

**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 Miami International Medical Center, LLC

2. All other names debtor used in the last 8 years  
 Include any assumed names, trade names and doing business as names  
DBA The Miami Medical Center

3. Debtor's federal Employer Identification Number (EIN) 37-1744362

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>5959 NW 7 St</u> <u>Miami, FL 33126</u> Number, Street, City, State & ZIP Code	_____ P.O. Box, Number, Street, City, State & ZIP Code
	<u>Miami-Dade</u> County	_____ Location of principal assets, if different from principal place of business _____ Number, Street, City, State & ZIP Code

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

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

Debtor Miami International Medical Center, 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>.

6221

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 **Miami International Medical Center, LLC**  
 Name \_\_\_\_\_

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

**11. Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

No

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

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

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_

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

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

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
 Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

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

**14. Estimated number of creditors**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input 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 checked="" type="checkbox"/> 200-999		

**15. Estimated Assets**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" 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 type="checkbox"/> \$100,001 - \$500,000	<input checked="" 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 Miami International Medical Center, 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 March 9, 2018  
MM / DD / YYYY

**X /s/ Jeffrey Mason**  
Signature of authorized representative of debtor  
  
Title Chief Administrative Officer

Jeffrey Mason  
Printed name

**18. Signature of attorney**

**X /s/ Peter D. Russin**  
Signature of attorney for debtor

Date March 9, 2018  
MM / DD / YYYY

Peter D. Russin 765902  
Printed name

Meland Russin & Budwick, P.A.  
Firm name

200 South Biscayne Boulevard  
Suite 3200  
Miami, FL 33131  
Number, Street, City, State & ZIP Code

Contact phone (305) 358-6363 Email address \_\_\_\_\_

765902 FL  
Bar number and State

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

In re Miami International Medical Center, LLC

Debtor(s)

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

Chapter 11

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Jeffrey Mason**, declare under penalty of perjury that I am the **Chief Administrative Officer** of **Miami International Medical Center, LLC**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 22nd day of January, 2018.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Jeffrey Mason, Chief Administrative Officer** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Jeffrey Mason, Chief Administrative Officer** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Jeffrey Mason, Chief Administrative Officer** of this Corporation is authorized and directed to employ **Peter D. Russin 765902**, attorney and the law firm of **Meland Russin & Budwick, P.A.** to represent the corporation in such bankruptcy case."

Date January 24, 2018

Signed /s/ Jeffrey Mason  
**Jeffrey Mason**

Resolution of Board of Directors  
of  
**Miami International Medical Center, LLC**

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Jeffrey Mason, Chief Administrative Officer** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Jeffrey Mason, Chief Administrative Officer** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Jeffrey Mason, Chief Administrative Officer** of this Corporation is authorized and directed to employ **Peter D. Russin 765902**, attorney and the law firm of **Meland Russin & Budwick, P.A.** to represent the corporation in such bankruptcy case.

Date January 24, 2018

Signed /s/ Jeffrey Mason  
**Jeffrey Mason**

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

Debtor name Miami International Medical Center, LLC  
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA  
Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

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

12/15

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

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

**Declaration and signature**

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

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

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

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

Executed on March 9, 2018

X /s/ Jeffrey Mason  
Signature of individual signing on behalf of debtor

Jeffrey Mason  
Printed name

Chief Administrative Officer  
Position or relationship to debtor

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

Debtor name Miami International Medical Center, 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
Akerman LLP 350 East Las Olas Blvd. Ste 1600 Fort Lauderdale, FL 33301		professional services	Disputed			\$285,945.00
Aramark Healthcare Support Services, LLC % Jonathan L. Swichar, Esq. Duane Morris LLP 30 S 17 St Philadelphia, PA 19103-4196		services provided				\$1,442,889.00
Arthrex 1370 Creekside Blvd Naples, FL 34108		medical supplies purchased				\$407,580.66
Cardinal Health Medical Products & Serv PO Box 905867 Charlotte, NC 28290-5867		medical supplies purchased				\$1,211,985.77
Daniel T Alfonso MD 12401 Pine Needle Ln Miami, FL 33156		convertible notes				\$227,611.00
Florida Department of Revenue 5050 W Tennessee St Tallahassee, FL 32399		sales and use tax Voided Stipulation Agreement 923321544				\$187,321.70
Johnson and Johnson Healthcare PO Box 406663 Atlanta, GA 30384		medical supplies purchased				\$246,261.52



Debtor **Miami International Medical Center, LLC**  
Name \_\_\_\_\_

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	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
LDR 13785 Research Blvd Ste 200 Austin, TX 78750		medical supplies purchased				\$346,375.00
Lifecell Corporation One Millennium Way Somerville, NJ 08876		medical supplies purchased				\$309,091.66
Miami Anesthesia Services LLC 3716 NE 208 Ter Miami, FL 33180		Services Provided	Disputed			\$802,608.70
Molina Inpatient Service Inc 151 N Nob Hill Rd Ste 306 Fort Lauderdale, FL 33324		Services Provided				\$145,800.00
nThrive Inc PO Box 733492 Dallas, TX 75373-3492		Services Provided				\$200,000.00
Nuvasive 7475 Lusk Blvd San Diego, CA 92121		medical supplies purchased				\$481,556.51
OHL-Arellano Construction Company 7051 SW 12 St Miami, FL 33144		Final Award in Arbitration	Contingent Unliquidated Disputed			\$1,459,886.16
One Blood Inc 8869 Commodity Cir Orlando, FL 32819		Services Provided				\$158,422.28
Roberto A. Miki, MD 6301 SW 110 St Pinecrest, FL 33156		convertible notes				\$227,611.00
Specialty Care, Inc. Dept 1614 PO Box 11407 Birmingham, AL 35246-1614		Services Provided				\$237,358.50
Stryker Instruments 4100 E Milham Ave Kalamazoo, MI 49001		medical supplies purchased				\$162,024.85
Stryker Orthopedics 325 Corporate Dr Mahwah, NJ 07430		medical supplies purchased				\$187,584.56

Debtor **Miami International Medical Center, LLC**  
 Name \_\_\_\_\_

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Univ of Miami Miller UDC Dept of Pathology PO Box 405776 Atlanta, GA 30384		Services Provided				<b>\$493,888.38</b>

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

Debtor name Miami International Medical Center, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

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

Check if this is an amended filing

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

12/15

**Part 1: Summary of Assets**

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

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>21,399,208.39</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>21,399,208.39</u>

**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> .....	\$ <u>36,970,731.56</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>187,321.70</u>
3b. <b>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> .....	+\$ <u>30,120,515.00</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>67,278,568.26</u>

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

Debtor name Miami International Medical Center, 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. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. MidFirst Bank 501 NW Grand Blvd. Oklahoma City, OK 73118	Checking	1485	\$500.00
3.2. TD Bank	Checking	7199	\$81,724.47
4. Other cash equivalents (Identify all)			
4.1. Undeposited checks (receivables)			\$20,643.88

5. **Total of Part 1.** **\$102,868.35**  
 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.

7. Deposits, including security deposits and utility deposits		
Description, including name of holder of deposit		
7.1. Miami-Dade Water & Sewer		\$500.00

Debtor Miami International Medical Center, LLC  
Name

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

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

8.1. Healthcare RE - prepaid insurance \$68,648.97

8.2. Variety Children's Hospital dba Nicklaus - prepaid insurance in escrow with Landlord \$306,443.58

8.3. GHX - annual service contract \$2,037.50

8.4. Iron Mountain- prepaid records storage rental \$229,553.55

8.5. Fifth Avenue- prepaid contract \$18,573.00

9. **Total of Part 2.** \$625,756.60  
Add lines 7 through 8. Copy the total to line 81.

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

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

11. **Accounts receivable**

11b. Over 90 days old: 2,456,676.00 - 0.00 =... \$2,456,676.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.** \$2,456,676.00  
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**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.

Debtor Miami International Medical Center, LLC Case number (If known) \_\_\_\_\_  
 Name

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 Medical supply inventory (see Notice of Filing Asset Listing for Debtor's Schedule B)	10/31/2017	\$766,692.00	FIFO	\$766,691.62

23. Total of Part 5. \$766,691.62  
 Add lines 19 through 22. Copy the total to line 84.

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. Office furniture Miscellaneous non-medical use furniture and fixtures (see Notice of Filing Asset Listing for Debtor's Schedule B)	\$2,656,064.80	straight line	\$2,656,064.80
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Office equipment, including all computer equipment and communication systems (see Notice of Filing Asset Listing for Debtor's	\$995,807.85	straight line	\$995,807.85

Debtor Miami International Medical Center, LLC  
Name

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

**Schedule B)**

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.** **\$3,651,872.65**  
Add lines 39 through 42. Copy the total to line 86.

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.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. <b>1997 GMC truck VIN 4KDB481 R8VJ003148</b>	<b>\$1,000.00</b>		<b>\$1,000.00</b>
47.2. <b>2013 Dodge Durango</b>	<b>\$5,000.00</b>		<b>\$5,000.00</b>
<b>48. Watercraft, trailers, motors, and related accessories</b> <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
<b>49. Aircraft and accessories</b>			
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
<b>Medical equipment and instruments (see Notice of Filing Asset Listing for Debtor's Schedule B)</b>	<b>\$12,997,665.80</b>	<b>straight line</b>	<b>\$12,997,665.80</b>
<b>Leased medical equipment (see Notice of Filing Asset Listing for Debtor's Schedule B)</b>	<b>Unknown</b>		<b>Unknown</b>

51. **Total of Part 8.** **\$13,003,665.80**  
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**  
 No  
 Yes

Debtor Miami International Medical Center, LLC  
Name

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

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?  
 No  
 Yes

**Part 9: Real property**

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

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

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

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Lease of 5959 NW 7th St., Miami, FL 33126 Parcel 01-4001-004-1020 Parcel 01-4001-004-1270 Parcel 01-4001-004-1300 Parcel 01-4001-004-1580 Parcel 01-4001-004-1590 Parcel 30-3036-002-0030	Lease	Unknown		Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

<b>\$0.00</b>
---------------

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

- No  
 Yes

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

- No  
 Yes

**Part 10: Intangibles and intellectual property**

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	---	---	------------------------------------

60. Patents, copyrights, trademarks, and trade secrets



Debtor Miami International Medical Center, LLC Case number (If known) \_\_\_\_\_  
 Name

61. **Internet domain names and websites**  
www://miamimedicalcenter.com Unknown Unknown

62. **Licenses, franchises, and royalties**  
**Florida Hospital License (AHCA) and Certificate of Need**  
Unknown Unknown

**Other Operational Licenses (see Notice of Filing Asset Listing for Debtor's Schedule B)**  
Unknown Unknown

63. **Customer lists, mailing lists, or other compilations**  
**Databases: Cerner EMR Patient List, Web-page Referral Submission List, and Facebook Fan Page List**  
**The Cerner EMR was hosted by Nicklaus Children's Hospital, so the Patient List is captured therein. That database is accessible through NCH IT. The Web-page Referral Submission List was captured in a form used when potential clients, both domestic and international, would browse our web-page and inquire about services that we had to offer them. This was set up by NueHealth and a third party company named OPR, and should be accessible through one of those entities. The FaceBook Fan Page list is attached to our FaceBook site and should be accessible therein.**  
Unknown Unknown

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.** **\$0.00**  
 Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?  
 No  
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**  
 No  
 Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**  
 No  
 Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**  
 Include all interests in executory contracts and unexpired leases not previously reported on this form.  
 No. Go to Part 12.  
 Yes Fill in the information below.

