

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

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF FLORIDA

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 Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, 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) 59-1951249

4. Debtor's address

	<b>Principal place of business</b>	<b>Mailing address, if different from principal place of business</b>
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1500 E. Hillsboro Blvd., Suite 110  
Deerfield Beach, FL 33441

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**

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

5. Debtor's website (URL) http://www.radiologyimagingcenters.com

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, 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(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	<u>Southern District of Florida</u>	When	<u>1/09/17</u>	Case number	<u>17-10228-RBR</u>
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 **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, 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 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 checked="" 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 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 **Palm Beach-Broward Medical Imaging Center, LLC, a  
Wholly Owned Subsidiary of Radiology Express, LLC**  
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 June 29, 2017  
MM / DD / YYYY

**X /s/ Kaya Colak**  
Signature of authorized representative of debtor  
  
Title AMBR

**Kaya Colak**  
Printed name

**18. Signature of attorney**

**X /s/ Ronald B. Lewis**  
Signature of attorney for debtor

Date June 29, 2017  
MM / DD / YYYY

**Ronald B. Lewis**  
Printed name

**Lewis & Thomas, LLP**  
Firm name

**165 East Palmetto Park Road  
Suite 200  
Boca Raton, FL 33432**  
Number, Street, City, State & ZIP Code

Contact phone 561-368-7474

Email address rlewis@beltlawyers.com

**807958**  
Bar number and State

**Fill in this information to identify the case:**Debtor name Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned  
Subsidiary of Radiology Express, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

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 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 June 29, 2017X /s/ Kaya Colak

Signature of individual signing on behalf of debtor

Kaya Colak

Printed name

AMBR

Position or relationship to debtor

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

Debtor name **Palm Beach-Broward Medical Imaging Center, LLC, a  
Wholly Owned Subsidiary of Radiology Express, 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
Amur Equipment Finance POB 2555 308 N. Locust St., Suite 100 Grand Island, NE 68801		Business Debt				\$5,390.90
Axis Capital POB 2555 Grand Island, NE 68802		Business Debt				\$56,130.13
Broward County Tax Collector 115 S. Andrews Ave. #A100 Fort Lauderdale, FL 33301		Real Estate Taxes				\$2,591.26
Broward County Tax Collector 115 S. Andrews Ave., #A100 Fort Lauderdale, FL 33301-1895		Real Estate Taxes				\$0.00
Direct Credit Funding, Inc. 3629 N. 700 E., Suite #200 Ogden, UT 84414		Business Debt				\$0.00
Financial Pacific Leasing 3455 S. 344th Way #300 Auburn, WA 98001		Medical Equipment				\$156,898.70

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a  
Wholly Owned Subsidiary of Radiology Express, LLC**

Case number (if known)

Name

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,	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
Howard Toland, Esquire Mitrani,Rynor, Adamsky & Toland, P.A. 1200 Weston Road, Penthouse Fort Lauderdale, FL 33326		Business Debt				\$0.00
Marlin Business Bank 2795 Cottonwood Parkway, Suite 120 Salt Lake City, UT 84121		Business Debt				\$65,000.00
Office Depot Business Credit Dept. 56-410410176271 POB 78004 Phoenix, AZ 85062-8004		Business Debt				\$2,174.24
Partner's Capital Group 65 Enterprise Drive Aliso Viejo, CA 92656		Business Debt				\$15,143.80
Providian Medical Equipment, LLC Attn: Legal Dept. 30510 Lakeland Blvd., Suite A Eastlake, OH 44095		Business Debt				\$110,000.00
Simplified Capital POB 822/48 Kings Lane Wofford Heights, CA 93285-0822		Business Debt				\$0.00
Triad Isotopes, Inc. POB 415921 Boston, MA 02241		Medical Inventory				\$2,435.00
US - Yellow Pages POB 48098 Jacksonville, FL 32247-8098		Business Debt				\$0.00

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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> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>21,711.00</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>21,711.00</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>0.00</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>2,591.26</b>
<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 5b of <i>Schedule E/F</i> .....	+\$ <b>413,172.77</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>415,764.03</b>



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

Debtor name Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, 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
3.	<b>Checking, savings, money market, or financial brokerage accounts</b> (Identify all) Name of institution (bank or brokerage firm)      Type of account      Last 4 digits of account number		
3.1.	<u>Bank of America</u> <u>Checking Account</u> <u>2037</u>		<u>\$1,511.00</u>

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.

<u>\$1,511.00</u>
-------------------

**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?

- 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.

