

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:  
 SOUTHERN DISTRICT OF FLORIDA

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Case number (if known) \_\_\_\_\_ Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this an amended filing

Official Form 201  
**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Premier Wellness Centers LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-2015790

4. Debtor's address **Principal place of business** **Mailing address, if different from principal place of business**

10050 SW Innovation Way  
Ste 201  
Port Saint Lucie, FL 34987-2117  
 Number, Street, City, State & ZIP Code

\_\_\_\_\_  
 P.O. Box, Number, Street, City, State & ZIP Code

St. Lucie  
 County

**Location of principal assets, if different from principal place of business**

\_\_\_\_\_  
 Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.premierwellnesscenters.com

6. Type of debtor  Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership  
 Other. Specify: \_\_\_\_\_

Debtor **Premier Wellness Centers LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the Debtor filing?**

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- 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 after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor **Premier Wellness Centers LLC**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- Debtor has had its domicile, 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.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

- |                                           |                                        |                                            |
|-------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |                                        |                                            |

**15. Estimated Assets**

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

**16. Estimated liabilities**

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

Debtor **Premier Wellness Centers LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signature**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 6, 2016**  
MM / DD / YYYY

X **/s/ William Jensen**  
Signature of authorized representative of debtor  
  
Title **Managing Member**

**William Jensen**  
Printed name

**18. Signature of attorney**

X **/s/ Malinda L. Hayes**  
Signature of attorney for debtor

Date **January 6, 2016**  
MM / DD / YYYY

**Malinda L. Hayes**  
Printed name

**Markarian Frank White-Boyd & Hayes**  
Firm name

**2925 Pga Blvd Ste 204**  
**Palm Beach Gardens, FL 33410-2909**  
Number, Street, City, State & ZIP Code

Contact phone **(561) 626-4700** Email address

**0073503**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name **Premier Wellness Centers LLC**  
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF FLORIDA**  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Cigna 900 Cottage Grove Rd Bloomfield, CT 06002-2920		Unsecured claim	Contingent Unliquidated Disputed			\$1,412,423.20
Snyder Marketing Solutions, Inc. 51 SW Flagler Ave # 201 Stuart, FL 34994-2147		Marketing				\$139,500.00
Mann RC, LLC 10490 SW Village Center Dr Port Saint Lucie, FL 34987-2186		Final Summary Judgment				\$108,384.86
JP Morgan Chase 3399 Pga Blvd Ste 100 Palm Beach Gardens, FL 33410-2804		Line of credit	Contingent Unliquidated Disputed			\$98,666.00
Alma Goldstein 11228 SW Stockton PI Port Saint Lucie, FL 34987-2767		Business loan				\$85,307.00
The Morganti Group, Inc. 1450 Centrepark Blvd Ste 260 West Palm Beach, FL 33401-7445		Construction management	Disputed			\$49,869.34

Debtor **Premier Wellness Centers LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
JP Morgan Chase 3399 Pga Blvd Ste 100 Palm Beach Gardens, FL 33410-2804		SBA loan - Stuart office	Contingent Unliquidated Disputed			\$49,837.00
JP Morgan Chase 3399 Pga Blvd Ste 100 Palm Beach Gardens, FL 33410-2804		Business credit card				\$27,171.00
Trad Health, LLC c/o Trad Development, LLC 435 5th Ave N Ste 200 Saint Petersburg, FL 33701-2835		Past due rent				\$26,792.57
Pro Practice Partners 1363 W Stony Run PI Oro Valley, AZ 85755-8581		Consulting fees				\$23,723.00
Daniel Drubin 1363 W Stony Run PI Oro Valley, AZ 85755-8581		Business loan				\$20,000.00
JP Morgan Chase 3399 Pga Blvd Ste 100 Palm Beach Gardens, FL 33410-2804		Business credit card				\$11,092.00
Dean Mead 1903 S 25th St Ste 200 Fort Pierce, FL 34947-4740		Legal services				\$10,698.00
Jones Foster 505 S Flagler Dr Ste 1100 West Palm Beach, FL 33401-5950		Legal services				\$8,554.99

Debtor **Premier Wellness Centers LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>McKesson Medical-Surgical Credit and Collections</b> 8121 10th Ave N Golden Valley, MN 55427-4401		<b>Supplies</b>	<b>Disputed</b>			<b>\$6,588.45</b>
<b>eClinicalWorks c/o JSD Management Inc.</b> 1283 College Park Dr Dover, DE 19904-8713		<b>Service</b>				<b>\$5,757.39</b>
<b>Rocktape</b> 1484 Pollard Rd Ste 321 Los Gatos, CA 95032-1031		<b>Premier blue custom tape</b>				<b>\$5,400.00</b>
<b>eClinicalWorks c/o JSD Management, Inc.</b> 1283 College Park Dr Dover, DE 19904-8713		<b>Service</b>				<b>\$5,212.50</b>
<b>Florida Healthcare Lawfirm</b> 909 SE 5th Ave Ste 200 Delray Beach, FL 33483-5172		<b>Legal services</b>				<b>\$4,110.00</b>
<b>Seabreeze Publications, Inc. c/o Adam S. Gumson, Esq.</b> Jupiter Law Cen 1102 W Indiantown Rd Ste 7 Jupiter, FL 33458-6813		<b>Advertising</b>				<b>\$3,660.00</b>

