

B1 (Official Form 1)(04/13)

|  |   |  |
|--|---|--|
| <b>United States Bankruptcy Court<br/>Southern District of Florida</b>   |   | <b>Voluntary Petition</b>  |
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Health Revenue Assurance Associates, 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)<br><b>52-2322643</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):<br><b>8551 W. Sunrise Blvd, Suite 304<br/>Plantation, FL</b><br><div style="text-align: right; font-size: small;">ZIP Code<br/><b>33322</b></div>  |   | Street Address of Joint Debtor (No. and Street, City, and State):<br><div style="text-align: right; font-size: small;">ZIP Code</div>  |
| County of Residence or of the Principal Place of Business:<br><b>Broward</b>   |   | County of Residence or of the Principal Place of Business:   |
| Mailing Address of Debtor (if different from street address):<br><div style="text-align: right; font-size: small;">ZIP Code</div>  |   | Mailing Address of Joint Debtor (if different from street address):<br><div style="text-align: right; font-size: small;">ZIP Code</div>  |
| Location of Principal Assets of Business Debtor (if different from street address above):  |   |  |
| <b>Type of Debtor</b><br>(Form of Organization) (Check one box)<br><input type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><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><br>(Check one box)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input checked="" type="checkbox"/> Other   | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)<br><input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input checked="" type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding by, regarding, or against debtor is pending:  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><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><br>(Check one box)<br><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."<br><input checked="" type="checkbox"/> Debts are primarily business debts.  |
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><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.<br><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><br>Check one box:<br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br>Check if:<br><input 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).<br>Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><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><br><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><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   |
| Estimated Number of Creditors<br><input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" 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  |   |  |
| Estimated Assets<br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$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                |   |  |
| Estimated Liabilities<br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$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>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>   |  | Name of Debtor(s):<br><b>Health Revenue Assurance Associates, Inc.</b>   |             |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)   |  |  |             |
| Location<br>Where Filed: <b>- None -</b>  |  | Case Number:   | Date Filed: |
| Location<br>Where Filed:  |  | Case Number:   | Date Filed: |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |  |  |             |
| Name of Debtor:<br><b>- None -</b>  |  | Case Number:   | Date Filed: |
| District:   |  | Relationship:  | Judge:      |
| <b>Exhibit A</b>  |  | <b>Exhibit B</b>   |             |
| (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)<br><br><input type="checkbox"/> Exhibit A is attached and made a part of this petition.  |  | (To be completed if debtor is an individual whose debts are primarily consumer debts.)<br>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).<br><br><b>X</b> _____<br>Signature of Attorney for Debtor(s) (Date) |             |
| <b>Exhibit C</b>  |  |  |             |
| 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?<br><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No.  |  |  |             |
| <b>Exhibit D</b>  |  |  |             |
| (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)<br><input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.<br>If this is a joint petition:<br><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.           |  |  |             |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box)   |  |  |             |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  |  |  |             |
| <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  |  |  |             |
| <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |  |  |             |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes)  |  |  |             |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)<br><br>_____<br>(Name of landlord that obtained judgment)<br><br><br>_____<br>(Address of landlord)   |  |  |             |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and   |  |  |             |
| <input type="checkbox"/> Debtor has included 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.   |  |  |             |
| <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).  |  |  |             |

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

Name of Debtor(s):  
**Health Revenue Assurance Associates, Inc.**

**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

**Signatures**

**Signature of a Foreign Representative**

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

(Check only one box.)

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

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

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

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

\_\_\_\_\_  
 Date

**Signature of Attorney\***

**X** /s/ Bradley S. Shraiberg  
 Signature of Attorney for Debtor(s)

Bradley S. Shraiberg 121622  
 Printed Name of Attorney for Debtor(s)

Shraiberg, Ferrara, & Landau P.A.  
 Firm Name

2385 NW Executive Center Dr  
Suite 300  
Boca Raton, FL 33431  
 Address

Email: bshraiberg@sfl-pa.com

561 443 0800 Fax: 561 998 0047  
 Telephone Number

August 11, 2014  
 Date

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

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

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

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

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

\_\_\_\_\_  
 Address

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

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

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

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

**X** /s/ Todd Willis  
 Signature of Authorized Individual

Todd Willis  
 Printed Name of Authorized Individual

CEO  
 Title of Authorized Individual

August 11, 2014  
 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:

\_\_\_\_\_  
 Date

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.*

B4 (Official Form 4) (12/07)

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

In re Health Revenue Assurance Associates, Inc.

