 4) (12/07)

Capital One Account Number: PO Box 71087 Charlotte, North Carolina 28272	None	\$7,340.00
Virtual Imaging Account Number: 720 S Powerline Road Deerfield Beach , FL 33442		\$4,530.96
PSS World Medical Inc. Account Number: PO Box 741378 Atlanta, GA 30374		\$4,303.58
Finlay Clinical Labs Account Number: 330 SW 27th Ave 101 Miami, Florida 33135	None	\$3,381.50
Merck Sharp & Dohme Corp Account Number: 770 Sunneytown Pike Bldg 56 West Point, PA 19486	None	\$2,614.56
Anda Generics Inc Account Number: 2915 Weston Road Weston, Florida 33331	None	\$2,477.77
F & S Apex Inc Account Number: P O Box 674286 Detroit, Michigan 48267		\$2,321.00
South Florida CPA Financial Inc Account Number: 12555 Orange Dr #104 Davie, FL 33330	None	\$2,250.00

B 4 (Official Form 4) (12/07)

Yellow Book Account Number: PO Box 11815 Newark , NJ 07101		This claim is disputed.	\$1,805.00
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Great America leasing Company Account Number: 6384 P O Box 660831 Dallas, TX 75266	equipment lease		\$1,742.28
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Date: January 10, 2014

s/Dr. Felipe L. Cubas MD  
Debtor

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

I, Dr Felipe L. Cubas MD, of AMERICAN WALK-IN INC. named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding 20 Largest Unsecured Claims and that it is true and correct to the best of my information and belief.

Date: January 10, 2014

s/Dr. Felipe L. Cubas MD  
Dr Felipe L. Cubas MD,

B 6 Summary (Official Form 6 - Summary) (12/13)

**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF FLORIDA**

In re **AMERICAN WALK-IN INC.**,  
*Debtor*

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

Chapter **11**

**SUMMARY OF SCHEDULES**

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property			\$ <b>0.00</b>		
B - Personal Property			\$ <b>35,424.00</b>		
C - Property Claimed as Exempt					
D - Creditors Holding Secured Claims				\$ <b>244,209.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)				\$ <b>7,731.18</b>	
F - Creditors Holding Unsecured Nonpriority Claims				\$ <b>679,313.65</b>	
G - Executory Contracts and Unexpired Leases					
H - Codebtors					
I - Current Income of Individual Debtor(s)	<b>NO</b>				\$
J - Current Expenditures of Individual Debtors(s)	<b>NO</b>				\$
<b>TOTAL</b>		<b>0</b>	\$ <b>35,424.00</b>	\$ <b>931,253.83</b>	

B 6 Summary (Official Form 6 - Summary) (12/13)

**UNITED STATES BANKRUPTCY COURT**  
**SOUTHERN DISTRICT OF FLORIDA**

In re

**AMERICAN WALK-IN INC.**  
*Debtor*

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

Chapter **11** \_\_\_\_\_

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

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

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

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

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

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 7,731.18
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 7,731.18

**State the following:**

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

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 188,259.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 7,731.18
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00
4. Total from Schedule F	\$ 679,313.65
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 867,572.65

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

In re AMERICAN WALK-IN INC.,  
 Debtor

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

**SCHEDULE A - REAL PROPERTY**

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	Husband, Wife, Joint, or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
NONE				
Total ▶			\$0.00	

(Report also on Summary of Schedules.)

B 6B (Official Form 6B) (12/2007)

In re AMERICAN WALK-IN INC.,

Debtor

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

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

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.		checking account 0681 Bank of America		\$802.00
		Bank of America account 7892		\$732.00
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.	X			
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			

B 6B (Official Form 6B) (12/2007)

In re AMERICAN WALK-IN INC.,

Debtor

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

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

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.		Account receivables see list		\$0.00
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.		Debtor has claim against former landlord WRI JT Flamingo Pines LP for contract breach of lease by preventing Debtor from assigning lease to third party		unknown amount
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.	X			
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.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			

B 6B (Official Form 6B) (12/2007)