**Fill in this information to identify the case:**

Debtor name Premier Wellness Centers LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

<b>1a. Real property:</b>	
Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
<b>1b. Total personal property:</b>	
Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>384,433.00</u>
<b>1c. Total of all property:</b>	
Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>384,433.00</u>

**Part 2: Summary of Liabilities**

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A Amount of claim, from line 3 of <i>Schedule D</i> .....	\$ <u>404,107.00</u>
---------------------------------------------------------------------------------------------------------	----------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

<b>3a. Total claim amounts of priority unsecured claims:</b>	
Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> .....	\$ <u>4,030.23</u>

<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>	
Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> .....	+\$ <u>2,157,856.10</u>

<b>4. Total liabilities</b> .....	\$ <u>2,565,993.33</u>
Lines 2 + 3a + 3b	

**Fill in this information to identify the case:**

Debtor name Premier Wellness Centers LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206A/B**  
**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand** \$100.00

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**  
 Name of institution (bank or brokerage firm)      Type of account      Last 4 digits of account number

3.1.. Chase Bank      Checking Account      3560      \$0.00

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$100.00

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
 Description, including name of holder of deposit

7.1.. FPL \$1,285.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
 Description, including name of holder of prepayment



Debtor **Premier Wellness Centers LLC** Case number (If known) \_\_\_\_\_  
 Name

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?  
 No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?  
 No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?  
 No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?  
 No. Go to Part 8.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office furniture, office machines & library - see attached list	\$55,543.00	FMV	\$55,543.00
40. Office fixtures Other fixtures - see attached list	\$1,232.00	FMV	\$1,232.00
41. Office equipment, including all computer equipment and communication systems equipment and software EDP Equipment, computers and word processors - see attached list	\$33,744.00	FMV	\$33,744.00
Professional medical equipment - see attached list	\$65,899.00	FMV	\$65,899.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. **\$156,418.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?  
 No  
 Yes
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?  
 No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?  
 Official Form 206A/B Schedule A/B Assets - Real and Personal Property

Debtor **Premier Wellness Centers LLC**  
Name

Case number (If known) \_\_\_\_\_

- No. Go to Part 9.
- Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <b>Ricoh Aficio MPC 3300 Copier</b> <b>Leased</b>	<b>\$0.00</b>		<b>\$0.00</b>

51. **Total of Part 8.**  
Add lines 47 through 50. Copy the total to line 87. \$0.00

- 52. **Is a depreciation schedule available for any of the property listed in Part 8?**  
 No  
 Yes
- 53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**  
 No  
 Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
- Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <b>10050 SW Innovation Way Ste 201, Port Saint Lucie, FL 34987-2117</b> <b>Leased premises</b>	<b>Leased</b>	<b>\$0.00</b>		<b>\$0.00</b>

56. **Total of Part 9.**  
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. \$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

Debtor Premier Wellness Centers LLC  
Name

Case number (If known) \_\_\_\_\_

- No
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
- Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>www.premierwellnesscenters.com</u>	<u>\$0.00</u>		<u>unknown</u>

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations  
Customer list which is comprised of insurance company and private pay patients

\$0.00

unknown

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

<u>\$0.00</u>
---------------

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Debtor **Premier Wellness Centers LLC**  
Name

Case number (If known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$100.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$1,285.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$225,255.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$1,375.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$156,418.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$384,433.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$384,433.00</u>