Debtor Miami International Medical Center, LLC  
Name

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

Current value of debtor's interest

71. **Notes receivable**  
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**  
**Harvard Jolly, Inc. and RCG Electrical & Mechanical Works, LLC** **Unknown**

<b>Nature of claim</b>	<u>electrical design deficiencies</u>	
<b>Amount requested</b>	<u>\$0.00</u>	

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*  
**non trade receivable - Miami Metropolitan Hospital (2013) AHCA tax free reimbursement** **\$585,959.00**

**non trade receivable -Miami Metropolitan Hospital (2014) AHCA tax free reimbursement** **\$184,523.00**

**Credit balances:**  
**Cingtas \$470.13**  
**Bausch+ Lomb Surgical \$725.24** **\$1,195.37**

**non trade receivable from reverse distributor for pharmaceutical inventory** **\$20,000.00**

78. **Total of Part 11.** **\$791,677.37**  
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**  
 No  
 Yes

Debtor Miami International Medical Center, LLC  
Name

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

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$102,868.35</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$625,756.60</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$2,456,676.00</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>\$766,691.62</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>\$3,651,872.65</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$13,003,665.80</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>\$791,677.37</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$21,399,208.39</u>	+ 91b. <span style="border: 1px solid black; padding: 2px;"><u>\$0.00</u></span>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$21,399,208.39</u>

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

Debtor name Miami International Medical Center, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA

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

Check if this is an amended filing

**Official Form 206D**

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

12/15

Be as complete and accurate as possible.

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

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

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

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

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p>2.1</p> <p><b>General Electric Capital Corp</b></p> <p>Creditor's Name</p> <p><b>PO Box 641419</b></p> <p><b>Pittsburgh, PA 15264-1419</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>12/11/2015</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>MRI Lease: Signa HDXT MRI Contract 9826510001</b></p> <p><b>Describe the lien</b></p> <p><b>UCC-1</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p><b>\$413,937.00</b></p>	<p><b>Unknown</b></p>
<p>2.2</p> <p><b>General Electric Capital Corp</b></p> <p>Creditor's Name</p> <p><b>PO Box 641419</b></p> <p><b>Pittsburgh, PA 15264-1419</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>CT Lease</b></p> <p><b>Describe the lien</b></p> <p><b>UCC-1</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b></p> <p>Check all that apply</p>	<p><b>\$230,856.00</b></p>	<p><b>Unknown</b></p>

Debtor **Miami International Medical Center, LLC**  
Name

Case number (if know)

- No  
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent  
 Unliquidated  
 Disputed

<b>2.3</b>	<b>Intuitive Surgical Inc</b> Creditor's Name <b>1266 Kifer Rd</b> <b>Bldg 101</b> <b>Sunnyvale, CA 94086-5304</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>One da Vinci Si Certified Pre Owned FireFly Fluorescence System Single Console</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  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	<u>\$425,273.35</u>	<u>Unknown</u>
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<b>2.4</b>	<b>Laser Surgical of Florida Inc</b> Creditor's Name <b>555 NE 15 St</b> <b>Ste 21-A</b> <b>Miami, FL 33132</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>1/17/2018</b> Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Judgment Lien J18000022764</b>  Describe the lien <b>Judgment Lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  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	<u>\$84,565.04</u>	<u>Unknown</u>
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<b>2.5</b>	<b>MidFirst Bank</b> Creditor's Name   <b>501 NW Grand Blvd</b> <b>Oklahoma City, OK 73118</b> Creditor's mailing address	Describe debtor's property that is subject to a lien <b>All accounts, accounts receivable, government and non-government health care accounts receivable and health care insurance receivables and all proceeds and products thereof.</b>  Describe the lien <b>Revolving Note</b>	<u>\$9,400,000.00</u>	<u>Unknown</u>
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Debtor **Miami International Medical Center, LLC**  
Name

Case number (if know) \_\_\_\_\_

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

1. Variety Children's Hospital dba Nicklaus
2. MidFirst Bank

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

2.6 **Olympus America Inc**

Creditor's Name

**3500 Corporate Pkwy  
Center Valley, PA 18034**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**medical equipment**

**\$18,513.39**

**Unknown**

Describe the lien

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

2.7 **US Bank Equipment Finance**

Creditor's Name

**1310 Madrid St  
Marshall, MN 56258**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**10/10/2016**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**Copiers  
Contract No. 500-0456198-000**

**\$123,893.78**

**Unknown**

Describe the lien

**UCC-1**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Miami International Medical Center, LLC**  
Name

Case number (if know)

- No  
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent  
 Unliquidated  
 Disputed

2.8	<b>Variety Children's Hospital dba Nicklaus</b> <small>Creditor's Name</small> <b>3100 SW 62 Ave</b> <b>501 NW Grand Blvd</b> <b>Attn: CFO</b> <b>Miami, FL 33155</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <b>Specified on line 2.5</b>	<b>Describe debtor's property that is subject to a lien</b> <b>See attached</b>  <b>Describe the lien</b> <b>Term Note</b> <b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$26,273,693.00</b>	<b>Unknown</b>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$36,970,731.56**

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

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

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

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<b>Dex Imaging, Inc.</b> 5109 W Lemon St Tampa, FL 33609	Line <u>2.7</u>	
<b>Jorge L. Fors, Jr., Esq.</b> Fors Attorneys at Law 1108 Ponce de Leon Blvd Miami, FL 33134	Line <u>2.4</u>	
<b>Nichole Lamoureaux</b> Property Operations Specialist 3100 SW 62 Ave Miami, FL 33155	Line <u>2.8</u>	
<b>Olympus</b> 5190 NW 167 St Hialeah, FL 33014	Line <u>2.6</u>	

Debtor Miami International Medical Center, LLC  
Name

Case number (if know) \_\_\_\_\_

**US Bank Equipment Finance**  
**Attn: Contracts Dept/General Counsel**  
**1020 Kifer Rd**  
**Sunnyvale, CA 94086**

Line 2.7



FLORIDA SECURED TRANSACTION REGISTRY

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE  
FINANCING STATEMENT AMENDMENT FORM**

**FILED**

**2018 Jan 26 PM 04:33**

\*\*\* 201803973682 \*\*\*

\*\*\*D \* 20170011FA-42.00\*\*\*42.00\*\*\*

**A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON**  
 John W. Funk 405/272-5710  
**Email Address** jfunk@cwlaw.com  
**B. SEND ACKNOWLEDGEMENT TO:**  
**Name** John W. Funk, Esq.  
**Address** Conner & Winters, LLP  
**Address** 211 N. Robinson, Suite 1700  
**City/State/Zip** Oklahoma City, Oklahoma 73102

TH

**1a. INITIAL FINANCING STATEMENT FILE #**  
201504643818

**1b.**  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

**2. CURRENT RECORD INFORMATION – DEBTOR NAME – INSERT ONLY ONE DEBTOR NAME (2a OR 2b)**

**2a. ORGANIZATION'S NAME**  
Miami International Medical Center, LLC

<b>2b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
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**3. CURRENT RECORD INFORMATION – SECURED PARTY NAME – INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)**

**3a. ORGANIZATION'S NAME**  
MidFirst Bank

<b>3b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
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**4.**  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

**5.**  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

**6.**  **ASSIGNMENT**  Full or  Partial: Give name of assignee in item 9a or 9b and address of assignee in item 9c; and also give name of assignor in item 11.

**7.**  **AMENDMENT (PARTY INFORMATION):** This Amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 8 and/or 9.

**CHANGE** name and/or address: Give current record name in item 8a or 8b;  **DELETE** name: Give record name to be deleted in item 8a or 8b.  **ADD** name: Complete item 9a or 9b, and 9c.  
 Also give new name (if name change) in item 9a or 9b and/or new address (if address change) in item 9c.

**8. CURRENT RECORD INFORMATION – INSERT ONLY ONE NAME (8a OR 8b) – Do Not Abbreviate or Combine Names**

**8a. ORGANIZATION'S NAME**  
Miami International Medical Center, LLC

<b>8b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
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**9. CHANGED (NEW) OR ADDED INFORMATION: – INSERT ONLY ONE NAME (9a OR 9b) – Do Not Abbreviate or Combine Names**

**9.a ORGANIZATION'S NAME**  
Variety Children's Hospital

<b>9.b INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
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**9.c MAILING ADDRESS Line One**  
3100 S.W. 82nd Avenue

This space not available.

<b>MAILING ADDRESS Line Two</b>	<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>	<b>COUNTRY</b>
	Miami	FL	33155	USA

**10. AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral  DELETE or  ADD, or give entire  RESTATE collateral description, or describe collateral  ASSIGN collateral

All of the Debtor's equipment, medical equipment, computer equipment, computer hardware, computer software, computer software licenses, medical supplies, furniture and hospital beds and all proceeds and products thereof as described in the Lender's UCC-1 Financing Statement No. 201504643818 filed with the Florida Secured Transaction Registry (the "UCC-1"), including without limitation, the items set forth on Exhibit A attached hereto (the "Assigned Assets"), but excluding all other collateral described in the UCC-1, including but not limited to, all accounts, accounts receivable, government and non-government health care accounts receivable and health care insurance receivables, and all proceeds and products thereof.