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a  
Wholly Owned Subsidiary of Radiology Express, LLC**  
Name

Case number (If known)

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.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies Medrad Envision CT Contract Injector Purchased: 2007		\$0.00	Expert	\$1,000.00
BE XRAY Room Siemens Cosmic 2 - Refurbished Purchased 1999		\$0.00	Expert	\$100.00
IVP X-Ray Room GE Monitrol 90 - Refurbished Purchased 1997		\$0.00	Expert	\$100.00
Mammo Rooms/Digital Siemens Mammomat 3000 - Refurbished Purchased: 2001		\$0.00	Expert	\$5,000.00
Fuji Clearview CR Purchased 2007		\$0.00	Expert	\$5,000.00
Ultrasound Rooms Phillips ATL HDI 3000 - Refurbished Purchased: 2005		\$0.00	Expert	\$1,000.00
Ultrasound Rooms Phillips ATL HDI 3000 - Refurbished Purchased: 2006		\$0.00	Expert	\$2,000.00
Fuji Drypix 5000 MAX with Full DICOM NAI Box Purchased: 2007		\$0.00	Expert	\$2,000.00

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC** Case number (If known) \_\_\_\_\_  
 Name \_\_\_\_\_

**E-Films PACS Workstation Purchased: 2007** \$0.00 Expert \$300.00

**Aurora X-Ray Film Filing System Purchased: 2001** \$0.00 Expert \$1,000.00

**On-Line and Battery Pack Systems** \$0.00 Expert \$500.00

23. **Total of Part 5.** Add lines 19 through 22. Copy the total to line 84. **\$18,000.00**

24. **Is any of the property listed in Part 5 perishable?**  
 No  
 Yes

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. <b>Office furniture Desks, Chairs, File Cabinets, Storage Cabinets</b>	\$0.00	Comparable sale	\$2,200.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

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

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC**  
Name

Case number (If known)

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

<b>\$2,200.00</b>
-------------------

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?**

- 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 **Palm Beach-Broward Medical Imaging Center, LLC, a  
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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>\$1,511.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</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>\$18,000.00</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>\$2,200.00</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>+</u> <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$21,711.00</u>	<u>+</u> 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$21,711.00</u>

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

Debtor name **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned  
Subsidiary of Radiology Express, 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.

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

Debtor name **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, 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.

		Total claim	Priority amount	
2.1	Priority creditor's name and mailing address <b>Broward County Tax Collector</b> <b>115 S. Andrews Ave. #A100</b> <b>Fort Lauderdale, FL 33301</b>  Date or dates debt was incurred <b>2015</b>  Last 4 digits of account number <b>0050</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	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: <b>Real Estate Taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,591.26</b>	<b>\$0.00</b>
2.2	Priority creditor's name and mailing address <b>Broward County Tax Collector</b> <b>115 S. Andrews Ave., #A100</b> <b>Fort Lauderdale, FL 33301-1895</b>  Date or dates debt was incurred <b>2016</b>  Last 4 digits of account number <b>0050</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	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: <b>Real Estate Taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>	<b>\$0.00</b>

	<b>Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC</b>		
Debtor	Name	Case number (if known)	

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2.3	Priority creditor's name and mailing address <b>Honorable Wilfredo A. Ferrer US Attorney, Assoc Area Counsel (SBSE) 99 NE 4th St. Miami, FL 33132</b>	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	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>NOTICE ONLY</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.4	Priority creditor's name and mailing address <b>Internal Revenue Service POB 7346 Philadelphia, PA 19107-7346</b>	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	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>NOTICE ONLY</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.5	Priority creditor's name and mailing address <b>Loretta E. Lynch Attorney General of the United States 950 Pennsylvania Ave., N.W. Rm. 4400 Washington, DC 20530</b>	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	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>NOTICE ONLY</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.6	Priority creditor's name and mailing address <b>Special Asst. US Attorney Area Counsel (SBSE) 1000 South Pine Island Rd, #300 Fort Lauderdale, FL 33324</b>	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	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>NOTICE ONLY</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**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