## Premier Wellness Centers. LLC

	Property description	Age	Year Purchased	Taxpayers Est. Fair Mkt Value	Condition	Original Cost
<b>Office furniture/office machines &amp; library:</b>						
1	Chairs	7	2008	257	Good	1,430
1	Office furniture	7	2008	283	Good	1,572
1	Office furniture	7	2008	115	Good	638
1	Couch & table	7	2008	443	Good	2,461
1	Furniture	7	2008	186	Good	1,031
1	Television	7	2008	220	Good	1,223
1	Projector for lectures	7	2008	188	Good	1,045
1	Office furniture	5	2010	113	Good	377
1	Washer & Dryer	5	2010	330	Good	1,100
1	Waiting room T.V.	5	2010	446	Good	1,488
1	Telephone base unit	5	2010	117	Good	391
1	T.V. accessories	5	2010	19	Good	64
1	AGA Saltwater 90 Gallon Aquarium	4	2011	1,230	Good	3,000
1	Restroom Handblower	4	2011	656	Good	1,599
1	P. Therapy Exercise Bicycle	4	2011	303	Good	740
1	Copier	4	2011	472	Good	1,150
1	Office Air Purifier	3	2012	284	Good	499
1	Aquarium Cabinet	2	2013	1,118	Good	1,532
3	Billing office chairs	2	2013	412	Good	565
1	Office furniture	2	2013	5,110	Good	7,000
1	Office furniture	2	2013	1,460	Good	2,000
1	Patient Scale	2	2013	511	Good	700
1	Billboard	2	2013	894	Good	1,225
87	Telephone System for new office	1	2014	653	Good	750
90	220 Gal. Aquarium for the new office waiting room	1	2014	5,285	Good	6,075
91	Lobby Pendant Lighting	1	2014	194	Good	223
102	Waiting room ceiling fan	1	2014	535	Good	614
94	PT Wall Rack With Weights	1	2014	975	Good	1,121
92	PT Bay Mirror	1	2014	1,196	Good	1,375
89	Audio System for new office	1	2014	18,006	Good	20,697
93	PT Recumbent Bicycles	1	2014	1,303	Good	1,498
96	Office furniture	1	2014	1,676	Good	1,926
88	4 Smart Televisions for the new office	1	2014	3,020	Good	3,472
100	Earthlite Massage Table	1	2014	1,086	Good	1,248
99	Dynatronics Adjusting Table	1	2014	1,683	Good	1,935
95	PT Cable Machine	1	2014	2,099	Good	2,412
97	Office Logo & other signage	1	2014	2,662	Good	3,060
	<b>Total line 10</b>			<b>55,543</b>		<b>79,237</b>

Premier Wellness Centers. LLC

	Property description	Age	Year Purchased	Taxpayers Est. Fair Mkt Value	Condition	Original Cost
<b>EDP Equipment, computers, word processors</b>						
1	Printer/Fax	7	2008	182	Good	1,009
1	Computer equipment	7	2008	53	Good	296
1	Computer equipment	7	2008	84	Good	469
1	Computer equipment	7	2008	11	Good	60
1	Computer	7	2008	381	Good	2,117
1	Computer	7	2008	195	Good	1,085
1	Computer	7	2008	195	Good	1,085
1	Computer/Phone line	7	2008	248	Good	1,378
1	Hard drive	7	2008	54	Good	298
1	Computer	6	2009	256	Good	1,113
1	Audio system	6	2009	355	Good	1,544
1	Audio receiver	6	2009	544	Good	2,364
1	Computer	5	2010	265	Good	883
1	Computer	5	2010	80	Good	266
1	Computer	5	2010	259	Good	862
1	HP Printer	4	2011	270	Good	659
1	HP Desktop Computer	4	2011	209	Good	510
1	Office laptop computer- HP	3	2012	477	Good	837
1	Office Laptop computers- Apple	3	2012	1,386	Good	2,432
1	Office Laptop computer- Apple	3	2012	718	Good	1,259
	Apple IPAD	2	2013	309	Good	423
2	Dell Laptops (2)	2	2013	1,042	Good	1,427
1	Office computer (Lenovo Group)	2	2013	1,499	Good	2,053
1	Desktop computer (Billing, Lenovo Group)	2	2013	1,100	Good	1,507
8	Flat screen monitors (8-C&W)	2	2013	8,246	Good	11,295
6	Computers (Lenovo Group)	2	2013	3,480	Good	4,767
1	Office computer system (New Relocated Office)	1	2014	11,847	Good	13,617
	<b>Total line 11</b>			<b>33,744</b>		<b>55,616</b>

## Premier Wellness Centers. LLC

	Property description	Age	Year Purchased	Taxpayers Est. Fair Mkt Value	Condition	Original Cost
<b>Professional Medical equipment</b>						
1	Chiropractic table	7	2008	416	Good	2,310
1	Muscle stimulator	7	2008	327	Good	1,817
1	X-ray machine	7	2008	2,340	Good	13,000
1	Foot leveler	7	2008	72	Good	399
1	X-ray equipment	7	2008	815	Good	4,529
1	Massage table	6	2009	71	Good	309
1	P. Therapy table	6	2009	289	Good	1,255
1	Massage equipment	5	2010	105	Good	349
1	Decompression table	5	2010	3,472	Good	11,575
1	P. Therapy equipment	5	2010	217	Good	722
1	Medical Stim Equipment #1	3	2012	373	Good	654
1	Pulse Heart Rate Monitor	3	2012	1,707	Good	2,995
1	Medical Stim Equipment #2	3	2012	733	Good	1,286
1	Massager	3	2012	228	Good	400
1	Massage tables	3	2012	634	Good	1,112
1	Patient Adjusting tables	3	2012	446	Good	782
1	Ultrasound Equipment	3	2012	1,978	Good	3,470
2	Electric Stimulators	2	2013	942	Good	1,290
1	X-ray medical equipment upgrade	2	2013	10,377	Good	14,215
1	X-ray equip upgrade, Gadox panel	2	2013	12,410	Good	17,000
4	Earthlite Massage Tables (4)	2	2013	3,674	Good	5,033
1	Massage table	2	2013	783	Good	1,072
1	X-Ray Gadox Panel Upgrade	1	2014	20,723	Good	23,820
1	Earthlite Massage Table	1	2014	1,086	Good	1,248
1	Dynatronics Adjusting Table	1	2014	1,683	Good	1,935
	<b>Total line 15</b>			<b>65,899</b>		<b>112,576</b>