In re AMERICAN WALK-IN INC.,  
Debtor

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

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

28. Office equipment, furnishings, and supplies..		; coller Haire 2000 \$150; Fridaire 2009 \$50; Small Frigidare 2000 \$25 Microwave 2005 \$25; 2 couches @ \$25 \$50; 4 chairs @\$25 \$100; 1 lamp \$25; i Plant \$25, 1 Magazine Rack \$10; 2 tables @25 \$50; Painting \$25; TV \$50; 3 chairs \$15 \$45; 1 counter \$25; TV \$75; 2 filing cabinet @ \$25 \$50, 3 tables @ \$ 30 \$90; desk \$50; 4 Chairs @\$15 \$60; 2 cabinets \$20 \$50; Desk \$50 3 file cabinets @ \$20 \$60; 2 chairs @ \$20 \$40; Hospital Table \$10l Rug \$15 2 wall units @ \$20 \$40, computer \$100; 2 Tables \$ 25 \$50 2 computers @ 125 \$250; 4 chairs @ \$15 \$60; Partition \$5;0 6 exam tables @\$30 \$180; cabinet \$50 computer \$100 2 metal racks @\$25 \$50; oxygen machine \$50 2 chairs @ \$10 \$20; table \$15; 4 tables @ \$ 15 \$60; 5 seats @ \$10 \$50 3 chairs @ \$15 @45; crash cart \$50; rack \$50 table \$25, picture \$20 2 tables @ \$30 \$60, computer \$100, chair \$15; blood pressure machine \$25 desk \$25, 2 chairs @ !5 \$30; bookcase \$75, 2 wood cabinets @ \$50 \$100; table \$50; 2 computers @ !00 \$200; table \$50 2 metal chairs @ \$10 \$20; cabinet \$50	\$3,400.00
29. Machinery, fixtures, equipment, and supplies used in business.		X ray Machine 2006 value \$12,000 and Imaging Machine \$6000.00; 4 strechers emergencyyear 2000 value @\$600 each 2,400; 2 stretchers therapy year 2000 @\$150 \$300; copier Rlccoh 2006 \$250;	\$20,950.00
30. Inventory.		Medical supplies	\$9,540.00
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		

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

\$35,424.00

B6C (Official Form 6C) (04/13)

In re AMERICAN WALK-IN INC.,  
 Debtor

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

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:  
 (Check one box)

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675.\*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
NONE			

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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

In re AMERICAN WALK-IN INC.  
Debtor

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

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Flagler Bank 555 Northlake Blvd North Palm Beach, FL 33408			1999 security agreement UCC 1 as first lien  second lien on all inventory, equipment, accounts, See Attachment 1  VALUE \$ <b>\$37,424.00</b>				<b>\$164,000.00</b>	<b>\$129,000.00</b>
ACCOUNT NO. Wells Fargo Business Support MC D4004-03A P O Box 202902 Dallas , TX 75320	X		May 2011 Secondary Mortgage  assets of debtor  VALUE \$ <b>\$37,424.00</b>				<b>\$80,209.00</b>	<b>\$59,259.00</b>
Additional Contacts for Wells Fargo Business Support :								
Carlton Fields PA Miami Tower Suite 4200 100 SE 2nd Street Miami, FL 33131								
ACCOUNT NO.							<b>\$0.00</b>	
			VALUE \$ <b>\$0.00</b>					

0 continuation sheets attached

Subtotal ►  
(Total of this page)  
  
Total ►  
(Use only on last page)

\$	<b>244,209.00</b>	\$	<b>188,259.00</b>
\$	<b>244,209.00</b>	\$	<b>188,259.00</b>

(Report also on Summary of Schedules.)