**11. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

**11a. ORGANIZATION'S NAME**  
MidFirst Bank

<b>11b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
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**12. OPTIONAL FILER REFERENCE DATA** 07248-0182 (MidFirst Bank/Miami International Medical Center)

956318

**EXHIBIT "A"****Assigned Assets List**

1	Furniture & Fixtures	BENSONWEDO, LLC	Misc Furniture
2	Furniture & Fixtures	BENSONWEDO, LLC	Furniture - 2nd floor ptnt room
3	Furniture & Fixtures	BENSONWEDO, LLC	Furniture - 3rd floor ptnt rm
4	Furniture & Fixtures	MIZUHO	Control, Imaging TOP
5	Furniture & Fixtures	BENSONWEDO, LLC	Furniture - 1st Floor
6	Furniture & Fixtures	BENSONWEDO, LLC	Final Payment
7	Furniture & Fixtures	BENSONWEDO, LLC	Furniture Purchase
8	Furniture & Fixtures	BENSONWEDO, LLC	Signage
9	Furniture & Fixtures	Pedigo	Carts, hampers, stools
10	Furniture & Fixtures	BENSONWEDO, LLC	Furniture installation
12	Furniture & Fixtures	BENSONWEDO, LLC	Installation
13	Furniture & Fixtures	MIZUHO	Table and Traction Boot
14	Furniture & Fixtures	BENSONWEDO, LLC	50% Deposit furniture
15	Furniture & Fixtures	ASR	Keypad Control
16	Furniture & Fixtures	ADVANCED ELECTRONICS	TV (56) and Cables
17	Furniture & Fixtures	Direct Supply	Frigerators (49), Microwaves (14)
18	Furniture & Fixtures	Schaerer Medical	Surgery Table
19	Furniture & Fixtures	Datex Ohmeda, Inc	Infant warmer system
20	Furniture & Fixtures	BENSONWEDO, LLC	Furniture - 1st Floor Furn
21	Furniture & Fixtures	BENSONWEDO, LLC	Mirrors and Plexi Glass
22	Furniture & Fixtures	BENSONWEDO, LLC	Furniture - 3rd floor support
24	Furniture & Fixtures	BENSONWEDO, LLC	furniture - Mirror/Evac
25	Furniture & Fixtures	BENSONWEDO, LLC	Furniture sales tax paid
26	Furniture & Fixtures	Maquet	Universal Core and Freight
27	Furniture & Fixtures	BENSONWEDO, LLC	Furniture - 2nd floor
28	Furniture & Fixtures	Leica	Microtome, Crystat
29	Furniture & Fixtures	Future Health Concepts Inc	Cabinet and Shelving (9)
30	Furniture & Fixtures	Aramark, BensonWedd	Smallwares
31	Furniture & Fixtures	BENSONWEDO, LLC	Furniture - 2nd floor support
32	Furniture & Fixtures	BENSONWEDO, LLC	Furniture - patient room
33	Furniture & Fixtures	GE Healthcare	File Holder Cabinets
34	Furniture & Fixtures	Grainger	Trash Cans, fire blanket
35	Furniture & Fixtures	Direct Supply	Side by Side Fridge
36	Furniture & Fixtures	BENSONWEDO, LLC	Furniture- 1st Floor

38	Furniture & Fixtures	BENSONWEDD, LLC	Furniture
39	Furniture & Fixtures	Network	Roll Towel Dispenser (400)
40	Furniture & Fixtures	BENSONWEDD, LLC	Moulding Supplies
41	Furniture & Fixtures	BENSONWEDD, LLC	QS Recliners
42	Furniture & Fixtures	BENSONWEDD, LLC	Furniture
43	Furniture & Fixtures	BENSONWEDD, LLC	Signs in Braille
44	Furniture & Fixtures	BENSONWEDD, LLC	Interior Design, IKEA furniture
45	Furniture & Fixtures	BENSONWEDD, LLC	Furniture - 3rd floor add on
46	Furniture & Fixtures	BENSONWEDD, LLC	Conference Room Chairs
47	Furniture & Fixtures	Hill-Rom	Contract Invoice
48	Furniture & Fixtures	Office Furniture Warehouse	Conference Table
49	Furniture & Fixtures	Cort Business	
50	Furniture & Fixtures	Hill-Rom	2nd Floor ICU
51	Furniture & Fixtures	JE & SON SUPPLY	tankless Water Heater
52	Hardware	MIAMI CHILDREN'S HEALTH SYSTEM	Cerner Startup and Testing
53	Hardware	MIAMI CHILDREN'S HEALTH SYSTEM	CABLING, PHONES, PC EQUIP
54	Hardware	MIAMI CHILDREN'S HEALTH SYSTEM	final payment to \$5M contract
55	Hardware	GHX	Trading Partner Acceleration Provider Exchange
56	Hardware	Strategic	128 Motorola systems
57	Hardware	MIAMI CHILDREN'S HEALTH SYSTEM	EQUIPMENT PURCHASE
58	Hardware	Security 101	Security equipment and install
59	Hardware	MAVICOR LLC	Network Hardware
60	Hardware	Mindray	BOM SOFTWARE
61	Hardware	Greenline Home Theater	TV's
62	Hardware	Oppor	SERVERS
63	Hardware	Smith's Medical	Medication Safety Software
64	Hardware	AB&A	Website development
65	Hardware	MAVICOR LLC	Ipads (20)
66	Hardware	Zones	Scanners (10)
67	Hardware	MAVICOR LLC	Phones (10)
68	Hardware	Security 101	Security equipment
69	Hardware	Advanced Electronics	TV for conference room
70	Hardware	MAVICOR LLC	Installation and Air Mac book
71	Hardware	MAVICOR LLC	Mcbook Pro
72	Hardware	NUETERRA HOLDINGS	Macbook for L. Huntley
73	Instruments	Intuitive Surgical	Misc Instruments- forceps, graspers, endoscope assy

0

74	Instruments	Arthrex	Shoulder instrument set
75	Instruments	Arthrex	Tenodesis instrument set
76	Instruments	Applied Medical	reusable grasper handle
77	Instruments	Carefusion	Puls machine
78	Instruments	Karl Storz	flexible cystoscope
79	Instruments	Olympus	Vacuum curettage system
80	Instruments	Alcon	forceps, scrapers
81	Instruments	Arthrex	coupler, zoom, hd, c mount (2)
82	Instruments	Mindray	Ultrasonic Transducer
83	Instruments	Labco	nerve Stimulator (3)
85	Instruments	network	mounting bracket
86	Instruments	3m	2 attest auto reader
87	Instruments	Steris	Install Sonic Console
88	Instruments	steris	Extron USB extender Plus
89	Instruments	Arthex	metal cannula
90	Instruments	Aesculap	Micro Pituitary Rongeur
91	Instruments	Aesculap	Tenaculum Grasper (2)
92	Instruments	Olympus	Optical Urethrotome Sheath
93	Instruments	Aesculap	Right Angle Dissector (2)
94	Instruments	Arthex	Con OBT Sheath w/ handle (7)
95	Instruments	cardinal	Holder triple glove box stainless steel (14)
96	Instruments	Aesculap	Henry Retractor Set w/ accessories
97	Instruments	CLAFLIN Medical Equipment	LED Exam lamp (2)
98	Instruments	Aesculap	OB instruments
99	Instruments	CLAFLIN Medical Equipment	Wis-Hipple fiber optic blades
100	Medical Equipment	Intuitive Surgical	ISA000 Da Vinci System
101	Medical Equipment	Steris Corporation	OR EQUIPMENT
102	Medical Equipment	Stryker Instruments	Misc drills, saws, laproscopes
104	Medical Equipment	GE Healthcare	12 Anesthesia Machines
105	Medical Equipment	Hill-Rom	Equipment of beds
107	Medical Equipment	PHILIPS HEALTHCARE	Patient Monitor Station
108	Medical Equipment	Aesculap	Medical Instruments
110	Medical Equipment	Steris Corporation	SURG LIGHT W MONITOR MOUNT(14)
111	Medical Equipment	Stryker Endoscopy	Cameras
112	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Hill-Rom Lexmark Round Tower
113	Medical Equipment	Carl Zeiss, Meditec, Inc	Kmat opmi Lumera 700

114	Medical Equipment	GE Healthcare	Precision 500 D Used
115	Medical Equipment	Stryker Sales	Equipment
116	Medical Equipment	Covidien	Equipment
117	Medical Equipment	Datex Ohmeda, Inc	Infant warmer, care system
118	Medical Equipment	Steris Corporation	VPRO, AMSCO- PLUS TAX
119	Medical Equipment	Zoll	Advisory R Series
120	Medical Equipment	Olympus	Equipment
121	Medical Equipment	PHILIPS HEALTHCARE	Patient Monitor
122	Medical Equipment	Steris Corporation	V-Pro Max
123	Medical Equipment	PHILIPS HEALTHCARE	Installation and quipment- OB
124	Medical Equipment	Baxter Healthcare Corp	IV Connector
125	Medical Equipment	Steris Corporation	QR LIGHTS (3)
126	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Cerner Hill-Rom Greenline
127	Medical Equipment	Help	Equipment Planning
128	Medical Equipment	Edward Don & Company	Equipment 2nd Deposit
129	Medical Equipment	OEC Medical	9900 Elite motor driven
130	Medical Equipment	OEC Medical	9900 Elite motor driven
131	Medical Equipment	Smith's Medical	Pump kits
132	Medical Equipment	Steris Corporation	Installation of Equipment
133	Medical Equipment	Alcon Laboratories, Inc	Constellation LXT
134	Medical Equipment	Medtronic USA Inc	Balloon Seeker
135	Medical Equipment	Steris Corporation	VISION, PLUS TAX
136	Medical Equipment	Edward Don & Company	Diswasher. Trash collector
137	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Hill-Rom IT outlet Round Tower
138	Medical Equipment	Steris Corporation	CAVIWAVE PRO SONIC CONSOLE
139	Medical Equipment	Amico	AHM Falcon station (65)
140	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Cerner, Computer, and Zone inv
141	Medical Equipment	Steris Corporation	Installation of Equipment
142	Medical Equipment	Hill Rom	dinical training
143	Medical Equipment	OrthoScan	Mni-Arm
144	Medical Equipment	GE Healthcare	Trade In
145	Medical Equipment	GE Healthcare	GS Logiq
146	Medical Equipment	GE Healthcare	Vfireless Connectivity
147	Medical Equipment	GE Healthcare	Bivo System
148	Medical Equipment	Smith's Medical	Medfusion pump (16)
149	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Becom System and Hill-Rom Com