Premier Wellness Centers. LLC

	Property description	Age	Year Purchased	Taxpayers Est. Fair Mkt Value	Condition	Original Cost
Other:						
1	Colors by design	7	2008	747	Good	4,150
1	Elegant interiors	7	2008	359	Good	1,992
1	P.Therapy wall mirror	6	2009	127	Good	550
	<b>Total line 24</b>			<b>1,232</b>		<b>6,692</b>

**Fill in this information to identify the case:**

Debtor name Premier Wellness Centers LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p><b>2.1</b> <u>Foundation Group LLC</u> Creditor's Name</p> <p><u>20 W 36th St Fl 5</u> <u>New York, NY 10018-8005</u> Creditor's mailing address</p> <p>_____ Creditor's email address, if known</p> <p><b>Date debt was incurred</b> <b>10/14/2014</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p><b>1. JP Morgan Chase</b></p> <p><b>2. Foundation Group LLC</b></p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>Secured business loan - UCC-1 filed on 10/24/2014</b></p> <hr/> <p><b>Describe the lien</b></p> <p><b>Business loan</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p><b>\$101,506.00</b></p>	<p><b>\$55,543.00</b></p>

<p><b>2.2</b> <u>JP Morgan Chase</u> Creditor's Name</p> <p><u>3399 Pga Blvd Ste 100</u> <u>Palm Beach Gardens, FL</u> <u>33410-2804</u> Creditor's mailing address</p> <p>_____ Creditor's email address, if known</p> <p><b>Date debt was incurred</b> <b>03/20/2014</b></p> <p><b>Last 4 digits of account number</b> <b>9003</b></p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>Office furniture, office machines &amp; library, EDP equipment, computers, word processors, professional medical equipment and other fixtures</b></p> <hr/> <p><b>Describe the lien</b></p> <p><b>Secured line of credit</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	<p><b>\$302,601.00</b></p>	<p><b>\$55,543.00</b></p>
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Debtor Premier Wellness Centers LLC Case number (if know) \_\_\_\_\_  
Name

**Do multiple creditors have an interest in the same property?**

No

Yes. Specify each creditor, including this creditor and its relative priority.

- 1. JP Morgan Chase
- 2. Fundation Group LLC

**As of the petition filing date, the claim is:**

Check all that apply

Contingent

Unliquidated

Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$404,107.00

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

**Name and address**

\_\_\_\_\_

-NONE-

**On which line in Part 1 did you enter the related creditor?**

Line

**Last 4 digits of account number for this entity**

**Fill in this information to identify the case:**

Debtor name Premier Wellness Centers LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206E/F**  
**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1

Priority creditor's name and mailing address  
**St. Lucie County Tax Collector**  
  
**PO Box 308**  
**Fort Pierce, FL 34954-0308**

As of the petition filing date, the claim is:

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Total claim Priority amount

\$4,030.23 \$ 4,030.23

Date or dates debt was incurred  
**2015**

Basis for the claim:  
**2015 tangible personal property taxes**

Last 4 digits of account number **0344**

Is the claim subject to offset?

- No  
 Yes

Specify Code subsection of PRIORITY unsecured claim:  
 11 U.S.C. § 507(a) (8)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1

Nonpriority creditor's name and mailing address  
**ADP**  
**c/o Avadanian & Associates, LLC**  
**281 Young Harris St Ste D**  
**Blairsville, GA 30512-3776**

As of the petition filing date, the claim is:

Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Amount of claim

\$226.16

Basis for the claim: Payroll services

Debtor **Premier Wellness Centers LLC** Case number (if known) \_\_\_\_\_  
Name

Date or dates debt was incurred **12/09/2015**

Is the claim subject to offset?

Last 4 digits of account number **1923**

- No  
 Yes

3.2

Nonpriority creditor's name and mailing address  
**Alma Goldstein**

**11228 SW Stockton Pl  
 Port Saint Lucie, FL 34987-2767**

As of the petition filing date, the claim is:

**\$85,307.00**

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Business loan**

Date or dates debt was incurred **01/30/2014**

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- No  
 Yes

3.3

Nonpriority creditor's name and mailing address  
**Biowaste LLC**

**PO Box 880995  
 Port Saint Lucie, FL 34988-0995**

As of the petition filing date, the claim is:

**\$200.00**

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Bio waste disposal service**

Date or dates debt was incurred **02/01/2015**

Is the claim subject to offset?