Debtor(s)

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

Chapter 11

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

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

| (1)   | (2)  | (3)  | (4)  | (5)   |
|---|--|--|--|---|
| <i>Name of creditor and complete mailing address including zip code</i>   | <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i> | <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>  | <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i> | <i>Amount of claim [if secured, also state value of security]</i> |
| American Express Corporate Travel Related Services, Inc.<br>PO Box 360001<br>Fort Lauderdale, FL 33336-0001     | American Express Corporate Travel Related Services, Inc.<br>PO Box 360001<br>Fort Lauderdale, FL 33336-0001  | Credit Card  |  | 11,000.00   |
| AT&T<br>One AT&T Way<br>Bedminster, NJ 07921-0752   | AT&T<br>One AT&T Way<br>Bedminster, NJ 07921-0752  |  |  | 18,750.00   |
| Bank of America, N.A.<br>PO Box 45144<br>FL 100-04-24 / Building 100,<br>4th Flr<br>Jacksonville, FL 32232-9923 | Bank of America, N.A.<br>PO Box 45144<br>FL 100-04-24 / Building 100, 4th Flr<br>Jacksonville, FL 32232-9923   |  |  | 119,394.00<br>(0.00 secured)                                      |
| Billie Jo Brockington<br>8411 Egret Lakes Lane<br>West Palm Beach, FL 33412                                     | Billie Jo Brockington<br>8411 Egret Lakes Lane<br>West Palm Beach, FL 33412  | Collateral - UCC-1 on contract accts receivable with Baptist Memorial Health Care Corporation (contract HRAA #1440). |  | 29,167.00<br>(0.00 secured)                                       |
| Carl Abbonizio<br>Attn: Bill Hall<br>PO Box 315<br>Sewell, NJ 08080   | Carl Abbonizio<br>Attn: Bill Hall<br>PO Box 315<br>Sewell, NJ 08080  | Collateral - UCC-1 on contract accts receivable with Baptist Memorial Health Care Corporation (contract HRAA #1440). |  | 29,167.00<br>(0.00 secured)                                       |
| Citrix Systems, Inc<br>PO Box 931686<br>Atlanta, GA 31193-1686  | Citrix Systems, Inc<br>PO Box 931686<br>Atlanta, GA 31193-1686   | 2012 hosting service   | Disputed   | 64,768.00   |

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

In re Health Revenue Assurance Associates, Inc.

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> |
| Danny Feder<br>2894 Quarry Mountain Rd<br>Park City, UT 84098   | Danny Feder<br>2894 Quarry Mountain Rd<br>Park City, UT 84098  | Collateral - UCC-1 on contract accounts receivable with Baptist Memorial Health Care Corporation (contract HRAA #1440).                                |  | 62,500.00<br><br>(0.00 secured)                                   |
| Dean Boyer<br>120 Woods Road<br>Hightstown, NJ 08520  | Dean Boyer<br>120 Woods Road<br>Hightstown, NJ 08520   | Severance  |  | 90,000.00   |
| Dell Financial Services<br>Customer Care Dept<br>PO Box 81577<br>Austin, TX 78708                                 | Dell Financial Services<br>Customer Care Dept<br>PO Box 81577<br>Austin, TX 78708  | First priority security interest under the UCC in all products purchased using the account   |  | 39,761.00<br><br>(0.00 secured)                                   |
| Dell Financial Services<br>Preferred Corporate Accounts<br>Customer Care Dept<br>PO Box 81577<br>Austin, TX 78708 | Dell Financial Services<br>Preferred Corporate Accounts<br>Customer Care Dept<br>Austin, TX 78708  | First priority security interest under the UCC in all products purchased using the account   |  | 39,618.00<br><br>(0.00 secured)                                   |
| Edward Rosenthal<br>7325 Calley Lane<br>Russell, OH 44072   | Edward Rosenthal<br>7325 Calley Lane<br>Russell, OH 44072  | Health Revenue Assurance Holdings and Dream Reacher unconditionally and absolutely guarantees the prompt pymt and performance of the promissory not    |  | 43,750.00<br><br>(0.00 secured)                                   |
| Estate of Martin J. Hodas<br>Attn: White, Cirrito & Nally, LLP<br>58 Hilton Ave<br>Hempstead, NY 11550            | Estate of Martin J. Hodas<br>Attn: White, Cirrito & Nally, LLP<br>58 Hilton Ave<br>Hempstead, NY 11550   | Health Revenue Assurance Holdings and Dream Reacher unconditionally and absolutely guarantees the prompt payment and performance of the promissory not |  | 33,333.00<br><br>(0.00 secured)                                   |

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

In re Health Revenue Assurance Associates, Inc.