150	Medical Equipment	GE Healthcare	Bassinets	0
152	Medical Equipment	Amico	Foot Control Console	
153	Medical Equipment	Medtronic USA Inc	Patient Monitor	
154	Medical Equipment	PHILIPS HEALTHCARE	Versacare Beds	
155	Medical Equipment	Hill-Rom	clinical training	
156	Medical Equipment	Hill Rom	Equipment Drill	
157	Medical Equipment	Stryker Sales	CLEAR OUT GP ACTIVITY	
158	Medical Equipment	Stryker	Medical Equipment	
160	Medical Equipment	Aescula p	HARMONY AIR	
161	Medical Equipment	Steris Corporation	Medical Equipment	
162	Medical Equipment	Aescula p	Instrument kit	
163	Medical Equipment	Medtronic USA Inc	Solanus	
164	Medical Equipment	Bayer Healthcare	Equipment	
165	Medical Equipment	Medtronic USA Inc	pharmogistics	
166	Medical Equipment	Carefusion Solutions	Light Source	
167	Medical Equipment	Integra Lifescience	clinical training	
169	Medical Equipment	Hill Rom	12" Vascular 9800 upgrade kit	
170	Medical Equipment	DEC Medical	Ice Dispenser	
171	Medical Equipment	Edward Don & Company	Ultra-Light Camera	
172	Medical Equipment	Olympus	Equipment	
173	Medical Equipment	Mindray	Procedure Table	
174	Medical Equipment	GE Healthcare	4 CEILING LIGHT	
175	Medical Equipment	Steris Corporation	Instruments	
176	Medical Equipment	Medtronic USA Inc	Medical Equipment	
177	Medical Equipment	Stryker Endoscopy	Medical Equipment	
178	Medical Equipment	Allen Medical Systems, Inc	Equipemnt	
179	Medical Equipment	CLAFLINMedical Equipment	Versacare Bed Accessories	
180	Medical Equipment	Hill-Rom	clinical training	
181	Medical Equipment	Hill Rom	equipment and Installation	
182	Medical Equipment	PHILIPS HEALTHCARE	MySource Control Unit	
183	Medical Equipment	Hologic	pump implementation	
184	Medical Equipment	Baxter Healthcare Corp		
185	Medical Equipment	Aescula p		0
186	Medical Equipment	3M	Coding System	
187	Medical Equipment	InterMetro	Equipment	
188	Medical Equipment	Medtronic USA Inc	Tables and Frames	

189	Medical Equipment	Hill Rom	dinical training	
190	Medical Equipment	Stryker Endoscopy	Video Cart	
191	Medical Equipment	Carl Zeiss, Meditec, Inc	Microscope	
192	Medical Equipment	Bayer Healthcare	MARK 7 ARTERION PEDESTAL SYS	
193	Medical Equipment	Arthrex	Positioners	
194	Medical Equipment	GE Healthcare	Logiq Required Items	
195	Medical Equipment	Anico	Oxygen Flowmeters	
196	Medical Equipment	Medtronic USA Inc	AEX Generator	
197	Medical Equipment	DB Surgical	Table Clamp - Equipment	
198	Medical Equipment	Hill-Rom	Patient Monitors	
200	Medical Equipment	Olympus	Instruments	
201	Medical Equipment	Hill Rom	dinical training	
202	Medical Equipment	GE Healthcare	Wireless Connectivity	
203	Medical Equipment	Verathon	Laryngoscope cart	
204	Medical Equipment	Verathon	Equipment - Minor	
205	Medical Equipment	Medtronic USA Inc	Instrument Kit	
206	Medical Equipment	Medtronic USA Inc	Equipment	
207	Medical Equipment	Cosman Medical Inc	Generator - Radiofrequency	
208	Medical Equipment	Help		0
209	Medical Equipment	Covidien	monitors	
210	Medical Equipment	ADVANCED ELECTRONICS	42" and 55" TV	
211	Medical Equipment	Olympus	Medical Equipment	
212	Medical Equipment	Hill Rom	dinical training	
213	Medical Equipment	Mortara Instruments, Inc	EKG with Cart	
214	Medical Equipment	GE Healthcare		0
215	Medical Equipment	Hill Rom	dinical training	
217	Medical Equipment	Verathon	Equipment	
218	Medical Equipment	MOPEC	Equipment	
219	Medical Equipment	Natus	Endo Screen Equipment	
220	Medical Equipment	Natus	Papoose Board	
221	Medical Equipment	Olympus	Cart	
222	Medical Equipment	Keeler Instruments	Equipment	
224	Medical Equipment	Anico	Fakon workstation accessories	
225	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Sales Tax	
226	Medical Equipment	Steris Corporation	Water Control Sensor	
227	Medical Equipment	Olympus	Instruments	

228	Medical Equipment	Hill-Rom	Patient Monitors
229	Medical Equipment	Aesculap	Medical Equipment
230	Medical Equipment	Jeffrey Allen Inc	8 Passenger Vehicle
231	Medical Equipment	InterMetro	Equipment storage
232	Medical Equipment	Aesculap	Supplies: Instruments
233	Medical Equipment	Alcon Laboratories, Inc	Equipment Medical
234	Medical Equipment	Zones	45 desks
235	Medical Equipment	InterMetro	Assembly Charge
236	Medical Equipment	Hill Rom	clinical training
237	Medical Equipment	Olympus	airway mobilscope intubation s
238	Medical Equipment	Pedigo Products, Inc	Cart with Casters
239	Medical Equipment	CLAFLINMedical Equipment	Miller fiber optic blades
240	Medical Equipment	CLAFLINMedical Equipment	Supplies: Medical Equipment
241	Medical Equipment	InterMetro	Shelving Assembly Charge
242	Medical Equipment	Hologic	Hysteroscope Equipment
243	Medical Equipment	Southern Medical	Dose Packing Machine
244	Medical Equipment	MOPEC	Disposal and Foot Pedal
245	Medical Equipment	Aesculap	
246	Medical Equipment	Steris Corporation	Connector Kit
247	Medical Equipment	Steris Corporation	CONNECTOR KITS (14)
248	Medical Equipment	Olympus	Medical Equipment
249	Medical Equipment	Zones	wristbank printers and radios
250	Medical Equipment	Alcon Laboratories, Inc	Constellation 3 kits
251	Medical Equipment	OEC Medical	Spectre footswitch
252	Medical Equipment	Olympus	Equipment
254	Medical Equipment	CLAFLINMedical Equipment	Instuments
255	Medical Equipment	Steris Corporation	Harmony Equipment
256	Medical Equipment	CLAFLINMedical Equipment	Pediatric Scale Weighting Cart
257	Medical Equipment	Stryder Endscopy	Arthroscope
258	Medical Equipment	Allen Medical Systems, Inc	Leg Holder System
259	Medical Equipment	Zones	image scanner
260	Medical Equipment	Medtronic USA Inc	Hydrobrider
261	Medical Equipment	Hill-Rom	Versacare Beds asseccories
262	Medical Equipment	Innovative Medical Products, Inc	MorphBoards
263	Medical Equipment	Arthrex	HD C Mount
264	Medical Equipment	CLAFLINMedical Equipment	Miller fiber optic blades

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265	Medical Equipment	Alcon Laboratories, Inc	Occular Implants
266	Medical Equipment	InterMetro	Back Panel of Equipment
267	Medical Equipment	Merry X-Ray, Inc	Wheelchair equipment
268	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Security and Items for Build
269	Medical Equipment	Steris Corporation	Medium Sterilizer
270	Medical Equipment	CLAFLIN Medical Equipment	Miller fiber optic blades
271	Medical Equipment	Steris Corporation	Install Chamber Washer
272	Medical Equipment	Steris Corporation	install washer
273	Medical Equipment	Allen Medical Systems, Inc	Chair Cart
274	Medical Equipment	Stryker Sales	Surgi Stool (2)
275	Medical Equipment	Arthrex	Medical Equipment
276	Medical Equipment	Southern Medical	Thermal label printer
277	Medical Equipment	Steris Corporation	HARNESSE ASSEMBLY
278	Medical Equipment	Steris Corporation	HARNESSE ASSEMBLY
280	Medical Equipment	Arthrex	Prep Board
281	Medical Equipment	Amico	Adjustable Arm
282	Medical Equipment	Smith's Medical	Supplies: Medical
283	Medical Equipment	Steris Corporation	Carts
284	Medical Equipment	Steris Corporation	MEDVAC
285	Medical Equipment	Steris Corporation	Universal Port Connection
286	Medical Equipment	CLAFLIN Medical Equipment	MRU & CT transfer Boards
287	Medical Equipment	Arthrex	brimano adapter (2)
288	Medical Equipment	Steris Corporation	INstall Sonic Console
289	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Sales Tax for equipment
290	Medical Equipment	Steris Corporation	wire case with power
291	Medical Equipment	CLAFLIN Medical Equipment	Malignant Hyperthermia Deluxe Cart
292	Medical Equipment	Arthrex	Metal Cannula instruments
293	Medical Equipment	INtegrated Medical Systems	Medium Autoclave
294	Medical Equipment	Olympus	Optical Sheath
295	Medical Equipment	Edward Don & Company	Medical Stand
296	Medical Equipment	steris	V Pro installation
297	Medical Equipment	Steris Corporation	Installation
298	Medical Equipment	Arthrex	Scope Sheath
299	Medical Equipment	Steris Corporation	Specialty Billing
300	Medical Equipment	Hill-Rom	Affinity Mattress
301	Medical Equipment	GE Healthcare	Printer paper and Chem indicat

