

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION

Case number (if known) _____ Chapter 11 Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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 Barry S. Mittleberg P.A

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

Include any assumed names, trade names and *doing business as* names3. Debtor's federal Employer Identification Number (EIN) 26-24072094. Debtor's address **Principal place of business** **Mailing address, if different from principal place of business**1700 N University Dr
Ste 300
Coral Springs, FL 33071-8970

Number, Street, City, State & ZIP Code

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

Broward
County**Location of principal assets, if different from principal place of business**1700 N University Dr Ste 300 Coral Springs, FL
33071-8970

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) mittleberglaw.com6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: _____

Debtor **Barry S. Mittleberg P.A**
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(53A))
- 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. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

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 \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 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 operations, 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 _____
 District _____ When _____ Case number, if known _____

Debtor **Barry S. Mittleberg P.A**
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 checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input 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 checked="" 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

16. Estimated liabilities

<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 checked="" 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 **Barry S. Mittleberg P.A.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

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 **September 6, 2016**
MM / DD / YYYY

X **/s/ Barry S. Middleberg**
Signature of authorized representative of debtor

Title **President**

Barry S. Middleberg
Printed name

18. Signature of attorney

X **/s/ Stan Riskin**
Signature of attorney for debtor

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

Stan Riskin
Printed name

Advantage Law Group, P.A.
Firm name

950 S Pine Island Rd Ste A150
Fort Lauderdale, FL 33324-3918
Number, Street, City, State & ZIP Code

Contact phone **(954) 727-8271** Email address **stan.riskin@gmail.com**

129106
Bar number and State

BARR7209

Form **1120S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

2015

For calendar year 2015 or tax year beginning _____, ending _____

A S election effective date 01/01/09	TYPE OR PRINT	Name BARRY S. MITTELBERG, P.A.	D Employer identification number 26-2407209
B Business activity code number (see instructions) 525920		Number, street, and room or suite no. If a P.O. box, see instructions. 1700 UNIVERSITY DRIVE, STE 300	E Date incorporated 04/14/2008
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code CORAL SPRINGS FL 33071	F Total assets (see instructions) \$ 130,434

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	851,628	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c 851,628
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3 851,628
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
5 Other income (loss) (see instructions—attach statement)		SEE STMT 1	5 163,932	
6 Total income (loss). Add lines 3 through 5			6 1,015,560	
Deductions <small>(see instructions for limitations)</small>	7 Compensation of officers (see instructions—attach Form 1125-E)			7 75,000
	8 Salaries and wages (less employment credits)			8 498,760
	9 Repairs and maintenance			9 6,139
	10 Bad debts			10
	11 Rents			11 55,844
	12 Taxes and licenses			12 51,170
	13 Interest			13 63
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 455
	15 Depletion (Do not deduct oil and gas depletion)			15
	16 Advertising			16 49,105
	17 Pension, profit-sharing, etc., plans			17 4,000
	18 Employee benefit programs			18
	19 Other deductions (attach statement)		SEE STMT 2	19 316,331
	20 Total deductions. Add lines 7 through 19			20 1,056,867
	21 Ordinary business income (loss). Subtract line 20 from line 6			21 -41,307
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			22c
	23a 2015 estimated tax payments and 2014 overpayment credited to 2015	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c			23d
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24
25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26 Credited to 2016 estimated tax Refunded			27	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Sign Here

Signature of officer **BARRY MITTELBERG** Date _____ Title **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name RICKEY MITTELBERG	Preparer's signature	Date 08/18/16	Check <input type="checkbox"/> if self-employed	PTIN P00140223
Firm's name KSDT & CO., LLC	Firm's EIN 26-0547877			
Firm's address 9300 S DADELAND BLVD STE 600 MIAMI, FL 33156-2721	Phone no. 305-670-3370			

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2015)

DAA

Form 1120S (2015) **BARRY S. MITTELBERG, P.A.**

26-2407209

Schedule B Other Information (see instructions)

1	Check accounting method:	a	<input checked="" type="checkbox"/> Cash	b	<input type="checkbox"/> Accrual	Yes	No	
		c	<input type="checkbox"/> Other (specify) ▶					
2	See the instructions and enter the:	a	Business activity ▶ SERVICE		b	Product or service ▶ LEGAL		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation							<input checked="" type="checkbox"/>
4	At the end of the tax year, did the corporation:							
	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below							<input checked="" type="checkbox"/>

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%. Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

	<input checked="" type="checkbox"/>
--	-------------------------------------

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? **DRAFT**

If "Yes," complete lines (i) and (ii) below.