Last 4 digits of account number **2014**

- No  
 Yes

3.4

Nonpriority creditor's name and mailing address  
**Brian Lipari MD**

**328 Squire Dr  
 Wellington, FL 33414-7865**

As of the petition filing date, the claim is:

**\$2,297.24**

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Pending state court proceeding**

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- No  
 Yes

3.5

Nonpriority creditor's name and mailing address  
**Cigna**

**900 Cottage Grove Rd  
 Bloomfield, CT 06002-2920**

As of the petition filing date, the claim is:

**\$1,412,423.20**

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Debtor **Premier Wellness Centers LLC** Case number (if known) \_\_\_\_\_  
Name

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred **05/22/2014**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

3.6

**Nonpriority creditor's name and mailing address**  
**Daniel Drubin**  
  
**1363 W Stony Run Pl**  
**Oro Valley, AZ 85755-8581**

As of the petition filing date, the claim is: **\$20,000.00**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **Business loan**

Date or dates debt was incurred **07/23/2015**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

3.7

**Nonpriority creditor's name and mailing address**  
**Dean Mead**  
  
**1903 S 25th St Ste 200**  
**Fort Pierce, FL 34947-4740**

As of the petition filing date, the claim is: **\$10,698.00**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **Legal Services**

Date or dates debt was incurred **2015**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

3.8

**Nonpriority creditor's name and mailing address**  
**eClinicalWorks**  
**c/o JSD Management Inc.**  
**1283 College Park Dr**  
**Dover, DE 19904-8713**

As of the petition filing date, the claim is: **\$5,757.39**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **Service**

Date or dates debt was incurred **11/30/2015**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **0625**

3.9

**Nonpriority creditor's name and mailing address**  
**eClinicalWorks**  
**c/o JSD Management, Inc.**  
**1283 College Park Dr**  
**Dover, DE 19904-8713**

As of the petition filing date, the claim is: **\$5,212.50**

*Check all that apply.*

- Contingent

Debtor **Premier Wellness Centers LLC** Case number (if known) \_\_\_\_\_  
Name

- Unliquidated
- Disputed

Basis for the claim: **Service**

Date or dates debt was incurred **1/1/15-8/31/15**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **5568**

**3.10** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$58.03**

**First Data Global Leasing**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**PO Box 173845  
 Denver, CO 80217-3845**

Basis for the claim: **Service**

Date or dates debt was incurred **03/31/2015**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **9888**

**3.11** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$120.00**

**Florida Department of Health  
 in St. Lucie County  
 5150 NW Milner Dr  
 Port Saint Lucie, FL 34983-3392**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **Unpaid permit fees**

Date or dates debt was incurred **09/30/2015**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **5177**

**3.12** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$4,110.00**

**Florida Healthcare Lawfirm  
 909 SE 5th Ave Ste 200  
 Delray Beach, FL 33483-5172**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **Legal services**

Date or dates debt was incurred **2015**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**3.13** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$8,554.99**

Debtor Premier Wellness Centers LLC Case number (if known) \_\_\_\_\_  
Name

**Jones Foster**

**505 S Flagler Dr Ste 1100  
 West Palm Beach, FL 33401-5950**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**Basis for the claim: Legal services**

Date or dates debt was incurred 2015

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

3.14

**Nonpriority creditor's name and mailing address  
 JP Morgan Chase**

**3399 Pga Blvd Ste 100  
 Palm Beach Gardens, FL 33410-2804**

**As of the petition filing date, the claim is:**

**\$98,666.00**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**Basis for the claim: Line of credit - Stuart office**

Date or dates debt was incurred 10/30/2014

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number 6004

3.15

**Nonpriority creditor's name and mailing address  
 JP Morgan Chase**

**3399 Pga Blvd Ste 100  
 Palm Beach Gardens, FL 33410-2804**

**As of the petition filing date, the claim is:**

**\$49,837.00**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**Basis for the claim: SBA Loan - Stuart office**

Date or dates debt was incurred 10/30/2014

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number 6003

3.16

**Nonpriority creditor's name and mailing address  
 JP Morgan Chase**

**3399 Pga Blvd Ste 100  
 Palm Beach Gardens, FL 33410-2804**

**As of the petition filing date, the claim is:**

**\$27,171.00**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**Basis for the claim: Revolving business credit card charges**

Debtor **Premier Wellness Centers LLC** Case number (if known) \_\_\_\_\_  
Name

Date or dates debt was incurred **02/01/2012**

Is the claim subject to offset?

Last 4 digits of account number **3997**

- No  
 Yes

3.17

Nonpriority creditor's name and mailing address  
**JP Morgan Chase**

**3399 Pga Blvd Ste 100  
 Palm Beach Gardens, FL 33410-2804**

As of the petition filing date, the claim is:

**\$11,092.00**

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Revolving business credit card**

Date or dates debt was incurred **03/31/2015**

Is the claim subject to offset?