302	Medical Equipment	Olympus	taxes- 7%	
305	Medical Equipment	Arthrex	Ankle Arthroscopy	
306	Medical Equipment	MIAMI CHILDREN'S HEALTH SYSTEM	Taxes for Dell Hardware	
307	Medical Equipment	Steris Corporation	Funnel and cap assembly	
308	Medical Equipment	Covidien	Monopolar Adapter	
309	Medical Equipment	Hill-Rom	Wireless Bed	
310	Medical Equipment	Alcon Laboratories, Inc	Supplies; Medical	
311	Medical Equipment	Steris Corporation	Double Sink	
312	Medical Equipment	Steris Corporation	Double Sink	
313	Medical Equipment	Arthrex	Supplies; Medical	
314	Medical Equipment	Arthrex	Offset Guide	
315	Medical Equipment	Covidien	Platform	
316	Moveable Med Equipment	Arthrex		0
317	Moveable Med Equipment	Stryker		0
318	Moveable Med Equipment	Carl Zeiss, Meditec, Inc		0
319	Moveable Med Equipment	Intuitive Surgical	Endoscopes (4)	
320	Moveable Med Equipment	Arthrex	Instrument sets (6)	
321	Moveable Med Equipment	Olympus	Cam head (3), telescope (5)	
322	Moveable Med Equipment		Recl Assets after sale	
323	Moveable Med Equipment	Arthrex	ACL instrument set	
324	Moveable Med Equipment	InterMetro	Cart with Casters	
325	Moveable Med Equipment	Johnson & Johnson	QMC-V Generator System	
326	Moveable Med Equipment	Conmed	Airseal IFS, 110V	
327	Moveable Med Equipment	Intuitive	Instrument Starter Kit	
329	Moveable Med Equipment	InterMetro	Lifeline Code Response cart	
330	Moveable Med Equipment	Intuitive Surgical	IS3000 sealer	
331	Moveable Med Equipment	Verathon	laryngoscope Cart	
332	Moveable Med Equipment	Steris Corporation	Camera and Supplies	
333	Moveable Med Equipment	Stryker	Eye Surgery Stretcher	
334	Moveable Med Equipment	Smith's Medical	16 pumps	
335	Moveable Med Equipment	Carefusion		0
336	Moveable Med Equipment	The Bimeco	Transport Incubator	
337	Moveable Med Equipment	Network		0
338	Moveable Med Equipment	InterMetro	LINEN TRUCKS (7)	
339	Moveable Med Equipment	Intermetro	Chrome Med carts	
340	Moveable Med Equipment	M&B Factory Systems Installations Inc	Linens Trucks Installation	

341	Moveable Med Equipment	Medtronic		0
342	Moveable Med Equipment	Medtronic		0
343	Moveable Med Equipment	Cliflin	Mobile floor lift	
344	Moveable Med Equipment	Aesulap	Misc drills, distractors	
345	Moveable Med Equipment	Bausch and Lomb	Instrument Tray	
346	Moveable Med Equipment	Cliflin	Laryng blades	
347	Moveable Med Equipment	Allen Medical Systems	Pal Pro Stirrups with clamp	
348	Moveable Med Equipment	Allen Medical	Allen Bow Frame	
349	Moveable Med Equipment	Arthrex		0
350	Moveable Med Equipment	Cliflin		0
351	Moveable Med Equipment	Pedigo	N Stands (20)	
352	Moveable Med Equipment	Arthrex	Ankle Arthroscopy Case	
353	Moveable Med Equipment	Arthrex		0
354	Moveable Med Equipment	Alcon	Passive Dr Filter (2)	
355	Moveable Med Equipment	Intuitive	Mega Suturecut ND, IS4000	
356	Moveable Med Equipment	intermetro		0
357	Moveable Med Equipment	Steris		0
358	Moveable Med Equipment	Philips	Fetal monitoring system	
359	Moveable Med Equipment	DB Surgical	Kennison Rongeur Micro (4)	
360	Moveable Med Equipment	Steris		0
361	Moveable Med Equipment	Conmed	IFS Cart with Valve	
362	Moveable Med Equipment	Philips		0
363	Moveable Med Equipment	Arthrex	C-mount AR Scope	

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

Debtor name Miami International Medical Center, 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>Florida Department of Revenue</b> <b>5050 W Tennessee St</b> <b>Tallahassee, FL 32399</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>\$187,321.70</b>	<b>\$187,321.70</b>
	Date or dates debt was incurred  Last 4 digits of account number <b>9560</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>sales and use tax</b> <b>Voided Stipulation Agreement 923321544</b>		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Florida Department of Revenue</b> <b>5050 W Tennessee St</b> <b>Tallahassee, FL 32399</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>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred <b>2017</b> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>personal property taxes</b>		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<u>Miami International Medical Center, LLC</u> <small>Name</small>	Case number (if known)	
2.3	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</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>Unknown</b> <b>Unknown</b>
	Date or dates debt was incurred _____	Basis for the claim: <b>for notice purposes</b>	
	Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <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.

			<b>Amount of claim</b>
3.1	Nonpriority creditor's name and mailing address <b>3M Health Information Systems</b> <b>575 West Murray Blvd</b> <b>Salt Lake City, UT 84123-4611</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>lease/contract - See Schedule G</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.2	Nonpriority creditor's name and mailing address <b>A.A. Fire Equipment Company Inc</b> <b>480 NE 159 St</b> <b>Miami, FL 33162</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services Provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$363.80</b>
3.3	Nonpriority creditor's name and mailing address <b>Abbott Laboratories</b> <b>75 Remittance Dr</b> <b>Ste 1310</b> <b>Chicago, IL 60675</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>medical supplies purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,472.50</b>
3.4	Nonpriority creditor's name and mailing address <b>ABT Medical</b> <b>8813 Pinto Dr</b> <b>Lake Worth, FL 33467</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>medical supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,829.00</b>
3.5	Nonpriority creditor's name and mailing address <b>ACD Sign Language</b> <b>4846 N University Dr</b> <b>Ste 354</b> <b>Lauderhill, FL 33351</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>lease/contract - See Schedule G</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor Miami International Medical Center, LLC  
Name

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

3.6	Nonpriority creditor's name and mailing address <b>ACE Sales Corp.</b> 7321 NW 46 St Miami, FL 33166 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: <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,320.00</u>
3.7	Nonpriority creditor's name and mailing address <b>ACell Inc</b> 6640 Eli Whitney Dr Columbia, MD 21046 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,176.00</u>
3.8	Nonpriority creditor's name and mailing address <b>Acumed</b> 5885 NW Cornelius Pass Rd Hillsboro, OR 97124-9432 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,026.82</u>
3.9	Nonpriority creditor's name and mailing address <b>Adler Instrument Company</b> 560 Trinity Creek Cove Cordova, TN 38018 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,082.69</u>
3.10	Nonpriority creditor's name and mailing address <b>Advance Electronics</b> 205 NW 128 Avenue Miami, FL 33182 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: <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,235.51</u>
3.11	Nonpriority creditor's name and mailing address <b>Advanced Clinical EmploymentStaffing LLC</b> 28276 State Hwy 75 Oneonta, AL 35121 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: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100,306.83</u>
3.12	Nonpriority creditor's name and mailing address <b>Advanced Medical Partners Inc</b> 9825 Spectrum Dr Bldg 3 Austin, TX 78717-4930 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: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,800.00</u>

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b> <small>Name</small>	
<b>3.13</b> Nonpriority creditor's name and mailing address <b>Advanced Medical Resources, LLC</b> <b>PO Box 73169</b> <b>Dallas, TX 75373</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>\$2,500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.14</b> Nonpriority creditor's name and mailing address <b>Advanced Orthopaedic Solutions</b> <b>3203 Kashiwa St</b> <b>Torrance, CA 90505</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>\$18,462.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.15</b> Nonpriority creditor's name and mailing address <b>Aesculap Implant Systems LLC</b> <b>PO Box 780391</b> <b>Philadelphia, PA 19178-0391</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>\$74,593.88</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.16</b> Nonpriority creditor's name and mailing address <b>Aesculap Inc</b> <b>PO Box 780426</b> <b>Philadelphia, PA 19178-0426</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>\$8,040.17</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.17</b> Nonpriority creditor's name and mailing address <b>Affordable Environment Service</b> <b>2900 SW 100 Ave</b> <b>Miami, FL 33165</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>\$7,600.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.18</b> Nonpriority creditor's name and mailing address <b>Airway Cleaning and Fireproofing</b> <b>4720 Oakes Rd Bay E</b> <b>Fort Lauderdale, FL 33314</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: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.19</b> Nonpriority creditor's name and mailing address <b>Airxpanders Inc</b> <b>1047 Elwell Ct</b> <b>Palo Alto, CA 94303</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>\$2,875.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b>	
3.20 Nonpriority creditor's name and mailing address <b>Akerman LLP</b> <b>350 East Las Olas Blvd.</b> <b>Ste 1600</b> <b>Fort Lauderdale, FL 33301</b> Date(s) debt was incurred <u>10/2017</u> Last 4 digits of account number <u>2284</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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>professional services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$285,945.00</b>
3.21 Nonpriority creditor's name and mailing address <b>Alcon Laboratories</b> <b>6201 S Freeway</b> <b>Wx-21</b> <b>Fort Worth, TX 76134</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$58,675.16</b>
3.22 Nonpriority creditor's name and mailing address <b>Alimed Inc</b> <b>297 High St</b> <b>Dedham, MA 02026</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$935.75</b>
3.23 Nonpriority creditor's name and mailing address <b>Allen Medical Systems</b> <b>100 Discovery Way</b> <b>Acton, MA 01720</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$1,190.77</b>
3.24 Nonpriority creditor's name and mailing address <b>Allergan USA Inc</b> <b>2525 Dupont Dr</b> <b>Irvine, CA 92612</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$31,235.51</b>
3.25 Nonpriority creditor's name and mailing address <b>Alliqua Biomedical Inc</b> <b>2150 Cabot Blvd W</b> <b>Ste B</b> <b>Langhorne, PA 19047</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$4,188.00</b>
3.26 Nonpriority creditor's name and mailing address <b>Alta Language Services Inc</b> <b>3355 Lenox Rd NE</b> <b>#510</b> <b>Atlanta, GA 30326</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$184.00</b>