Debtor <b>Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC</b>		Case number (if known)
Name		
3.1	Nonpriority creditor's name and mailing address <b>Amur Equipment Finance</b> <b>POB 2555</b> <b>308 N. Locust St., Suite 100</b> <b>Grand Island, NE 68801</b> Date(s) debt was incurred _ Last 4 digits of account number <u>8141</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$5,390.90</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address <b>Axis Capital</b> <b>POB 2555</b> <b>Grand Island, NE 68802</b> Date(s) debt was incurred <u>6/22/2016</u> Last 4 digits of account number <u>8141</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$56,130.13</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address <b>Direct Credit Funding, Inc.</b> <b>3629 N. 700 E., Suite #200</b> <b>Ogden, UT 84414</b> Date(s) debt was incurred <u>7/19/2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address <b>Financial Pacific Leasing</b> <b>3455 S. 344th Way #300</b> <b>Auburn, WA 98001</b> Date(s) debt was incurred <u>08/05/2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$156,898.70</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Medical Equipment</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address <b>Howard Toland, Esquire</b> <b>Mitrani,Rynor, Adamsky &amp; Toland, P.A.</b> <b>1200 Weston Road, Penthouse</b> <b>Fort Lauderdale, FL 33326</b> 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> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <b>Marlin Business Bank</b> <b>2795 Cottonwood Parkway, Suite 120</b> <b>Salt Lake City, UT 84121</b> 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> <b>\$65,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address <b>Office Depot Business Credit</b> <b>Dept. 56-410410176271</b> <b>POB 78004</b> <b>Phoenix, AZ 85062-8004</b> Date(s) debt was incurred _ Last 4 digits of account number <u>6271</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,174.24</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Palm Beach-Broward Medical Imaging Center, LLC,**  
**a Wholly Owned Subsidiary of Radiology Express,**  
**LLC**  
 Name \_\_\_\_\_

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

3.8 Nonpriority creditor's name and mailing address **Partner's Capital Group**  
**65 Enterprise Drive**  
**Aliso Viejo, CA 92656**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number **4301**

As of the petition filing date, the claim is: *Check all that apply.* **\$15,143.80**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Business Debt**  
 Is the claim subject to offset?  No  Yes

3.9 Nonpriority creditor's name and mailing address **Providian Medical Equipment, LLC**  
**Attn: Legal Dept.**  
**30510 Lakeland Blvd., Suite A**  
**Eastlake, OH 44095**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$110,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Business Debt**  
 Is the claim subject to offset?  No  Yes

3.10 Nonpriority creditor's name and mailing address **Simplified Capital**  
**POB 822/48 Kings Lane**  
**Wofford Heights, CA 93285-0822**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Business Debt**  
 Is the claim subject to offset?  No  Yes

3.11 Nonpriority creditor's name and mailing address **Triad Isotopes, Inc.**  
**POB 415921**  
**Boston, MA 02241**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$2,435.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Medical Inventory**  
 Is the claim subject to offset?  No  Yes

3.12 Nonpriority creditor's name and mailing address **US - Yellow Pages**  
**POB 48098**  
**Jacksonville, FL 32247-8098**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **Business Debt**  
 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.

	Total of claim amounts
5a. Total claims from Part 1	\$ 2,591.26
5b. Total claims from Part 2	\$ 413,172.77
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ 415,764.03

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

Debtor name **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, 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 **Computer Hard and Software**

State the term remaining **7 Months on 24 Month Lease**

List the contract number of any government contract **4002**

**Marlin Leasing Corporation  
300 Fellowship Rd.  
Mount Laurel, NJ 08054**

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

Debtor name Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, 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	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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

Debtor name Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, 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**

04/16

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 **1/01/2016** to **12/31/2016**

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

**\$548,206.00**

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

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

**\$787,177.00**

**For the fiscal year:**  
From **1/01/2014** to **12/31/2014**

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

**\$1,231,601.00**

**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 \$6,425. (This amount may be adjusted on 4/01/19 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

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC**

Case number (if known)

**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 \$6,425. (This amount may be adjusted on 4/01/19 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
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**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
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**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
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**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. <b>Financial Pacific Leasing, Inc. vs. Palm Beach Broward Medical Imaging Center, et al.</b> CACE16014360	<b>Breach of Contract</b>	<b>17th Judicial Circuit Court Fort Lauderdale, FL</b>	<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.

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
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**Part 5: Certain Losses**

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

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC**

Case number (if known)

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. Lewis & Thomas, LLP 165 East Palmetto Park Road Suite 200 Boca Raton, FL 33432	\$3500.00 Set Up Fee \$6500.00 Attorney Retainer (Plus filing fee of \$1,717.00)	6/22/17	\$10,000.00

Email or website address  
rlewis@beltlawyers.com

Who made the payment, if not debtor?