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

## **Attachment**

### **Attachment 1**

**instruments, chattel pape, general intangibles, proceeds and products, in connection wtih debtor's business and assets of Debtor**

B 6E (Official Form 6E) (04/13)

In re AMERICAN WALK-IN INC.,  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

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

 **Domestic Support Obligations**

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

 **Extensions of credit in an involuntary case**

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

 **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* 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 \$6,150\* 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 \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

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

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

 **Commitments to Maintain the Capital of an Insured Depository Institution**

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

 **Claims for Death or Personal Injury While Debtor Was Intoxicated**

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

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

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

**Taxes and Certain Other Debts Owed to Governmental Units** Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
<b>Account No.</b>  Broward County Revenue Collector 115 S. Andrews Avenue Fort Lauderdale, 33301			11-2012 personal property taxes 2010 \$2903.89, 2011 \$2604.28; 2012, \$2030.38; \$192.63. all using January 2014 amounts				\$7,731.18	\$7,731.18	\$0.00
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims							\$ 7,731.18	\$ 7,731.18	\$0.00
							\$ 7,731.18		
								\$ 7,731.18	\$ 0.00

Subtotals▶  
(Totals of this page)

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

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

In re **AMERICAN WALK-IN INC.**, Case No. \_\_\_\_\_

Debtor

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>See instructions above.</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>			<b>2-7-2012</b>				
<b>A T T</b> <b>POB 104262</b> <b>Atlanta, GA 30353-6216</b>			<b>telephone bills</b>				<b>\$267.86</b>
<b>ACCOUNT NO.</b>			<b>8-2012</b>				
<b>A T T Advertising</b> <b>PO Box 105024</b> <b>Atlanta, GA 30353-6216</b>			<b>advertising</b>			<b>X</b>	<b>\$12,457.00</b>
<b>ACCOUNT NO.</b> <b>8739</b>			<b>12-12</b>				
<b>Adt Security Services</b> <b>P O Box 650485</b> <b>Dallas, TX 75265</b>							<b>\$220.00</b>
<b>ACCOUNT NO.</b> <b>6112</b>			<b>12-12</b>				
<b>Allstate Flood Insurance</b> <b>P O Box 2964</b> <b>Shawnee Mission, KS 66201</b>							<b>\$482.00</b>
<b>Subtotal▶</b>							<b>\$ 13,426.86</b>
<b>Total▶</b>							<b>\$</b>

15 continuation sheets attached

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>			<b>2012</b>				
<b>American Express PO Box 650448 Dallas, TX 75265</b>	<b>X</b>		<b>goods and services</b>				<b>\$18,744.23</b>
<b>ACCOUNT NO.</b>			<b>1-2012 to 6-2012</b>				
<b>Anda Generics Inc 2915 Weston Road Weston, FL 33331</b>			<b>goods and services medical supplies</b>				<b>\$2,477.77</b>
<b>ACCOUNT NO.</b> <b>3197</b>			<b>1-13</b>				
<b>Artisian Designs 3663 NW 12nth Avenue Coral Springs , FL 33065</b>			<b>General Services</b>				<b>\$25.95</b>
<b>ACCOUNT NO.</b> <b>5479</b>			<b>10-13</b>				
<b>Avmed 9400 S Dadeland Blvd Suite 510 Miami, FL 33156</b>							<b>\$846.13</b>

Sheet no. 1 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **22,094.08**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>			<b>2012</b>				
<b>Capital One</b> PO Box 71087 Charlotte, NC 28272	<b>X</b>		<b>goods and services</b>				<b>\$7,340.00</b>
<b>ACCOUNT NO.</b> 1538			<b>12-13</b>				
<b>City of Sunrise</b> 10770 W Oakland Park Blvd Sunrise, FL 33351							<b>\$146.47</b>
<b>ACCOUNT NO.</b> 2790			<b>10-13</b>				
<b>Coquina Station LLC</b> P O Box 645144 Pittsburgh, PA 15264							<b>\$20,160.71</b>
<b>ACCOUNT NO.</b>			<b>1-2012</b>				
<b>Cosgrove Enterprises Inc</b> 14300 NW 77th Court Miami Lakes, FL 33016			<b>goods and services</b>				<b>\$109.29</b>