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>Luis Alimena<br/>58 Saint George Place<br/>Palm Beach Gardens, FL<br/>33418</b>      | <b>Luis Alimena<br/>58 Saint George Place<br/>Palm Beach Gardens, FL 33418</b>   | <b>Collateral - UCC-1<br/>on contract accts<br/>receivable with<br/>Baptist Memorial<br/>Health Care<br/>Corporation<br/>(contract HRAA<br/>#1440).</b>   |  | <b>54,167.00<br/><br/>(0.00 secured)</b>                          |
| <b>Maurizio Corrao<br/>2091 Jacqueline Ave<br/>Bellmore, NY 11710</b>                   | <b>Maurizio Corrao<br/>2091 Jacqueline Ave<br/>Bellmore, NY 11710</b>  | <b>Collateral - UCC-1<br/>on contract accts<br/>receivable with<br/>Baptist Memorial<br/>Health Care<br/>Corporation<br/>(contract HRAA<br/>#1440).</b>   |  | <b>29,167.00<br/><br/>(0.00 secured)</b>                          |
| <b>National American<br/>University<br/>5301 S. Highway 16<br/>Rapid City, SD 57701</b> | <b>National American University<br/>5301 S. Highway 16<br/>Rapid City, SD 57701</b>  | <b>Refund is<br/>outstanding with<br/>option for client to<br/>apply to further<br/>services provided<br/>by HRAA</b>   |  | <b>25,000.00</b>  |
| <b>Robert Freedman<br/>226 23rd Street<br/>Santa Monica, CA 90402</b>                   | <b>Robert Freedman<br/>226 23rd Street<br/>Santa Monica, CA 90402</b>  | <b>Collateral - UCC-1<br/>on contract accts<br/>receivable with<br/>Baptist Memorial<br/>Health Care<br/>Corporation<br/>(contract HRAA<br/>#1440).</b>   |  | <b>58,333.00<br/><br/>(0.00 secured)</b>                          |
| <b>Robert Rubinowitz<br/>11050 Canary Island Ct<br/>Plantation, FL 33324</b>            | <b>Robert Rubinowitz<br/>11050 Canary Island Ct<br/>Plantation, FL 33324</b>   | <b>Severance</b>  |  | <b>164,423.06</b>   |
| <b>Serge Milman<br/>35 Woodhaven<br/>New City, NY 10956</b>                             | <b>Serge Milman<br/>35 Woodhaven<br/>New City, NY 10956</b>  | <b>Health Revenue<br/>Assurance<br/>Holdings and<br/>Dream Reacher<br/>unconditionally<br/>and absolutely<br/>guarantees the<br/>prompt payment<br/>and performance<br/>of the promissory<br/>not</b> |  | <b>16,667.00<br/><br/>(0.00 secured)</b>                          |

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

In re Health Revenue Assurance Associates, Inc.  
Debtor(s)

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

**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>Thompson Mactavish<br/>265 S. Federal Hwy #301<br/>Boca Raton, FL 33431</b> | <b>Thompson Mactavish<br/>265 S. Federal Hwy #301<br/>Boca Raton, FL 33431</b>   | <b>Health Revenue Assurance Holdings and Dream Reacher unconditionally and absolutely guarantees the prompt payment and performance of the promissory not</b> |  | <b>50,000.00<br/><br/>(0.00 secured)</b>                          |
| <b>William Joubert<br/>PO Box 931<br/>Madison, NJ 07940</b>                    | <b>William Joubert<br/>PO Box 931<br/>Madison, NJ 07940</b>  | <b>Collateral - UCC-1 on contract accts receivable with Baptist Memorial Health Care Corporation (contract HRAA #1440).</b>                                   |  | <b>14,944.00<br/><br/>(0.00 secured)</b>                          |

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

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

Date August 11, 2014

Signature /s/ Todd Willis  
**Todd Willis**  
**CEO**

*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 Health Revenue Assurance Associates, Inc.

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

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

Date: August 11, 2014

/s/ Todd Willis

Todd Willis/CEO

Signer/Title



3 Rings Marketing  
Attn: Erin Heit  
9892 Coronado Lake Drive  
Boynton Beach, FL 33437

Aerofund Financial, Inc.  
6910 Santa Teresa Blvd  
San Jose, CA 95119

Aflac  
1932 Wynton Road  
Columbus, GA 31999-0001

Allison Parnell  
899 Booger Hollow Road SW  
Lindale, GA 30147

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