(i) Total shares of restricted stock ▶

(ii) Total shares of non-restricted stock ▶

b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?

If "Yes," complete lines (i) and (ii) below.

(i) Total shares of stock outstanding at the end of the tax year ▶

(ii) Total shares of stock outstanding if all instruments were executed ▶

6 Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide information on any reportable transaction?

7 Check this box if the corporation issued publicly offered debt instruments with original issue discount . If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$

9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$

10 Does the corporation satisfy both of the following conditions?

a The corporation's total receipts (see instructions) for the tax year were less than \$250,000

b The corporation's total assets at the end of the tax year were less than \$250,000 . If "Yes," the corporation is not required to complete Schedules L and M-1.

11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . If "Yes," enter the amount of principal reduction \$

12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions

13a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?

b If "Yes," did the corporation file or will it file required Forms 1099?

Schedule K Shareholders' Pro Rata Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-41,307
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	
Credits	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
Foreign Transactions	d Other deductions (see instructions) Type ▶	12d	
	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
g Other credits (see instructions) Type ▶	13g		
Alternative Minimum Tax (AMT) Items	14a Name of country or U.S. possession ▶	14a	
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
i Passive category	14i		
j General category	14j		
k Other (attach statement)	14k		
Other information			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Items Affecting Shareholder Basis	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties – gross income	15d	
	e Oil, gas, and geothermal properties – deductions	15e	
f Other AMT items (attach statement)	15f		
Other	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	13,049
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	

Form 1120S (2015) **BARRY S. MITTELBERG, P.A.**

26-2407209

Page 4

Schedule K Shareholders' Pro Rata Share Items (continued)

Other Information	Description	Total amount	
		Code	Amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	-41,307

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		21,204		130,033
2a Trade notes and accounts receivable				
b Less allowance for bad debts	((
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement) STMT 3		25,000		
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets	23,927		23,927	
b Less accumulated depreciation	(23,071	856	(23,526	401
11a Depletable assets				
b Less accumulated depletion	((
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	((
14 Other assets (attach statement)				
15 Total assets		47,060		130,434
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement) STMT 4		16,077		42,524
19 Loans from shareholders		5,017		116,300
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock		100		100
23 Additional paid-in capital		17,000		17,000
24 Retained earnings		8,866		-45,490
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock	((
27 Total liabilities and shareholders' equity		47,060		130,434

Form 1120S (2015)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books	-54,356	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$	162			
	STMT 5	12,887			
		13,049	7	Add lines 5 and 6	
4	Add lines 1 through 3	-41,307	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	-41,307

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	51,693	-36,725
2	Ordinary income from page 1, line 21		
3	Other additions		
4	Loss from page 1, line 21	(41,307)	
5	Other reductions STMT 6	(8,390)	4,659
6	Combine lines 1 through 5	1,996	-41,384
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	1,996	-41,384

Form 1120S (2015)

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OMB No. 1545-0123

Schedule K-1 (Form 1120S) Department of the Treasury Internal Revenue Service

2015

Final K-1 Amended K-1

For calendar year 2015, or tax year beginning ending

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss) of -41,307, Net rental real estate income (loss), Interest income, Ordinary dividends, Qualified dividends, Foreign transactions, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other Income (loss), Alternative minimum tax (AMT) items, Section 179 deduction, Other deductions, and Other information.

Shareholder's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part I Information About the Corporation

Form section for Part I: Corporation's employer identification number (26-2407209), Corporation's name, address, city, state, and ZIP code (BARRY S. MITTELBERG, P.A., 1700 UNIVERSITY DRIVE, STE 300, CORAL SPRINGS, FL 33071), and IRS Center where corporation filed return (E-FILE).

Part II Information About the Shareholder

Form section for Part II: Shareholder's identifying number, Shareholder's name, address, city, state, and ZIP code (BARRY S. MITTELBERG, 6050 NW 96TH DRIVE, PARKLAND, FL 33076), and Shareholder's percentage of stock ownership for tax year (100.000000%).

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For IRS Use Only

* See attached statement for additional information.

BARR7209

Form **1125-E**
(Rev. December 2013)

Compensation of Officers

Department of the Treasury
Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

OMB No. 1545-2225

► Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

Name

BARRY S. MITTELBERG, P.A.

Employer identification number

26-2407209

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 BARRY S. MITTELBERG		100.000%	100.000%	%	75,000
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
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		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	

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2	Total compensation of officers	2	75,000
3	Compensation of officers claimed on Form 1125-A or elsewhere on return	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return	4	75,000

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 12-2013)

BARR7209 BARRY S. MITTELBERG, P.A.