Sheet no. 2 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **27,756.47**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>			<b>10-2012</b>				
<b>Cube Smart Store</b> 6550 SW 160th Avenue Southwest Ranches, FL 33331			<b>goods and services</b>				<b>\$845.80</b>
<b>ACCOUNT NO.</b>			<b>11-2012</b>				
<b>DNS Services Inc</b> 4400 NE 77th Avenue 275 Vancouver, WA 98662			<b>goods and services back up services</b>				<b>\$65.00</b>
<b>ACCOUNT NO.</b>			<b>over last 8 years</b>				
<b>Dr Felipe Cubas MD</b> 6870 Dykes Road Southwest Ranches, FL 33331			<b>Personal Loan</b>				<b>\$289,000.00</b>
<b>ACCOUNT NO.</b>			<b>10-13</b>				
<b>Evergreen Cleaning LLC</b>			<b>General Services</b>				<b>\$742.00</b>

Sheet no. 3 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ▶ \$ **290,652.80**

Total ▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>  F & S Apex Inc P O Box 674286 Detroit, MI 48267			<b>10-2102</b>  goods and services ultrasound				<b>\$2,321.00</b>
<b>ACCOUNT NO.</b>  Finlay Clinical Labs 330 SW 27th Ave 101 Miami, FL 33135			<b>3-2012 to 11-2012</b>  goods and services				<b>\$3,381.50</b>
<b>ACCOUNT NO.</b>  Firstpath Laboratory Services 3141 W McNab Road Fort Lauderdale , FL 33069			<b>10-2012</b>  goods and services				<b>\$45.00</b>
<b>ACCOUNT NO.</b>  Folage Design Systems of Dade Co Inc. 7104 SW 47th St Miami, FL 33155			<b>1-2012</b>  goods and services				<b>\$75.05</b>

Sheet no. 4 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **5,822.55**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6384</b>  Great America leasing Company P O Box 660831 Dallas, TX 75266			<b>10-13</b>				<b>\$1,742.28</b>
ACCOUNT NO.  Landauer Inc 2 Science Road Glenwood, IL 60425			<b>9-2012</b>  goods and services				<b>\$821.50</b>
ACCOUNT NO.  LCA PO Box 12140 Burlington, NC 27216			<b>4-12 to 11-13</b>  goods and services				<b>\$1,553.25</b>
ACCOUNT NO.  Martin Gold Coast LLC 150 NW 70th Avenue Suite 5 Plantation, FL 33317			<b>12-13</b>  General Services				<b>\$1,100.00</b>

Sheet no. 5 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **5,217.00**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>  Medical Arts Press PO Box 37647 Philadelphia, PA 19101			<b>10-2012</b>  goods and services				<b>\$684.41</b>
<b>ACCOUNT NO.</b>  Medical Waste Services LLC 1500 S Powerline Road # C Deerfield Beach, FL 33442			<b>10-13</b>  General Services				<b>\$70.00</b>
<b>ACCOUNT NO.</b>  Merck Sharp & Dohme Corp 770 Sumneytown Pike Bldg 56 West Point, PA 19486			<b>10-13</b>  General Services				<b>\$2,614.56</b>
<b>ACCOUNT NO.</b>  Office Depot PO Box 9025 Des Moines, IA 50368			<b>10-13</b>				<b>\$147.51</b>

Sheet no. 6 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ▶ \$ **3,516.48**

Total ▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>  Orange Pest Control 977 NW 31 Avenue Pompano Beach, FL 33069			1-2012 goods and services pest control				\$66.00
<b>ACCOUNT NO.</b>  Orion Systems Integration 1601 N Palm Avenue 206 Pembroke Pines, FL 33026			1-2012 to 12-2012 goods and services				\$710.00
<b>ACCOUNT NO.</b>  Pace Medical Maintenance Inc. 12973 SW 112 St #195 Miami, FL 33186			12-2012 goods and services				\$360.00
<b>ACCOUNT NO.</b>  Pace Medical Services LLC 7031 SW 22nd Court C Davie, FL 33317			12-2012 goods and services				\$150.00

Sheet no. 7 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ▶ \$ **1,286.00**