Debtor	Name	Case number (if known)	
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Amendia Inc</b> <b>1755 W Oak Pkwy</b> <b>Marietta, GA 30062</b> Date(s) debt was incurred _ Last 4 digits of account number <u>1185</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,949.00</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>American College of Cardiology Foundatio</b> <b>2400 N St NW</b> <b>Washington, DC 20037</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>American Monitoring Innovations</b> <b>4849 Greenville Ave</b> <b>#1125</b> <b>Dallas, TX 75206</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>American Portable Air Condition</b> <b>PO Box 297646</b> <b>Hollywood, FL 33029</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,377.00</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Amerisource</b> <b>PO Box 4738</b> <b>Houston, TX 77210</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,394.16</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Amex Pharmacy</b> <b>P.O. Box 3367</b> <b>Downers Grove, IL 60515</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$552.33</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Amr-Advanced Medical Resources</b> <b>2150 Town Sq Place</b> <b>Ste 290</b> <b>Sugarland, TX 77479</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b>	
3.34 Nonpriority creditor's name and mailing address <b>Another Garage &amp; Gate Inc</b> <b>3771 NW 51 St</b> <b>Unit A</b> <b>Miami, FL 33142</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$345.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35 Nonpriority creditor's name and mailing address <b>Applied Medical</b> <b>22872 Avenida Empresa</b> <b>Rancho Santa Margarita, CA 92688</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,641.10</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36 Nonpriority creditor's name and mailing address <b>Aramark (Evs)</b> <b>1101 Market St</b> <b>19 fl</b> <b>Philadelphia, PA 19107</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37 Nonpriority creditor's name and mailing address <b>Aramark (Food Services)</b> <b>1101 Market St</b> <b>19 fl</b> <b>Philadelphia, PA 19107</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38 Nonpriority creditor's name and mailing address <b>Aramark (Valet Services)</b> <b>1101 Market St</b> <b>19 fl</b> <b>Philadelphia, PA 19107</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39 Nonpriority creditor's name and mailing address <b>Aramark Healthcare Support Services, LLC</b> <b>% Jonathan L. Swichar, Esq.</b> <b>Duane Morris LLP</b> <b>30 S 17 St</b> <b>Philadelphia, PA 19103-4196</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,442,889.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40 Nonpriority creditor's name and mailing address <b>Aramark Services Inc</b> <b>Aramark Chicago Lockbox</b> <b>27310 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Miami International Medical Center, LLC Case number (if known) \_\_\_\_\_  
Name

3.41 Nonpriority creditor's name and mailing address **ARC Healthcare Solutions** **10780 NW 21 St** **Pompano, FL 33071** **As of the petition filing date, the claim is:** *Check all that apply.* **\$25,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Services Provided  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.42 Nonpriority creditor's name and mailing address **Arthrex** **1370 Creekside Blvd** **Naples, FL 34108** **As of the petition filing date, the claim is:** *Check all that apply.* **\$407,580.66**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** medical supplies purchased  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.43 Nonpriority creditor's name and mailing address **ArthroSurface Inc** **28 Forge Pkwy** **Franklin, MA 02038** **As of the petition filing date, the claim is:** *Check all that apply.* **\$8,591.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** medical supplies purchased  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.44 Nonpriority creditor's name and mailing address **Associated Credit Service** **PO Box 5171** **Westborough, MA 01581** **As of the petition filing date, the claim is:** *Check all that apply.* **\$234.31**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Services Provided  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.45 Nonpriority creditor's name and mailing address **Autonogy Co** **4425 Indian Creek Pkwy** **Overland Park, KS 66207** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,160.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** medical supplies purchased  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.46 Nonpriority creditor's name and mailing address **Avalon Gardens** **14901 SW 71 Ave** **Miami, FL 33158** **As of the petition filing date, the claim is:** *Check all that apply.* **\$12,640.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred 1/16/2018 **Basis for the claim:** 5959 NW 7th Street Campus Clean up  
 Last 4 digits of account number 8059 Is the claim subject to offset?  No  Yes

3.47 Nonpriority creditor's name and mailing address **Avella** **9565 Kirby Dr** **Houston, TX 77054** **As of the petition filing date, the claim is:** *Check all that apply.* **\$13,752.10**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** medical supplies purchased  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

Debtor Miami International Medical Center, LLC  
Name

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

3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Axogen</b> <b>13631 Progress Blvd</b> <b>Ste 400</b> <b>Alachua, FL 32615</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,389.42</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>B.A. Nurses Uniforms</b> <b>1045 NW 20 St</b> <b>Miami, FL 33127</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,440.74</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Baker Tilly Virchow Krause LLP</b> <b>Box 78975</b> <b>Milwaukee, WI 53278-8975</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,561.25</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Bard Access Systems Inc</b> <b>605 N 5600 West</b> <b>Salt Lake City, UT 84116</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.00</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Bard Peripheral Vascular Inc</b> <b>1415 W Third St</b> <b>Tempe, AZ 85281</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,055.72</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Bausch+ Lomb Surgical VPNA LLC</b> <b>4395 Collection Ctr Dr</b> <b>Chicago, IL 60693-0043</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Baxter Healthcare Corp</b> <b>PO Box 905788</b> <b>Charlotte, NC 28290</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,298.02</b>

Debtor Miami International Medical Center, LLC  
Name

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

3.55 Nonpriority creditor's name and mailing address **Bayer Healthcare**  
**100 Bayer Blvd**  
**Whippany, NJ 07981**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased

Is the claim subject to offset?  No  Yes

**\$299.14**

3.56 Nonpriority creditor's name and mailing address **BCBS of Florida**  
**14775 Old St. Augustine Rd**  
**Jacksonville, FL 32258**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: lease/contract - See Schedule G

Is the claim subject to offset?  No  Yes

**Unknown**

3.57 Nonpriority creditor's name and mailing address **Beekley Corporation**  
**One Prestige Lane**  
**Bristol, CT 06010**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: vendor

Is the claim subject to offset?  No  Yes

**\$397.00**

3.58 Nonpriority creditor's name and mailing address **Bella Baby Photography**  
**300 E 5 Ave**  
**Ste 330**  
**Naperville, IL 60563**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: lease/contract - See Schedule G

Is the claim subject to offset?  No  Yes

**Unknown**

3.59 Nonpriority creditor's name and mailing address **Benefit Management**  
**2016 16 St**  
**Great Bend, KS 67530**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: lease/contract - See Schedule G

Is the claim subject to offset?  No  Yes

**Unknown**

3.60 Nonpriority creditor's name and mailing address **Bensonwedd, LLC**  
**PO Box 772**  
**Olathe, KS 66061**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: vendor

Is the claim subject to offset?  No  Yes

**\$2,222.18**

3.61 Nonpriority creditor's name and mailing address **Benvenue Medical Inc**  
**5403 Betsy Ross Dr**  
**Santa Clara, CA 95054**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased

Is the claim subject to offset?  No  Yes

**\$99,792.50**

Debtor	Miami International Medical Center, LLC		Case number (if known)
	Name		
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Best Doctors</b> <b>60 State Street</b> <b>Suite 600</b> <b>Boston, MA 02109</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Biomet Trauma</b> <b>75 Remittance Dr</b> <b>Ste 3283</b> <b>Chicago, IL 60675</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,585.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>BMI</b> <b>6165 Emerald Parkway</b> <b>Dublin, OH 43016</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Boca Radiology</b> <b>8142 Glades Rd</b> <b>Boca Raton, FL 33434</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Bone Bank Allografts</b> <b>4808 Research Dr</b> <b>San Antonio, TX 78240</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,715.00</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Boston Scientific</b> <b>100 Boston Scientific Way</b> <b>Marlborough, MA 01752-1234</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,215.67</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>BRG Boca Radiology Group</b> <b>PO Box 810969</b> <b>Boca Raton, FL 33486</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,631.00</b>

Debtor <b>Miami International Medical Center, LLC</b> Name		Case number (if known) _____	
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>BSN Medical</b> <b>5825 Carnegie Blvd</b> <b>Charlotte, NC 28209</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27.32</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>BUPA</b> <b>7001 SW 97 Avenue</b> <b>Miami, FL 33173</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Cactus Software</b> <b>4900 College Blvd</b> <b>Overland Park, KS 66211</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,228.75</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Capital Communication Inc.</b> <b>P.O. Box 481</b> <b>Olympia, WA 98507-0481</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$298.97</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Captiva Spine Inc</b> <b>967 N. Alternate Ala</b> <b>Ste 1310</b> <b>Jupiter, FL 33477-3206</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,230.00</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health 110, LLC</b> <b>% Daniel Gerber, Esq.</b> <b>Rumberger, Kirk &amp; Caldwell, PA</b> <b>PO Box 1873</b> <b>Orlando, FL 32802-1873</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>pending litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health 200, LLC</b> <b>% Daniel Gerber, Esq.</b> <b>Rumberger, Kirk &amp; Caldwell, PA</b> <b>PO Box 1873</b> <b>Orlando, FL 32802-1873</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>pending lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor	Name	Case number (if known)	
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health Medical Products &amp; Serv</b> <b>PO Box 905867</b> <b>Charlotte, NC 28290-5867</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,211,985.77</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health Pharmacy Services, LLC</b> <b>1330 Enclave Pkwy</b> <b>Houston, TX 77077</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Carebuilder LLC</b> <b>13047 Collection Ctr Dr</b> <b>Chicago, IL 60693-0130</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Carefusion 123</b> <b>25082 Network Place</b> <b>Chicago, IL 60673-1250</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,075.37</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Carefusion Solutions LLC</b> <b>Pyxis Products</b> <b>25082 Network PI</b> <b>Chicago, IL 60673-1250</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70,303.72</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>CarePlus Health Plans</b> <b>11430 NW 20 Street</b> <b>Suite 300</b> <b>Miami, FL 33172</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Carl Zeiss Meditec, Inc.</b> <b>P.O. Box 100372</b> <b>Pasadena, CA 91189-0372</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,107.81</b>



Debtor Miami International Medical Center, LLC  
Name

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

3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Carl Zeiss Surgical Products</b> <b>5160 Hacienda Dr</b> <b>Dublin, CA 94568</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,107.81</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>CAS Medical Systems Inc</b> <b>44 E Industrial Rd</b> <b>Branford, CT 06405</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,928.89</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>CDW-G</b> <b>230 N Milwaukee Ave</b> <b>Vernon Hills, IL 60661</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,672.83</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Chemtreat Inc</b> <b>15045 Collections Ctr Dr</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,745.00</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Cigna</b> <b>PO Box 589</b> <b>La Grange, KY 40031</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,054.58</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Citadel Outsource Group LLC</b> <b>162 Imperial Blvd</b> <b>Attn: Glenda Tankersley, CEO</b> <b>Hendersonville, TN 37075</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,792.16</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>City of Miami</b> <b>444 SW 2 Ave</b> <b>Rm 636-1</b> <b>Miami, FL 33130</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Fire Alarm Response</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,042.50</b>