Last 4 digits of account number **4742**

- No  
 Yes

3.18

Nonpriority creditor's name and mailing address  
**Karen Jensen**

**500 SW Nagle Pl  
 Port Saint Lucie, FL 34953-3156**

As of the petition filing date, the claim is:

**\$45,538.00**

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Business loan (incurred  
 7/23/2015-11/5/2015)**

Date or dates debt was incurred **07/23/2015**

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- No  
 Yes

3.19

Nonpriority creditor's name and mailing address  
**Lamar Advertising Co. of Lakeland**

**3760 New Tampa Hwy  
 Lakeland, FL 33815-3332**

As of the petition filing date, the claim is:

**\$1,600.00**

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Advertising**

Date or dates debt was incurred **9/2014-10/2015**

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- No  
 Yes

3.20

Nonpriority creditor's name and mailing address  
**Mann RC, LLC**

**10490 SW Village Center Dr  
 Port Saint Lucie, FL 34987-2186**

As of the petition filing date, the claim is:

**\$108,384.86**

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Debtor Premier Wellness Centers LLC Case number (if known) \_\_\_\_\_  
Name

Basis for the claim: Final Summary Judgment - see SOFA #7

Date or dates debt was incurred 07/06/2015

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**3.21** Nonpriority creditor's name and mailing address \$6,588.45  
**McKesson Medical-Surgical**  
**Credit and Collections**  
**8121 10th Ave N**  
**Golden Valley, MN 55427-4401**

As of the petition filing date, the claim is:

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Supplies

Date or dates debt was incurred 2015

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 8584

**3.22** Nonpriority creditor's name and mailing address \$1,740.19  
**McKesson Medical-Surgical**  
**Credit and Collections**  
**8121 10th Ave N**  
**Golden Valley, MN 55427-4401**

As of the petition filing date, the claim is:

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Supplies

Date or dates debt was incurred 2015

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number 0034

**3.23** Nonpriority creditor's name and mailing address \$23,723.00  
**Pro Practice Partners**  
**1363 W Stony Run Pl**  
**Oro Valley, AZ 85755-8581**

As of the petition filing date, the claim is:

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Consulting fees

Date or dates debt was incurred 1/1/15-10/31/15

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**3.24** Nonpriority creditor's name and mailing address \$2,928.00

As of the petition filing date, the claim is:

Debtor Premier Wellness Centers LLC Case number (if known) \_\_\_\_\_  
Name

**Rizzolo Group**

**1958 SE Port St Lucie Blvd  
 Port Saint Lucie, FL 34952-5513**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**Basis for the claim: Tax services**

Date or dates debt was incurred 2013-2015

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

3.25

**Nonpriority creditor's name and mailing address  
 Rocktape**

**1484 Pollard Rd Ste 321  
 Los Gatos, CA 95032-1031**

**As of the petition filing date, the claim is:**

**\$5,400.00**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**Basis for the claim: Premier blue custom tape**

Date or dates debt was incurred 09/02/2014

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number 5503

3.26

**Nonpriority creditor's name and mailing address  
 Seabreeze Publications, Inc.  
 c/o Adam S. Gumson, Esq. Jupiter Law  
 Cen  
 1102 W Indiantown Rd Ste 7  
 Jupiter, FL 33458-6813**

**As of the petition filing date, the claim is:**

**\$3,660.00**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**Basis for the claim: Advertising**

Date or dates debt was incurred 10/2015

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

3.27

**Nonpriority creditor's name and mailing address  
 Snyder Marketing Solutions, Inc.**

**51 SW Flagler Ave # 201  
 Stuart, FL 34994-2147**

**As of the petition filing date, the claim is:**

**\$139,500.00**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

**Basis for the claim: Marketing**

Debtor **Premier Wellness Centers LLC** Case number (if known) \_\_\_\_\_  
Name

Date or dates debt was incurred **2015**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

3.28

Nonpriority creditor's name and mailing address  
**Soundtech Security, Inc.**  
  
**6920 NW Daffodil Ln**  
**Port Saint Lucie, FL 34983-1417**

As of the petition filing date, the claim is:

**\$101.18**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **Service**

Date or dates debt was incurred **08/26/2015**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **3100**

3.29

Nonpriority creditor's name and mailing address  
**Stuart North, LLC**  
**c/o Charles Brumby, Esq., Herron Ortiz**  
**355 Alhambra Cir Ste 1060**  
**Coral Gables, FL 33134-5037**

As of the petition filing date, the claim is:

**unknown**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **Pending state court litigation dispute - see SOFA#7**

Date or dates debt was incurred **10/13/2013**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

3.30

Nonpriority creditor's name and mailing address  
**The Morganti Group, Inc.**  
  
**1450 Centrepark Blvd Ste 260**  
**West Palm Beach, FL 33401-7445**

As of the petition filing date, the claim is:

**\$49,869.34**

*Check all that apply.*

- Contingent
- Unliquidated
- Disputed

Basis for the claim: **Construction management**

Date or dates debt was incurred **05/25/2014**

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **SE34**

3.31

Nonpriority creditor's name and mailing address  
**Timepayment Corp.**  
  
**16 New England Executive Park Ste 200**  
**Burlington, MA 01803-5222**

As of the petition filing date, the claim is:

**unknown**

*Check all that apply.*

- Contingent
- Unliquidated

Debtor **Premier Wellness Centers LLC** Case number (if known) \_\_\_\_\_  
Name

Disputed

Basis for the claim: **Unsecured claim for breach of lease**

Date or dates debt was incurred **10/15/2014**

Is the claim subject to offset?