Total ▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0432</b>  Pitney Bowes P O Box 371874 Pittsburgh, PA 15250			10-12  General Services				\$84.29
ACCOUNT NO.  PSS World Medical Inc. PO Box 741378 Atlanta, GA 30374			11-2012  goods and services				\$4,303.58
ACCOUNT NO.  Quest Diagnostics PO Box 530440 Altanta , GA 30353			9-2012  goods and services				\$1,225.41
ACCOUNT NO.  Quill Corp PO Box 37600 Philadelphia, PA 19101			1-2012  goods and services				\$438.73

Sheet no. 8 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **6,052.01**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>							
<b>Regions Bank P O Box 1984 Birmingham, AL 35201</b>			loan				<b>\$15,300.00</b>
<b>ACCOUNT NO.</b>							
<b>Scolaro Shulman Cohen Fetter &amp; Burstein 507 Plum St #300 Syracuse , NY 13204</b>			2-2012 legal services				<b>\$1,020.00</b>
<b>ACCOUNT NO.</b>							
<b>South Florida CPA Financial Inc 12555 Orange Dr #104 Davie, FL 33330</b>			2-2012 accounting services				<b>\$2,250.00</b>
<b>ACCOUNT NO.</b>							
<b>Stericycle PO Box 6582 Carol Stream, IL 60197</b>			4-1 2012 goods and services				<b>\$563.05</b>

Sheet no. 9 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **19,133.05**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>			<b>8-2012</b>				
<b>Transworld Systems PO Box 15520 Wilmington, DE 19850</b>			<b>goods and services</b>			<b>X</b>	<b>\$268.75</b>
<b>ACCOUNT NO.</b>			<b>10-13</b>				
<b>Ultimate Water P O Box 677784 Dallas, TX 75267</b>			<b>General Services</b>				<b>\$189.92</b>
<b>ACCOUNT NO.</b>			<b>4-2012</b>				
<b>United Medical Billing Inc 12555 Orange Dr # 260 Davie , FL 33330</b>			<b>goods and services</b>				<b>\$375.00</b>
<b>ACCOUNT NO.</b>			<b>12-2011</b>				
<b>Univest Capital Inc PO Box 1329 Bensalem , PA 19020</b>			<b>lease equipment</b>			<b>X</b>	<b>\$251.07</b>

Sheet no. **10** of **15** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **1,084.74**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>			<b>2-2012</b>				
<b>Virtual Imaging 720 S Powerline Road Deerfield Beach , FL 33442</b>			<b>goods and services repairs equipment</b>				<b>\$4,530.96</b>
<b>ACCOUNT NO.</b> 9564							
<b>Wells Business BKG Support Group MAC D4004-03A PO Box 202902 Dallas, TX 75320</b>			<b>business loan</b>				<b>\$80,209.62</b>
<b>Additional Contacts for Wells Business BKG Support Group (9564):</b>							
<b>Carlton Fields 100 SE 2nd Street Suite 4200 Miami , FL 33131</b>							
<b>McGuire Woods LLP 50 North Laura Street Suite 3300 Jacksonville, FL 32202</b>							
<b>ACCOUNT NO.</b>			<b>2010</b>				
<b>WRI JT Flamingo Pines LP PO Box 924133 Houston , TX 77292</b>			<b>claim is for unpaid rent. Debtor disputes any and all amount and would have a counterclaim for damages.</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>\$196,726.00</b>

Sheet no. 11 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **281,466.58**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>Additional Contacts for WRIJT Flamingo Pines LP:</b>  N Mark New II Esquire 10407 Centurion Parkway N Suite 200 Jacksonville, FL 32256							
<b>ACCOUNT NO.</b>  Yellow Book PO Box 11815 Newark , NJ 07101			3-2012 advertising			X	\$1,805.00
<b>ACCOUNT NO.</b>							\$0.00
<b>ACCOUNT NO.</b>							\$0.00