26-2407209

Federal Statements

FYE: 12/31/2015

Statement 1 - Form 1120S, Page 1, Line 5 - Other Income (Loss)

<u>Description</u>	<u>Amount</u>
OVERHEAD REIMBURSEMENT	\$ 163,932
TOTAL	\$ <u>163,932</u>

Statement 2 - Form 1120S, Page 1, Line 19 - Other Deductions

<u>Description</u>	<u>Amount</u>
BANK CHARGES	\$ 1,957
CLIENT COST	170,927
COMPUTER AND INTERNET	12,616
DUES AND SUBSCRIPTIONS	2,447
HEALTH INSURANCE	31,318
LEGAL FEES	5,609
OFFICE EXPENSE	21,737
PAYROLL FEES	3,610
POSTAGE AND DELIVERY	12,745
PRINTING AND REPRODUCTION	1,840
PROFESSIONAL FEES	19,228
TELEPHONE	11,612
TEMPORARY HELP	3,980
UTILITIES	3,817
WORKERS COMP INSURANCE	1,374
AUTO EXPENSES	2,104
EQUIPMENT RENTAL	5,184
TRAVEL	7,064
50% OF MEALS & ENTERTAINMENT	162
TOTAL	\$ <u>316,331</u>

DRAFT

Statement 3 - Form 1120S, Page 4, Schedule L, Line 6 - Other Current Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE FROM AFFILIATE	\$ 25,000	\$
TOTAL	\$ <u>25,000</u>	\$ <u>0</u>

Statement 4 - Form 1120S, Page 4, Schedule L, Line 18 - Other Current Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
TRUST ACCOUNT LIABILITY	\$ 16,077	\$ 42,524
TOTAL	\$ <u>16,077</u>	\$ <u>42,524</u>

BARR7209 BARRY S. MITTELBERG, P.A.

26-2407209

Federal Statements

FYE: 12/31/2015

Statement 5 - Form 1120S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

<u>Description</u>	<u>Amount</u>
DISABILITY INSURANCE	\$ 8,228
OFFICER LIFE INS PREMIUMS	4,659
TOTAL	<u>\$ 12,887</u>

Statement 6 - Form 1120S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

<u>Description</u>	<u>Amount</u>
DISABILITY INSURANCE	\$ 8,228
MEALS & ENTERTAINMENT	162
TOTAL	<u>\$ 8,390</u>

DRAFT

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA
BROWARD DIVISION
www.flsb.uscourts.gov

IN RE:

CASE NO.:

BARRY S. MITTLERBERG, P.A

Chapter 11

Debtor.

AFFIDAVITAS TO EXISTANCE OF CERTAIN DOCUMENTS 11 U.S.C. 1116 (1)

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared BARRY S. MITTLERBERG who, under oath states:

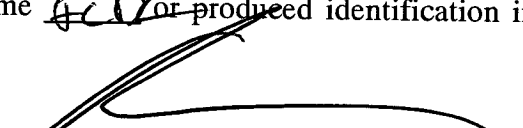
1. He is the president and owner of Barry S. Mittlerberg P.A.
2. Except for the tax return appended to the petition the other documents enumerated in the 11 U.S.C 1116 (1)(b) have not been prepared.

FURTHER AFFIANT SAYETH NOT.



BARRY S. MITTLERBERG

SWORN TO and subscribed before me this 6 day of September, 2016 by Barry S. Mittlerberg, who is personally known to me GLD or produced identification in the form of Drivers License.



Notary Public, State of Florida

My Commission Expires:



Fill in this information to identify the case:

Debtor name Barry S. Mittleberg P.A

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION

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)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ <u>7,315.59</u>
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ <u>7,315.59</u>

Part 2: Summary of Liabilities

2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 206D) Copy the total dollar amount listed in Column A Amount of claim, from line 3 of <i>Schedule D</i>	\$ <u>0.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>395,456.72</u>
4. Total liabilities	
Lines 2 + 3a + 3b	\$ <u>395,456.72</u>

Fill in this information to identify the case:

