

B1 (Official Form 1)(04/13)

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|--|---|---|
| United States Bankruptcy Court Southern District of Florida | | Voluntary Petition |
| Name of Debtor (if individual, enter Last, First, Middle): Lewis Health Institute, Inc. | | 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) 26-3500479 | | 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): 1310 SW St Lucie West Blvd Port Saint Lucie, FL | | Street Address of Joint Debtor (No. and Street, City, and State): |
| ZIP Code 34986 | | ZIP Code |
| County of Residence or of the Principal Place of Business: Saint Lucie | | County of Residence or of the Principal Place of Business: |
| Mailing Address of Debtor (if different from street address): | | Mailing Address of Joint Debtor (if different from street address): |
| ZIP Code | | ZIP Code |
| Location of Principal Assets of Business Debtor (if different from street address above): 1310 SW St Lucie West Blvd Port Saint Lucie, FL 34986 | | |
| Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) | Nature of Business (Check one box) <input 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 | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding |
| Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts. |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
| Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000 | | |
| Estimated Assets <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 | | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | |

| | |
|---|---|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | Name of Debtor(s): Lewis Health Institute, Inc. |
|---|---|

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

| | | |
|--|--------------|-------------|
| Location Where Filed: - None - | Case Number: | Date Filed: |
| Location Where Filed: | Case Number: | Date Filed: |

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

| | | |
|------------------------------------|---------------|-------------|
| Name of Debtor: - None - | Case Number: | Date Filed: |
| District: | Relationship: | Judge: |

| | |
|---|--|
| <p style="text-align: center;">Exhibit A</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;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p> |
|---|--|

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)).

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

Name of Debtor(s):
Lewis Health Institute, Inc.

Signatures

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

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

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

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

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

Kelley & Fulton, PL
Firm Name

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

Address

Email: craig@kelleylawoffice.com

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

September 3, 2015
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 bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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

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

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

Signature of 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/ Yolanda V. Lewis
Signature of Authorized Individual

Yolanda V. Lewis
Printed Name of Authorized Individual

President
Title of Authorized Individual

September 3, 2015
Date

B4 (Official Form 4) (12/07)

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

In re Lewis Health Institute, 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> |
| Advanced Diagnostics 1128 Royal Palm Beach Blvd Royal Palm Beach, FL 33411 | Advanced Diagnostics 1128 Royal Palm Beach Blvd Royal Palm Beach, FL 33411 | | | 1,500.00 |
| B&B Answering Service 800 Virginia Ave Fort Pierce, FL 34982 | B&B Answering Service 800 Virginia Ave Fort Pierce, FL 34982 | Telephone answering service | | 1,500.00 |
| BTR Financial 450 State Road 13 N Ste 106-408 Jacksonville, FL 32259-3860 | BTR Financial 450 State Road 13 N Ste 106-408 Jacksonville, FL 32259-3860 | | | 37,500.00 (0.00 secured) |
| Cunningham Law Firm 400 Australian Ave S Ste 700 West Palm Beach, FL 33401 | Cunningham Law Firm 400 Australian Ave S Ste 700 West Palm Beach, FL 33401 | Legal services rendered | | 21,557.93 |
| DiBartolomeo McBee Hartley & Barnes 2222 Colonial Rd Suite 200 Fort Pierce, FL 34950 | DiBartolomeo McBee Hartley & Barnes 2222 Colonial Rd Suite 200 Fort Pierce, FL 34950 | Accountant services | | 1,500.00 |
| East Coast Nuclear Pharmacy 10190 Riverside Dr Ste 104 Palm Beach Gardens, FL 33410 | East Coast Nuclear Pharmacy 10190 Riverside Dr Ste 104 Palm Beach Gardens, FL 33410 | Pharmacy supplies | | 17,000.00 |
| ESA St Lucie Realty c/o Ross Realty 3325 S University Dr Ste 210 Fort Lauderdale, FL 33328 | ESA St Lucie Realty c/o Ross Realty 3325 S University Dr Ste 210 Fort Lauderdale, FL 33328 | Rent | | 16,419.02 |
| Financial Pacific Leasing, Inc. PO Box 4568 Federal Way, WA 98001 | Financial Pacific Leasing, Inc. PO Box 4568 Federal Way, WA 98001 | | | 45,000.00 (0.00 secured) |
| Florida Department of Revenue 5050 West Tennessee Street Tallahassee, FL 32399-0140 | Florida Department of Revenue 5050 West Tennessee Street Tallahassee, FL 32399-0140 | Warrant #1000000519093 - Corp Income Tax | | 5,215.11 |

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

In re **Lewis Health Institute, Inc.**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