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b>	
3.90 Nonpriority creditor's name and mailing address <b>Clafin Medical Equipment</b> 1206 Jefferson Blvd Warwick, RI 02886 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>\$515.95</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91 Nonpriority creditor's name and mailing address <b>CMP Pharmacy Services</b> 4358 SW 164 Ct Miami, FL 33185 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>\$1,900.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92 Nonpriority creditor's name and mailing address <b>Collectrx</b> 416 Hungerford Dr Ste 435 Rockville, MD 20850 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>lease/contract - See Schedule G</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93 Nonpriority creditor's name and mailing address <b>Coloplast Corp</b> 1601 W. River Rd N Minneapolis, MN 55411 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>\$95,446.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94 Nonpriority creditor's name and mailing address <b>Comcast</b> PO Box 530099 Atlanta, GA 30353-0099 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>\$1,989.21</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95 Nonpriority creditor's name and mailing address <b>Commercial Sales &amp; Service Inc</b> 4387 Westgrove Dr Addison, TX 75001 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>\$796.75</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96 Nonpriority creditor's name and mailing address <b>Compass Medical Solution</b> PO Box 470667 Fort Worth, TX 76147 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>\$2,812.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Conmed Corporation</b> <b>Church Steet Sta</b> <b>PO Box 6814</b> <b>New York, NY 10249-6814</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,728.43</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Cook Medical Inc</b> <b>22988 Network PI</b> <b>Chicago, IL 60673-1229</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,034.98</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Cooper Surgical</b> <b>95 Corporate Dr</b> <b>Trumbull, CT 06611</b> Date(s) debt was incurred _ Last 4 digits of account number <u>9066</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,079.31</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Cormatrix Cardiovascular Inc.</b> <b>1100 Old Ellis Rd</b> <b>Roswell, GA 30076</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,975.00</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Cort Business Service Corp</b> <b>PO Box 17401</b> <b>Baltimore, MD 21297-1401</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>equipment rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,006.30</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Corvel International Health Plan</b> <b>1560 Sawgrass Corporate Parkway</b> <b>Suite 100</b> <b>Fort Lauderdale, FL 33323</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Covidien</b> <b>15 Hampshire St</b> <b>Mansfield, MA 02048</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,588.62</b>

Debtor Miami International Medical Center, LLC  
Name

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

3.104	Nonpriority creditor's name and mailing address <b>CPSI</b> <b>PO Box 850309</b> <b>Mobile, AL 36685-0309</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,000.00</u>
3.105	Nonpriority creditor's name and mailing address <b>Creative Staffing</b> <b>7700 North Kendall Drive</b> <b>Suite 304</b> <b>Miami, FL 33156</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.106	Nonpriority creditor's name and mailing address <b>Cube Care Company</b> <b>6043 NW 167 St</b> <b>Ste A23</b> <b>Hialeah, FL 33015</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$874.50</u>
3.107	Nonpriority creditor's name and mailing address <b>Cynamon Bros. &amp; Sons Inc</b> <b>1051 E 49 St</b> <b>Hialeah, FL 33013</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,460.00</u>
3.108	Nonpriority creditor's name and mailing address <b>Dade Paper</b> <b>9601 NW 112 Ave</b> <b>Miami, FL 33178</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>office supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,160.31</u>
3.109	Nonpriority creditor's name and mailing address <b>Dan Saale</b> <b>% Nuehealth</b> <b>11221 Roe Ave</b> <b>Ste 300</b> <b>Leawood, KS 66211</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>expense reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$42.80</u>
3.110	Nonpriority creditor's name and mailing address <b>Daniel T Alfonso MD</b> <b>12401 Pine Needle Ln</b> <b>Miami, FL 33156</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>convertible notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$227,611.00</u>

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b>	
3.111 Nonpriority creditor's name and mailing address <b>DePuy Synthes Sales, Inc.</b> <b>PO Box 406663</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$60,681.17</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112 Nonpriority creditor's name and mailing address <b>Dex Imaging</b> <b>8880 NW 20 St</b> <b>Ste N</b> <b>Miami, FL 33172</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$14,376.51</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113 Nonpriority creditor's name and mailing address <b>Digicel Parking Lot Lease</b> <b>701 Waterford Way</b> <b>Ste 450</b> <b>Miami, FL 33126</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114 Nonpriority creditor's name and mailing address <b>DP Landauer Medical Physics</b> <b>2 Science Rd</b> <b>Glenwood, IL 60425</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 Nonpriority creditor's name and mailing address <b>Dutch Ophthalmic USA Inc</b> <b>10 Continental Dr</b> <b>Bldg 1</b> <b>Exeter, NH 03833</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$69.05</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116 Nonpriority creditor's name and mailing address <b>Dynamic Chemical Product</b> <b>PO Box 960085</b> <b>Miami, FL 33296</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$664.55</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117 Nonpriority creditor's name and mailing address <b>Ecolab Equipment Care</b> <b>24673 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$539.37</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b> Name	
3.118 Nonpriority creditor's name and mailing address <b>Edge Information Management</b> <b>PO Box 3378</b> <b>Melbourne, FL 32902-3378</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>\$2,360.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119 Nonpriority creditor's name and mailing address <b>Elliquence LLC</b> <b>2455 Grand Ave</b> <b>Baldwin, NY 11510</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>\$2,826.32</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120 Nonpriority creditor's name and mailing address <b>Elsevier Inc</b> <b>1600 JFK Blvd</b> <b>Ste 1800</b> <b>Philadelphia, PA 19103</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>\$2,864.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121 Nonpriority creditor's name and mailing address <b>Encore Medical LP</b> <b>PO Box 660126</b> <b>Dallas, TX 75266</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>\$105,601.38</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 Nonpriority creditor's name and mailing address <b>Erbe Usa Inc</b> <b>2225 NW Pkwy</b> <b>Marietta, GA 30067</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>\$506.07</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123 Nonpriority creditor's name and mailing address <b>Esquire Express Inc</b> <b>2275 E 11 Ave</b> <b>Hialeah, FL 33013</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>\$398.31</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124 Nonpriority creditor's name and mailing address <b>ESR Diagnostics Inc</b> <b>899 SW 86 Ct</b> <b>Miami, FL 33144</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>\$12,300.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Miami International Medical Center, LLC  
Name

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

3.125 Nonpriority creditor's name and mailing address **Exactech US Inc**  
2320 NW 66 Ct  
Gainesville, FL 32653  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$113,193.41**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased  
 Is the claim subject to offset?  No  Yes

3.126 Nonpriority creditor's name and mailing address **Executive Printers of Florida**  
8001 NW 74 Ave  
Miami, FL 33166  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$5,165.94**  
 Contingent  
 Unliquidated  
 Disputed

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

3.127 Nonpriority creditor's name and mailing address **Falck Southeastern Disaster & Evacuation**  
6605 NW 74 Ave  
Miami, FL 33166  
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: lease/contract - See Schedule G  
 Is the claim subject to offset?  No  Yes

3.128 Nonpriority creditor's name and mailing address **Fedex**  
PO Box 660481  
Dallas, TX 75266  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$1,085.91**  
 Contingent  
 Unliquidated  
 Disputed

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

3.129 Nonpriority creditor's name and mailing address **Fifth Avenue CVO**  
1209 S Frankfort Ave  
#400  
Tulsa, OK 74120  
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: lease/contract - See Schedule G  
 Is the claim subject to offset?  No  Yes

3.130 Nonpriority creditor's name and mailing address **Fifth Avenue Physcian Services**  
PO Box 690117  
Tulsa, OK 74169  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$41,798.11**  
 Contingent  
 Unliquidated  
 Disputed

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

3.131 Nonpriority creditor's name and mailing address **First Healthcare Products**  
6125 Lendell Dr  
Sanborn, NY 14132-9199  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$1,007.59**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased  
 Is the claim subject to offset?  No  Yes



Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b>	
3.132 Nonpriority creditor's name and mailing address <b>Fisher Healthcare</b> <b>PO Box 404705</b> <b>Atlanta, GA 30384-4705</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$432.54</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>medical supplies purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133 Nonpriority creditor's name and mailing address <b>Fisher Scientific</b> <b>9999 Veterans Memorial Dr</b> <b>Houston, TX 77038-2401</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$2,713.71</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>medical supplies purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134 Nonpriority creditor's name and mailing address <b>Fleishman-Hillard Inc</b> <b>2 Alhambra Plaza</b> <b>Ste 600</b> <b>Miami, FL 33134</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>lease/contract - See Schedule G</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135 Nonpriority creditor's name and mailing address <b>Florida Birth-Related Neurological*</b> <b>*Injury Compensation Association</b> <b>PO Box 14567</b> <b>Tallahassee, FL 32317-4567</b> Date(s) debt was incurred __ Last 4 digits of account number <u>0076,4008</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$11,450.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Hospital assessment remittance for number of live births in 2016</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136 Nonpriority creditor's name and mailing address <b>Florida City Gas</b> <b>PO Box 4569</b> <b>Loc 6250</b> <b>Atlanta, GA 30302-4569</b> Date(s) debt was incurred __ Last 4 digits of account number <u>9453</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,307.85</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services Provided</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137 Nonpriority creditor's name and mailing address <b>Florida City Gas</b> <b>PO Box 4569</b> <b>Loc 6250</b> <b>Atlanta, GA 30302-4569</b> Date(s) debt was incurred __ Last 4 digits of account number <u>4023</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$5,129.42</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services Provided</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138 Nonpriority creditor's name and mailing address <b>Florida Green Light, LLC</b> <b>301 E 19 St</b> <b>Hialeah, FL 33010</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$15,275.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services Provided</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	Miami International Medical Center, LLC		Case number (if known)
	Name		
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>Focus USA Microscopes</b> <b>1835 NE Miami Gardens Dr</b> <b>238</b> <b>Miami, FL 33179</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$305.00</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>Foulston Siefkin LLP</b> <b>1551 N. Waterfront Pkwy</b> <b>Ste 100</b> <b>Wichita, KS 67206</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47,664.84</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>FPL Energy Services</b> <b>PO Box 25426</b> <b>Miami, FL 33102-5426</b> Date(s) debt was incurred __ Last 4 digits of account number <u>9640</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>utility services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,604.96</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>FPL Energy Services</b> <b>PO Box 25426</b> <b>Miami, FL 33102-5426</b> Date(s) debt was incurred __ Last 4 digits of account number <u>9631</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>utility services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,690.05</b>
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Frost-Arnett</b> <b>480 James Robertson Pkwy</b> <b>Nashville, TN 37219</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>FS Group, LLC</b> <b>2105 Elm Hill Pike</b> <b>Ste 200</b> <b>Nashville, TN 37210</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$374.46</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>GBS Corp</b> <b>7233 Freedom Ave NW</b> <b>North Canton, OH 44720</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109.38</b>