Sheet no. 12 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **1,805.00**

Total▶ \$

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

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>  							<b>\$0.00</b>
<b>ACCOUNT NO.</b>  							<b>\$0.00</b>
<b>ACCOUNT NO.</b>  							<b>\$0.00</b>
<b>ACCOUNT NO.</b>  							<b>\$0.00</b>

Sheet no. **13** of **15** continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ▶ \$ **0.00**

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

\$

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>  							<b>\$0.00</b>
<b>ACCOUNT NO.</b>  							<b>\$0.00</b>
<b>ACCOUNT NO.</b>  							<b>\$0.00</b>
<b>ACCOUNT NO.</b>  							<b>\$0.00</b>

Sheet no. 14 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **0.00**

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

\$

In re **AMERICAN WALK-IN INC.**,  
Debtor

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

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>							<b>\$0.00</b>
<b>ACCOUNT NO.</b>							<b>\$0.00</b>

Sheet no. 15 of 15 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **0.00**

Total▶ \$ **679,313.65**

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

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

In re AMERICAN WALK-IN INC.,

Debtor

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

(if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES** Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Dr. Cubas Weight Loss Center 7860 Dykes Road Southwest Ranches, FL 33331	Description: Dr. Cubas Weight Loss Center provides services for weight loss to patients and pays the Debtor 500.00 A nurse salary is paid by the Weight loss center.  Nature of Debtor's Interest: Dr. Cubas Weight Loss center
Coquino 400 Interstate N Parkway Suite 700 Altanta, GA 30339	Description: Landlord lease  Nature of Debtor's Interest: lease from landlord  Lease is for nonresidential real property.
Dr Felipe L. Cubas MD PA & Associates P.A. 6870 Dykes Rad Southwest Ranches, FL 33331	Description: Felipe L Cubas MD PA & Associatges P.A. d/ba American Walk In Physician & Associates to provide doctor services to Debtor and pays the Debtor a monthly sum estimated at \$40,000.00 but depending on the number of patients seen at Debtor's office and the split with the Debtor is 50% of the revenues. Doctors salaries are paid by Physicians & Associates and the malpractice insurance and medical supplies, and pays the Flagler Bank loan.  Nature of Debtor's Interest: Contract  Lease is for nonresidential real property.
AWI Mobile Management 6870 Dykes Road Southwest Ranches, FL 33331	Description: AWI Mobile Management contract for services to Debtor for patients pays \$1,500 to the Debtor. They do Cat Scan and Ultrasounds ofthe patients. This sum is fixed.  Nature of Debtor's Interest: AWI Mobile Management contract services to Debtor

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

In re AMERICAN WALK-IN INC.,  
**Debtor**

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

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

<p><b>NAME AND MAILING ADDRESS,                  INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</b></p>	<p><b>DESCRIPTION OF CONTRACT OR LEASE AND                  NATURE OF DEBTOR'S INTEREST. STATE                  WHETHER LEASE IS FOR NONRESIDENTIAL                  REAL PROPERTY. STATE CONTRACT                  NUMBER OF ANY GOVERNMENT CONTRACT.</b></p>
<p>American Primary Care Physicians                      6870 Dykes Road                      Southwest Ranches, FL 33331</p>	<p>Description: American Primary Care Physicans provides a monthly payment of \$5000.00 to the Debtorfor patients without health insurance who pay cash but based upon a percentage of patients seen. Pays one nurse and doctor salary. This sum is fixed</p> <p>Nature of Debtor's Interest: Contract for Primary Care</p>

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

In re AMERICAN WALK-IN INC.,Debtor

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

(if known)**SCHEDULE H - CODEBTORS** Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Felipe L. Cubas MD & Associates P.A. 6870 Dykes Road Southwest Ranches, FL 33331	Wells Fargo Business Support MC D4004-03A P O Box 202902 Dallas , TX 75320
Dr Felipe Cubas 6870 Dykes Road Southwest Ranches, FL 33331	American Express PO Box 650448 Dallas, TX 75265
Dr Felipe Cubas 6870 Dykes Road Southwest Ranches, FL 33331	Capital One PO Box 71087 Charlotte, NC 28272

In re **AMERICAN WALK-IN INC.**, Case No. \_\_\_\_\_  
Debtor (if known)

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 12 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date January 10, 2014

Signature: s/Dr. Felipe L. Cubas MD  
**AMERICAN WALK-IN INC.** Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

#### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

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 by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

\_\_\_\_\_  
\_\_\_\_\_

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

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 signed 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.