Debtor name Barry S. Mittleberg P.A
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF
 FLORIDA, FORT LAUDERDALE
 DIVISION
 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
Apex Reporting Group 12 SE 7th St Ste 702 Fort Lauderdale, FL 33301-3469		Trade debt				\$2,507.85
Caplan, Caplan & Caplan Process Server 1255 Orange Isle Ste 106 Fort Lauderdale, FL 33315-1654		Trade debt	Disputed			\$5,412.00
Dell Business Credit PO Box 5275 Carol Stream, IL 60197-5275	Payment Remittance Center	Trade debt				\$6,938.87
Fortis Southeast LLC 7050 W Palmetto Park Rd # 15654 Boca Raton, FL 33433-3426			Disputed			\$14,663.00
Fox Funding 345 7th Ave New York, NY 10001-5006	The Rubin Law Firm	Trade debt	Disputed			\$66,246.22
Funding Circle Collections PO Box 398383 San Francisco, CA 94139-8383		Trade debt	Disputed			\$55,104.44

Debtor **Barry S. Mittleberg P.A**
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
Kabbage 925B Peachtree St NE Ste 1688 Atlanta, GA 30309-4498		Trade debt	Disputed			\$66,006.75
Moss & Barnett, PA Trust Account 150 S 5th St Ste 1200 Minneapolis, MN 55402-4138		Trade debt				\$31,588.27
Quarterspot Loan 333 7th Ave Rm 1402 New York, NY 10001-5791		Trade debt	Disputed			\$44,513.03
Sun Sentinel Company LLC PO Box 87410 Carol Stream, IL 60188-7410	Biehl & Biehl	Trade debt				\$1,602.00
The Business Backer 10101 Alliance Rd Ste 140 Cincinnati, OH 45242-4715		Trade debt	Disputed			\$77,067.41
Wells Fargo Bank PO Box 51174 Los Angeles, CA 90051-5474	Payment Remittance Center	Trade debt				\$7,806.88

Fill in this information to identify the case:

Debtor name Barry S. Mittleberg P.A

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION

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

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	Current value of debtor's interest
3.1.	Stone Gate Account # 6537	Operation Acocunt	6537	\$811.50
3.2.	Stone Gate Account # 5703	Bankruptcy Account	6537	\$2,504.09
3.3.	BB&T Account # 6076	Iota Account	6076	\$0.00
4.	Other cash equivalents (Identify all)			
5.	Total of Part 1.			\$3,315.59
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.				

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.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

Debtor Barry S. Mittleberg P.A
Name

Case number (If known) _____

- No. Go to Part 4.
- Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

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: 11 desks, 8 returns, 15 credenzas, 51 chairs, 11 filing cabinets, 11 book cases/book shelves, 1 kitchen table, 2 conference tables	\$2,000.00		\$2,000.00

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software
Office Equipment: 10 computers, 10 monitors, 1 fax machine, 4 printers, 1 copy machine, 15 phones, 1 postage machine

\$2,000.00

\$2,000.00

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.

\$4,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?
 No
 Yes

Debtor Barry S. Mittleberg P.A
Name

Case number (If known) _____

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?

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

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.

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.

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 Barry S. Mittleberg P.A
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. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$3,315.59</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$4,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$7,315.59</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$7,315.59</u>

Fill in this information to identify the case:

Debtor name Barry S. Mittleberg P.A

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE
DIVISION

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.

Fill in this information to identify the case:

Debtor name Barry S. Mittleberg P.A

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION

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.

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.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Apex Reporting Group 12 SE 7th St Ste 702 Fort Lauderdale, FL 33301-3469 Date(s) debt was incurred __ Last 4 digits of account number <u>5731</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> \$2,507.85
3.2	Nonpriority creditor's name and mailing address Barry S. Mitteberg 1700 N University Dr Ste 300 Coral Springs, FL 33071-8970 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> \$16,000.00
3.3	Nonpriority creditor's name and mailing address Caplan, Caplan & Caplan Process Server 1255 Orange Isle Ste 106 Fort Lauderdale, FL 33315-1654 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> \$5,412.00
3.4	Nonpriority creditor's name and mailing address Dell Business Credit PO Box 5275 Carol Stream, IL 60197-5275 Date(s) debt was incurred __ Last 4 digits of account number <u>0276</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> \$6,938.87

Debtor	Barry S. Mittleberg P.A. Name	Case number (if known)	
3.5	Nonpriority creditor's name and mailing address Fortis Southeast LLC 7050 W Palmetto Park Rd # 15654 Boca Raton, FL 33433-3426 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,663.00
3.6	Nonpriority creditor's name and mailing address Fox Funding 345 7th Ave New York, NY 10001-5006 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,246.22
3.7	Nonpriority creditor's name and mailing address Funding Circle Collections PO Box 398383 San Francisco, CA 94139-8383 Date(s) debt was incurred __ Last 4 digits of account number 4486	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,104.44
3.8	Nonpriority creditor's name and mailing address Kabbage 925B Peachtree St NE Ste 1688 Atlanta, GA 30309-4498 Date(s) debt was incurred __ Last 4 digits of account number 6492	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,006.75
3.9	Nonpriority creditor's name and mailing address Moss & Barnett, PA Trust Account 150 S 5th St Ste 1200 Minneapolis, MN 55402-4138 Date(s) debt was incurred __ Last 4 digits of account number 9419	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,588.27
3.10	Nonpriority creditor's name and mailing address Quarterspot Loan 333 7th Ave Rm 1402 New York, NY 10001-5791 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,513.03
3.11	Nonpriority creditor's name and mailing address Sun Sentinel Company LLC PO Box 87410 Carol Stream, IL 60188-7410 Date(s) debt was incurred __ Last 4 digits of account number 9629	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,602.00