No

Last 4 digits of account number **7291**

Yes

**3.32** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$26,792.57**  
**Trad Health, LLC**  
**c/o Trad Development, LLC**  
**435 5th Ave N Ste 200**  
**Saint Petersburg, FL 33701-2835**  
Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Past due rent**

Date or dates debt was incurred **2015-1/2016**

Is the claim subject to offset?

No

Last 4 digits of account number \_\_\_\_\_

Yes

**3.33** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** **\$300.00**  
**Wolf Air Conditioning & Heating Inc.**  
**3785 Oleander Ave**  
**Fort Pierce, FL 34982-6503**  
Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Service**

Date or dates debt was incurred **10/30/2015**

Is the claim subject to offset?

No

Last 4 digits of account number \_\_\_\_\_

Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
<b>4.1</b> <b>Anthony M. Barbuto, Esq.</b> <b>12773 Forest Hill Blvd Ste 101</b> <b>Wellington, FL 33414-4761</b>	Line <u><b>3.4</b></u> <input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor **Premier Wellness Centers LLC**  
Name

Case number (if known)

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5a. \$ 4,030.23

5b. + \$ 2,157,856.10

5c. \$ 2,161,886.33

**Fill in this information to identify the case:**

Debtor name Premier Wellness Centers LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease for Ricoh Aficio MPC 3300 Copier**

State the term remaining **Expired 12/19/2016**

List the contract number of any government contract **2705559**

**Ikon Financial Services  
PO Box 9115  
Macon, GA 31208-9115**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease on business premises located at 10050 SW Innovation Way, Suite 201, Port St. Lucie, FL 34987**

State the term remaining **37 months**

List the contract number of any government contract \_\_\_\_\_

**Trad Health, LLC  
c/o Trad Development, LLC  
435 5th Ave N Ste 200  
Saint Petersburg, FL 33701-2835**

**Fill in this information to identify the case:**

Debtor name Premier Wellness Centers LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206H  
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing Address	Name	Check all schedules that apply:
2.1 Premier Wellness Centers of Stuart LLC	10050 SW Innovation Way Ste 201 Port Saint Lucie, FL 34987-2117	Brian Lipari MD	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
2.2 Premier Wellness Centers of Stuart LLC	10050 SW Innovation Way Ste 201 Port Saint Lucie, FL 34987-2117	JP Morgan Chase	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
2.3 Premier Wellness Centers of Stuart LLC	10050 SW Innovation Way Ste 201 Port Saint Lucie, FL 34987-2117	Stuart North, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.29</u> <input type="checkbox"/> G _____
2.4 William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	Brian Lipari MD	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
2.5 William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	JP Morgan Chase	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.14</u> <input type="checkbox"/> G _____
2.6 William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	JP Morgan Chase	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____

Debtor **Premier Wellness Centers LLC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.7	William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	JP Morgan Chase	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
2.8	William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	JP Morgan Chase	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
2.9	William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	Mann RC, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.20</u> <input type="checkbox"/> G _____
2.10	William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	Seabreeze Publications, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.26</u> <input type="checkbox"/> G _____
2.11	William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	Stuart North, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.29</u> <input type="checkbox"/> G _____

**Fill in this information to identify the case:**

Debtor name Premier Wellness Centers LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property*(Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property*(Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases*(Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 6, 2016

X /s/ William Jensen  
Signature of individual signing on behalf of debtor

William Jensen  
Printed name

Managing Member  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Premier Wellness Centers LLC  
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

**For prior year:**  
From **1/01/2015** to **12/31/2015**

Operating a business  
 Other \_\_\_\_\_

\$1,263,963.00

**For year before that:**  
From **1/01/2014** to **12/31/2014**

Operating a business  
 Other \_\_\_\_\_

\$1,710,693.00

**For the fiscal year:**  
From **1/01/2013** to **12/31/2013**

Operating a business  
 Other \_\_\_\_\_

\$2,438,020.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be

Debtor **Premier Wellness Centers LLC**

Case number (if known) \_\_\_\_\_

adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
------------------------------------------------------	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
Timepayment Corp. 16 New England Executive Park Ste 200 Burlington, MA 01803-5222	Sciton Joule Multi-laser	11/2015	\$0.00