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

I, the Dr. Felipe L. Cubas MD [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the AMERICAN WALK-IN INC. [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 12 sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

**Dr. Felipe L. Cubas MD**  
[Print or type name of individual signing on behalf of debtor.]  
**President and Shareholder**

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

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

# UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF FLORIDA

In re: AMERICAN WALK-IN INC. Case No. \_\_\_\_\_  
Debtor (if known)

## STATEMENT OF FINANCIAL AFFAIRS

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

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

	AMOUNT	SOURCE
Debtor:		
Current Year (2013):		
\$430,000.00		income from business
Previous Year 1 (2012):		
\$618,212.00		income from business
Previous Year 2 (2011):		
\$944,577.00		income from business
Joint Debtor:		
N/A		

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

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

	AMOUNT	SOURCE
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**3. Payments to creditors**

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

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of

- goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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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 \$6,225\*. 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
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Debtor:  
None

- 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
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Debtor: WRI JT Flamingo Pines LP v American Walk-In Inc	contract action for lease of property that Debtor	Broward Circuit Court Fort Lauderdale FL	pending
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\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case Number: CACE 12-26988 02 abandoned in 2012

Wells Fargo Bank v American Walk In Inc. debt owed

Broward Circuit Court pending  
Fort Lauderdale FL

Case Number: CACE 13-15817 13

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 a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Debtor: Charles D.Franken P.A. 600 South Pine Island Road Suite 203 Plantation, Florida 33324	January-July 2013	\$20,000.00

**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
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Debtor:

None

Value:

Relationship to Debtor:

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 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
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**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	NAME AND ADDRESS	DATE OF	ENVIRONMENTAL
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AND ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW

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

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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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
Debtor: American Walk / In		6870 Dykes Road Southwest Ranches, FL 33331	medical services	Beginning Date: 1999 Ending Date: pending

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
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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
Debtor: Juan Albert 6870 Dykes Road Southwest Ranches, FL 33331	

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

NAME	ADDRESS	DATES SERVICES RENDERED
Debtor: N/A		

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
Debtor: Dr Felipe Cubas	6870 Dykes Road Southwest Ranches, FL 33331

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
Debtor: N/A	

**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)
Debtor:		
Inventory 1: Monthly	Dr Felipe Cubas	\$9,540.00 Basis: Cost
Inventory 2:		
Basis:		

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

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
Debtor:	
Inventory 1: Monthly	Dr. Felipe Cubas 6870 Dykes Road Southwest Ranches, FL 33331
Inventory 2:	

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**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
N/A		

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
Dr Felipe Cubas 6870 Dykes Road Southwest Ranches, FL 33331	President	Common 100

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**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
N/A		

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
N/A		

**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
N/A		

**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)
N/A	

**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)
N/A	

\* \* \* \* \*

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.

January 10, 2014 \_\_\_\_\_

s/Dr. Felipe L. Cubas MD \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name  
and Title Dr Felipe L. Cubas MD, , President

0 continuation sheets attached

*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*

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA**

In Re: AMERICAN WALK-IN INC.,  
Debtor

Case No.

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007, Fed. R. Bank. P. for filing in this Chapter 11 case.

Security Holder's Registered Name and Last Known Address or Place of Business	Class of Security	Number of Securities or Percentage	Kind of Interest
Dr. Felipe L. Cubas MD 6870 Dykes Road Southwest Ranches, Florida 33331	Common	100%	equity and voting

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

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

Date: January 10, 2014

Signature: s/Dr. Felipe L. Cubas MD  
Printed Name: Dr Felipe L. Cubas MD  
Title: 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.**