Debtor Barry S. Mittleberg P.A Case number (if known) _____
Name

3.12 Nonpriority creditor's name and mailing address **The Business Backer** As of the petition filing date, the claim is: *Check all that apply.* \$77,067.41
 10101 Alliance Rd Ste 140
 Cincinnati, OH 45242-4715
 Date(s) debt was incurred _____
 Last 4 digits of account number 0895

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.13 Nonpriority creditor's name and mailing address **Wells Fargo Bank** As of the petition filing date, the claim is: *Check all that apply.* \$7,806.88
 PO Box 51174
 Los Angeles, CA 90051-5474
 Date(s) debt was incurred _____
 Last 4 digits of account number 6241

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____
 Is the claim subject to offset? No 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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

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

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

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

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b.	+ \$ <u>395,456.72</u>
5c.	\$ <u>395,456.72</u>

Fill in this information to identify the case:

Debtor name Barry S. Mittleberg P.A

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION

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**

<p>2.1. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract</p>	<p>Storage</p>	<p>Coral Springs Mini Storage 12001 NW 35th St Coral Springs, FL 33065-2505</p>
--	-----------------------	--

<p>2.2. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract</p>	<p>Office Space</p> <p>Yearly</p>	<p>Lynch & Trapp Investments LLC 1700 N University Dr Ste 200 Coral Springs, FL 33071-8970</p>
--	---	---

Fill in this information to identify the case:

Debtor name Barry S. Mittleberg P.A

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION

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 Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Apex Reporting Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
2.2 Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Caplan, Caplan & Caplan Process Server	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
2.3 Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Dell Business Credit	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
2.4 Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Fortis Southeast LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.5 Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Fox Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.6 Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Funding Circle Collections	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____

Debtor **Barry S. Mittleberg P.A**

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	Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Kabbage	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.8	Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Moss & Barnett, PA Trust Account	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
2.9	Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Quarterspot Loan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
2.10	Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	The Business Backer	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
2.11	Barry S. Mittleberg	1700 N University Dr Ste 300 Coral Springs, FL 33071-8970	Wells Fargo Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____

United States Bankruptcy Court
Southern District of Florida, Fort Lauderdale Division

IN RE:

Case No. _____

Barry S. Mittleberg P.A

Chapter 11

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: September 6, 2016

Signature: /s/ Barry S. Middleberg
Barry S. Middleberg, President

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

Apex Reporting Group
12 SE 7th St Ste 702
Fort Lauderdale, FL 33301-3469

Barry S. Mitteberg
1700 N University Dr Ste 300
Coral Springs, FL 33071-8970

Caplan, Caplan & Caplan Process Server
1255 Orange Isle Ste 106
Fort Lauderdale, FL 33315-1654

Coral Springs Mini Storage
12001 NW 35th St
Coral Springs, FL 33065-2505

Dell Business Credit
PO Box 5275
Carol Stream, IL 60197-5275

Fortis Southeast LLC
7050 W Palmetto Park Rd # 15654
Boca Raton, FL 33433-3426

Fox Funding
345 7th Ave
New York, NY 10001-5006

Funding Circle Collections
PO Box 398383
San Francisco, CA 94139-8383

Kabbage
925B Peachtree St NE Ste 1688
Atlanta, GA 30309-4498

Lynch & Trapp Investments LLC
1700 N University Dr Ste 200
Coral Springs, FL 33071-8970

Moss & Barnett, PA Trust Account
150 S 5th St Ste 1200
Minneapolis, MN 55402-4138

Quarterspot Loan
333 7th Ave Rm 1402
New York, NY 10001-5791

Sun Sentinel Company LLC
PO Box 87410
Carol Stream, IL 60188-7410

The Business Backer
10101 Alliance Rd Ste 140
Cincinnati, OH 45242-4715

Wells Fargo Bank
PO Box 51174
Los Angeles, CA 90051-5474