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Brian Lipari MD v. Premier Wellness Centers LLC 562015CA000404BC	Breach of contract	Circuit Court, St. Lucie County, Florida	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Tradd Health, LLC v. Premier Wellness Centers LLC 562015CC001574EV	Eviction	Circuit Court, St. Lucie County, Florida	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	Mann RC, LLC v. Premier Wellness Centers LLC 562015CA001191	Breach of lease	Circuit Court, St. Lucie County, Florida	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	Stuart North, LLC v. Premier Wellness Centers of Stuart LLC, Premier Wellness Ceners LLC et al 432015CA001019CAAXMX	Breach of contract and breach of guaranty agreement	Circuit Court, Martin County, Florida	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

Debtor **Premier Wellness Centers LLC**

Case number (if known) \_\_\_\_\_

 None**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	<b>Christmas House Charities Inc.</b> 716 SE Walters Ter Port Saint Lucie, FL 34983-3963	<b>\$10,800</b>	5/28/14, 9/23/14 and 10/24/14	<b>\$10,800.00</b>
	Recipients relationship to debtor			

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Markarian Frank White-Boyd &amp; Hayes</b> 2925 Pga Blvd Ste 204 Palm Beach Gardens, FL 33410-2909		12/11/2015	<b>\$24,445.00</b>
Email or website address			
Who made the payment, if not debtor? <b>\$20,000 by third-party</b>			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor **Premier Wellness Centers LLC**

Case number (if known) \_\_\_\_\_

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
--------------------------------	------------------------------------------------------------------------------------	------------------------	-----------------------

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
14.1. 10801 SW Tradition Sq Port Saint Lucie, FL 34987-1934	10/13/2008-1/31/2014

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 - diagnosing or treating injury, deformity, or disease, or  
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	----------------------------------------------------------------------------------	---------------------------------------------------------------------------

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
- Yes. State the nature of the information collected and retained.

**Name, address, SSN, medical history and insurance information**

Does the debtor have a privacy policy about that information?

- No
- Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **Premier Wellness Centers LLC**

Case number (if known) \_\_\_\_\_

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
----------------------------------------	---------------------------------	-------------------------------	------------------------------------------------------	-----------------------------------------

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
-----------------------------------------	-------------------------------------------	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Discount Personal Storage 2140 SW Gatlin Blvd Port Saint Lucie, FL 34953-2775	Karen Jensen and Sharon Mltchell 10081 SW Dolce Rd, Port Saint Lucie, FL, 34986-2859	William Jensen also has access Contents: Patient X-rays and patient documents, plus equipmnet identified in #21 below	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Describe the property	Value
Alma Goldstein 11228 SW Stockton PI Port Saint Lucie, FL 34987-2767	10050 SW Innovation Way Ste 201 Port Saint Lucie, FL 34987-2117	2 treatment tables, 2 wall art, 2 oriental supply cabinets with treatment needles, ointments & other supplies	\$0.00
Premier Wellness Centers of Stuart	2140 SW Gatlin Blvd Port Saint Lucie, FL 34953-2775	Medical and office equipment subject to JP Morgan Chase lien	\$0.00
Premier Wellness Centers of Stuart	2140 SW Gatlin Blvd Port Saint Lucie, FL 34953-2775	Medical and office equipment subject to JP Morgan Chase lien	\$0.00

**Part 12: Details About Environment Information**

Debtor **Premier Wellness Centers LLC**

Case number (if known) \_\_\_\_\_

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number <small>Do not include Social Security number or ITIN.</small>	Dates business existed
-----------------------	-------------------------------------	-------------------------------------------------------------------------------------------------	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
26a.1. <b>Ralph Manalastas, Bookkeeper</b> 11228 SW Stockton Pl Port Saint Lucie, FL 34987-2767	2010-present
26a.2. <b>James Rizzolo, Corp. Tax Return Preparer</b> 1958 SE Port St Lucie Blvd Port Saint Lucie, FL 34952-5513	2013-present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

Debtor **Premier Wellness Centers LLC**

Case number (if known) \_\_\_\_\_

None

Name and address	Date of service From-To
26b.1. <b>Ralph Manalastas, Bookkeeper</b> 11228 SW Stockton Pl Port Saint Lucie, FL 34987-2767	2010-present

Name and address	Date of service From-To
26b.2. <b>James Rizzolo, Corp. Tax Return Preparer</b> 1958 SE Port St Lucie Blvd Port Saint Lucie, FL 34952-5513	2013-present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Ralph Manalastas, Bookkeeper</b> 11228 SW Stockton Pl Port Saint Lucie, FL 34987-2767	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address
26d.1. <b>Fundation Group LLC</b> 20 W 36th St Fl 5 New York, NY 10018-8005
26d.2. <b>JP Morgan Chase</b> 3399 Pga Blvd Ste 100 Palm Beach Gardens, FL 33410-2804

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- No
- Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
William Jensen	10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859	Managing Member	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.



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

**IN RE:**

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

**Premier Wellness Centers LLC**

Chapter **11**

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**

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Registered name and last known address of security holder	Shares (or Percentage)	Security Class (or kind of interest)
<b>William Jensen 10081 SW Dolce Rd Port Saint Lucie, FL 34986-2859</b>	<b>100</b>	<b>Common Stockholder</b>

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