| (1) <i>Name of creditor and complete mailing address including zip code</i> | (2) <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> | (3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i> | (4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i> | (5) <i>Amount of claim [if secured, also state value of security]</i> |
|---|---|--|---|--|
| Gary Davis PO Box 2057 Ridgeland, MS 39158 | Gary Davis PO Box 2057 Ridgeland, MS 39158 | loan | | 22,000.00 |
| Henry Schein Box 382060 Pittsburgh, PA 15250-8060 | Henry Schein Box 382060 Pittsburgh, PA 15250-8060 | Supplies | | 5,342.71 |
| Internal Revenue Service The Honorable Peter Nickles Atty General United States Dept Justice Tenth & Constitution Washington, DC 20530 | Internal Revenue Service The Honorable Peter Nickles Atty General United States Dept Justice Washington, DC 20530 | 1120 | | 38,492.16 |
| Medinformatix 5777 W Century Blvd Ste 1700 Los Angeles, CA 90045 | Medinformatix 5777 W Century Blvd Ste 1700 Los Angeles, CA 90045 | | | 6,808.90 |
| Molecular Imaging Specialists 825 NW 57th St Fort Lauderdale, FL 33309-2033 | Molecular Imaging Specialists 825 NW 57th St Fort Lauderdale, FL 33309-2033 | | | 2,472.98 |
| PNC Bank, NA 249 Fifth Ave Mailstop P1-POPP-LB-7 Pittsburgh, PA 15222 | PNC Bank, NA 249 Fifth Ave Mailstop P1-POPP-LB-7 Pittsburgh, PA 15222 | | | 14,748.75 |
| PNC Bank, NA 249 Fifth Ave Mailstop P1-POPP-LB-7 Pittsburgh, PA 15222 | PNC Bank, NA 249 Fifth Ave Mailstop P1-POPP-LB-7 Pittsburgh, PA 15222 | | | 117,806.30 (0.00 secured) |
| PNC Bank, NA 249 Fifth Ave Mailstop P1-POPP-LB-7 Pittsburgh, PA 15222 | PNC Bank, NA 249 Fifth Ave Mailstop P1-POPP-LB-7 Pittsburgh, PA 15222 | | | 34,798.52 |
| The Doctors Co 185 Greenwood Rd Napa, CA 94558-0030 | The Doctors Co 185 Greenwood Rd Napa, CA 94558-0030 | Malpractice insurance | | 19,094.26 |
| The Doctors Co 185 Greenwood Rd Napa, CA 94558-0030 | The Doctors Co 185 Greenwood Rd Napa, CA 94558-0030 | Malpractice insurance | | 4,054.26 |
| US Bancorp Equipment Finance, Inc. 1450 Channel parkway Marshall, MN 56258 | US Bancorp Equipment Finance, Inc. 1450 Channel parkway Marshall, MN 56258 | | | 21,000.00 (0.00 secured) |

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

In re Lewis Health Institute, Inc.

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

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

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

Date September 3, 2015

Signature /s/ Yolanda V. Lewis

Yolanda V. Lewis

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.

Advanced Diagnostics
1128 Royal Palm Beach Blvd
Royal Palm Beach, FL 33411

B&B Answering Service
800 Virginia Ave
Fort Pierce, FL 34982

Biowaste
PO Box 880995
Port Saint Lucie, FL 34988

BTR Financial
450 State Road 13 N
Ste 106-408
Jacksonville, FL 32259-3860

Comer Consulting
541 Blanche Ave
Umatilla, FL 32784

Crystal Springs
PO Box 660579
Dallas, TX 75266-0579

Cunningham Law Firm
400 Australian Ave S
Ste 700
West Palm Beach, FL 33401

Dex Imaging
PO Box 17299
Clearwater, FL 33762-0299

DiBartolomeo McBee Hartley & Barnes
2222 Colonial Rd
Suite 200
Fort Pierce, FL 34950

East Coast Nuclear Pharmacy
10190 Riverside Dr
Ste 104
Palm Beach Gardens, FL 33410

ESA St Lucie Realty
c/o Ross Realty
3325 S University Dr Ste 210
Fort Lauderdale, FL 33328

Financial Pacific Leasing, Inc.
PO Box 4568
Federal Way, WA 98001

Financial Pacific Leasing, LLC
3455 S 344th Way #300
Federal Way, WA 98001-9546

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, FL 32399-0140

Florida Dept of Revenue
337 N US Highway 1 Ste 207-B
Fort Pierce, FL 34950-4255

Gary Davis
PO Box 2057
Ridgeland, MS 39158

Gary Edward Lehman
Broad and Cassel
2 S Biscayne Blvd Ste 21
Miami, FL 33131

HCA Health Services of Florida, Inc
dba St Lucie Medical Center
Gary Edward Lehman, Esq
2 S Biscayne Blvd Ste 21
Miami, FL 33131

Henry Schein
Box 382060
Pittsburgh, PA 15250-8060

Indian River Utilities
PO Box 850001
Orlando, FL 32885-0067

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

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

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

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

Joy Communications
3461 SW Willoughby Blvd
Stuart, FL 34994

Life Vantage
9785 S Monroe St
Ste 300
Sandy, UT 84070

Medinformatix
5777 W Century Blvd
Ste 1700
Los Angeles, CA 90045

Molecular Imaging Specialists
825 NW 57th St
Fort Lauderdale, FL 33309-2033

PNC Bank, NA
249 Fifth Ave
Mailstop P1-POPP-LB-7
Pittsburgh, PA 15222

Public Storage
5910 S US Highway 1
Fort Pierce, FL 34982

Reynolds Pest Management
1572 SE Niemeyer Cir
Port Saint Lucie, FL 34952

Shred It
PO Box 905277
Charlotte, NC 28290-5277

SLW Services Distr
450 SW Utility Dr
Port Saint Lucie, FL 34986

St Lucie Medical Center
PO Box 99587
Louisville, KY 40269

Stuyvesant Funding
211 Bulifants Blvd, Ste E
Williamsburg, VA 23188

Sungeek
674 Bayshore Blvd
Port Saint Lucie, FL 34983

The Doctors Co
185 Greenwood Rd
Napa, CA 94558-0030

US Bancorp Equipment Finance, Inc.
1450 Channel parkway
Marshall, MN 56258

US Bank Equipment Finance
1310 Madrid St
Marshall, MN 56258

Zirmed
1311 Solutions Center
Chicago, IL 60677-1311