**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.

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

**Part 8: Health Care Bankruptcies**

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC**

Case number (if known)

**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
15.1.	<b>Radiology Express, LLC 1500 East Hillsboro Blvd., #110 Deerfield Beach, FL 33441</b>	<b>X-Rays &amp; Medical Imaging</b>	
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>1500 East Hillsboro Blvd., #110, Deerfield Beach, FL 33441</b>	How are records kept? <i>Check all that apply:</i>  <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**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.

**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**

**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.



Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC**

Case number (if known)

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**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

**Part 12: Details About Environment Information**

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
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**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
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**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
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**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 Do not include Social Security number or ITIN.	Dates business existed
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Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC**

Case number (if known)

**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>Linn Corporation 1730 S. Federal Highway, Suite 102 Delray Beach, FL 33483</b>	<b>2014, 2015 &amp; 2016</b>

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.

None

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
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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
------------------

**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
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**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.**

**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.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

No

Yes. Identify below.

Debtor **Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned Subsidiary of Radiology Express, LLC**

Case number (if known)

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 **June 29, 2017**

/s/ Kaya Colak  
Signature of individual signing on behalf of the debtor

Kaya Colak  
Printed name

Position or relationship to debtor **AMBR**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

- No
- Yes

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

In re Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned  
Subsidiary of Radiology Express, LLC

Debtor(s)

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

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Radiology Associates, LLC 1500 E. Hillsboro Blvd., #110 Deerfield Beach, FL 33441</b>	<b>Capital Stock</b>	<b>100%</b>	<b>Stock</b>

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

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

Date June 29, 2017

Signature /s/ Kaya Colak  
**Kaya Colak**

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

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

In re Palm Beach-Broward Medical Imaging Center, LLC, a Wholly Owned  
Subsidiary of Radiology Express, LLC  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

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

Date: June 29, 2017

/s/ Kaya Colak  
**Kaya Colak/AMBR**  
Signer/Title

Amur Equipment Finance  
 POB 2555  
 308 N. Locust St., Suite 100  
 Grand Island, NE 68801

Loretta E. Lynch  
 Attorney General of the United States  
 950 Pennsylvania Ave., N.W. Rm. 4400  
 Washington, DC 20530

US Yellow Pages  
 POB 48098  
 Jacksonville, FL 32247-8098

Axis Capital  
 POB 2555  
 Grand Island, NE 68802

Marlin Business Bank  
 2795 Cottonwood Parkway, Suite 120  
 Salt Lake City, UT 84121

Broward County Tax Collector  
 115 S. Andrews Ave. #A100  
 Fort Lauderdale, FL 33301

Marlin Leasing Corporation  
 300 Fellowship Rd.  
 Mount Laurel, NJ 08054

Broward County Tax Collector  
 115 S. Andrews Ave., #A100  
 Fort Lauderdale, FL 33301-1895

Mitrani, Rynor, Adamsky & Toland, P.A.  
 Howard S Toland, Esq.  
 2400 N Commerce Parkway  
 Ste 302  
 Fort Lauderdale, FL 33326

Direct Credit Funding, Inc.  
 3629 N. 700 E., Suite #200  
 Ogden, UT 84414

Office Depot Business Credit  
 Dept. 56-410410176271  
 POB 78004  
 Phoenix, AZ 85062-8004

Edward R. Dietz, Esquire  
 Marline Business Services Corp.  
 300 Fellowship Road  
 Mount Laurel, NJ 08054

Partner's Capital Group  
 65 Enterprise Drive  
 Aliso Viejo, CA 92656

Financial Pacific Leasing  
 3455 S. 344th Way #300  
 Auburn, WA 98001

Providian Medical Equipment, LLC  
 Attn: Legal Dept.  
 30510 Lakeland Blvd., Suite A  
 Eastlake, OH 44095

Honorable Wilfredo A. Ferrer  
 US Attorney, Assoc Area Counsel (SBSE)  
 99 NE 4th St.  
 Miami, FL 33132

Simplified Capital  
 POB 822/48 Kings Lane  
 Wofford Heights, CA 93285-0822

Howard Toland, Esquire  
 Mitrani,Rynor, Adamsky & Toland, P.A.  
 1200 Weston Road, Penthouse  
 Fort Lauderdale, FL 33326

Special Asst. US Attorney  
 Area Counsel (SBSE)  
 1000 South Pine Island Rd, #300  
 Fort Lauderdale, FL 33324

Internal Revenue Service  
 POB 7346  
 Philadelphia, PA 19107-7346

Triad Isotopes, Inc.  
 POB 415921  
 Boston, MA 02241