Debtor Miami International Medical Center, LLC  
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3.146	Nonpriority creditor's name and mailing address <b>GE Capital</b> <b>PO Box 641419</b> <b>Pittsburgh, PA 15264-1419</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>equipment rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$75,456.61</u>
3.147	Nonpriority creditor's name and mailing address <b>GE Healthcare</b> <b>PO Box 96483</b> <b>Chicago, IL 60693</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.148	Nonpriority creditor's name and mailing address <b>GE Healthcare-OEC</b> <b>75 N Thompson Creek</b> <b>Ormond Beach, FL 32174</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>equipment rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$143,572.56</u>
3.149	Nonpriority creditor's name and mailing address <b>GE HFS, LLC</b> <b>PO Box 414</b> <b>W-490</b> <b>Milwaukee, WI 53201</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract Nos. 9826510-001; 9826533-001 and 9826533-002. Lease of equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$79,834.62</u>
3.150	Nonpriority creditor's name and mailing address <b>Genzyme A Sanofi Co</b> <b>62665 Collections Ctr Dr</b> <b>Chicago, IL 60693</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,541.40</u>
3.151	Nonpriority creditor's name and mailing address <b>Germfree Laboratories</b> <b>4 Sunshine Blvd</b> <b>Miami, FL 33174</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,656.19</u>
3.152	Nonpriority creditor's name and mailing address <b>Gilchrist &amp; Soames</b> <b>75 Remittance Drive</b> <b>Dept 6060</b> <b>Chicago, IL 60675</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$445.18</u>

Debtor	Name	Case number (if known)
	<b>Miami International Medical Center, LLC</b>	
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Global Excel Management Inc.</b> <b>73 Queen Street Sherbrooke</b> <b>Quebec J1M0C9</b> <b>CANADA</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>Global Healthcare Exchange, LLC</b> <b>1315 Century Drive</b> <b>Louisville, CO 80027</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$791.51</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Globus Medical</b> <b>Valley Forge Business Ctr</b> <b>2560 General Armistead Ave</b> <b>Norristown, PA 19403</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$54,834.00</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>GMMI</b> <b>880 SW 145 Avenue</b> <b>Ste 400</b> <b>Pembroke Pines, FL 33027</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>Goodwill South Florida</b> <b>6201 NW 36 Ave</b> <b>Miami, FL 33147</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$8,436.92</b>
3.158	<b>Nonpriority creditor's name and mailing address</b> <b>Graciela Gonzalez-Lanz</b> <b>3154 NW 19 Street</b> <b>Miami, FL 33125</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$113.34</b>
3.159	<b>Nonpriority creditor's name and mailing address</b> <b>Grainger</b> <b>5011 Rittman Rd</b> <b>San Antonio, TX 78218</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$546.04</b>

Debtor	Name	Case number (if known)	
3.160	<b>Nonpriority creditor's name and mailing address</b> <b>Gregoria A Arias</b> <b>421 SW 57 Ave</b> <b>Miami, FL 33144</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.00</b>
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>Gregoria Arias Contractor</b> <b>421 SW 57 Ave</b> <b>Miami, FL 33144</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.162	<b>Nonpriority creditor's name and mailing address</b> <b>Guardian Life of the Caribbean</b> <b>1 Guardian Drive West Moorings</b> <b>Diego Martin</b> <b>TRINIDAD &amp; TOBAGO</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.163	<b>Nonpriority creditor's name and mailing address</b> <b>Harvard Jolly, Inc.</b> <b>Attn: Jeffrey E. Cobble, AIA</b> <b>33201 W Commercial Blvd</b> <b>Ste 225</b> <b>Fort Lauderdale, FL 33309</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>for notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.164	<b>Nonpriority creditor's name and mailing address</b> <b>HC-5959 NW 7th Street, LLC</b> <b>Attn: Lisa Drummond</b> <b>4890 W. Kennedy Blvd</b> <b>Ste 650</b> <b>Tampa, FL 33609</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>formerly leased property located at 5959 NW 7th St, Miami, FI 33126</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.165	<b>Nonpriority creditor's name and mailing address</b> <b>Health Care Compliance Inc</b> <b>12104 NW 35 Place</b> <b>Fort Lauderdale, FL 33323</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,477.96</b>
3.166	<b>Nonpriority creditor's name and mailing address</b> <b>Healthspring</b> <b>530 Great Circle Road</b> <b>Nashville, TN 37228</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Name	Case number (if known)	
3.167	<b>Nonpriority creditor's name and mailing address</b> <b>HealthSun Health Plans</b> <b>3250 Mary St</b> <b>Ste 1400</b> <b>Coconut Grove, FL 33133</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Heritage Food Service Group</b> <b>PO Box 71595</b> <b>Chicago, IL 60694-1595</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,497.96</b>
3.169	<b>Nonpriority creditor's name and mailing address</b> <b>Hologic Inc</b> <b>250 Campus Dr</b> <b>Marlborough, MA 01752</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,122.30</b>
3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Hospira Worldwide, Inc.</b> <b>75 Remittance Dr</b> <b>Ste 6136</b> <b>Chicago, IL 60675</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,450.00</b>
3.171	<b>Nonpriority creditor's name and mailing address</b> <b>Humana</b> <b>PO Box 14601</b> <b>Lexington, KY 40512</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.172	<b>Nonpriority creditor's name and mailing address</b> <b>IBM</b> <b>PO Box 643600</b> <b>Pittsburgh, PA 15264</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$920.58</b>
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Innomed Inc</b> <b>103 Estus Dr</b> <b>Savannah, GA 31404</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,872.86</b>

Debtor	Name	Case number (if known)	
3.174	<b>Nonpriority creditor's name and mailing address</b> <b>Innovative Medical Products</b> <b>87 Spring Lane</b> <b>PO Box 8028</b> <b>Plainville, CT 06062</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$371.08</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>Innovent Global Inc</b> <b>PO Box 101004</b> <b>Atlanta, GA 30392-1004</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,150.01</b>
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>Integra Luxtec</b> <b>311 Enterprise Dr</b> <b>Plainsboro, NJ 08536</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,276.24</b>
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>Integrated Medical Systems</b> <b>PO Box 2725</b> <b>Columbus, GA 31902</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.31</b>
3.178	<b>Nonpriority creditor's name and mailing address</b> <b>Integrated Security Systems Inc</b> <b>1876 NW 7 St</b> <b>Miami, FL 33125</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>Integrity Implants, Inc.</b> <b>8963 Stirling Rd</b> <b>Suite 8</b> <b>Cooper City, FL 33328</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,000.00</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Interhealth, LLC</b> <b>6960 SW 148 Terr</b> <b>Miami, FL 33158</b> Date(s) debt was incurred <u>12/2015</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>consulting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>

Debtor Miami International Medical Center, LLC Case number (if known) \_\_\_\_\_  
Name

3.181 Nonpriority creditor's name and mailing address **IPA** **10712 S 1300 E** **Sandy, UT 84094** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** lease/contract - See Schedule G  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.182 Nonpriority creditor's name and mailing address **ISS Intergrated Security** **1876 North West 7th St** **Miami, FL 33125** **As of the petition filing date, the claim is:** *Check all that apply.* **\$28,031.22**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** services  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.183 Nonpriority creditor's name and mailing address **J&J Ethicon** **PO Box 40663** **Atlanta, GA 30384-6663** **As of the petition filing date, the claim is:** *Check all that apply.* **\$135,897.87**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** medical supplies purchased  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.184 Nonpriority creditor's name and mailing address **JCB Laboratories** **7335 W 33 St N** **Wichita, KS 67205** **As of the petition filing date, the claim is:** *Check all that apply.* **\$290.52**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** medical supplies purchased  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.185 Nonpriority creditor's name and mailing address **JE & Son Supply Corp** **17101 NW 57 Ave** **Apt 204** **Miami Gardens, FL 33055** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,737.06**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Services Provided  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.186 Nonpriority creditor's name and mailing address **Johnson and Johnson Healthcare** **PO Box 406663** **Atlanta, GA 30384** **As of the petition filing date, the claim is:** *Check all that apply.* **\$246,261.52**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** medical supplies purchased  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.187 Nonpriority creditor's name and mailing address **Karl Storz** **2151 E Grand Ave** **El Segundo, CA 90245** **As of the petition filing date, the claim is:** *Check all that apply.* **\$8,730.25**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** medical supplies purchased  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes



Debtor Miami International Medical Center, LLC  
Name

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

3.188	Nonpriority creditor's name and mailing address <b>KCI USA</b> <b>PO Box 301557</b> <b>Dallas, TX 75303-1557</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>KCI V.A.C. Ready-Care Program and Storage Agreement - See Schedule G</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,613.72</b>
3.189	Nonpriority creditor's name and mailing address <b>Key Surgical</b> <b>8101 Wallance Rd</b> <b>Eden Prairie, MN 55344</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$714.16</b>
3.190	Nonpriority creditor's name and mailing address <b>KR Medical Technologies LLC</b> <b>2510 Strathfield La</b> <b>Trophy Club, TX 76262</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,590.00</b>
3.191	Nonpriority creditor's name and mailing address <b>Laboratory Corp of America</b> <b>PO Box 12140</b> <b>Burlington, NC 27216</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,032.25</b>
3.192	Nonpriority creditor's name and mailing address <b>Landauer</b> <b>PO Box 809051</b> <b>Chicago, IL 60680-9051</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,684.50</b>
3.193	Nonpriority creditor's name and mailing address <b>Landauer Medical Physics</b> <b>PO Box 809153</b> <b>Chicago, IL 60680-9153</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,913.03</b>
3.194	Nonpriority creditor's name and mailing address <b>Language Line Services Inc</b> <b>PO Box 202564</b> <b>Dallas, TX 75320-2564</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$597.81</b>



Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b> Name	
3.195 Nonpriority creditor's name and mailing address <b>Laser Surgical of Florida</b> <b>1121 East Commercial Blvd</b> <b>Suite A</b> <b>Fort Lauderdale, FL 33334</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,365.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196 Nonpriority creditor's name and mailing address <b>LDR</b> <b>13785 Research Blvd</b> <b>Ste 200</b> <b>Austin, TX 78750</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$346,375.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.197 Nonpriority creditor's name and mailing address <b>Lifecell Corporation</b> <b>One Millennium Way</b> <b>Somerville, NJ 08876</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$309,091.66</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198 Nonpriority creditor's name and mailing address <b>Lifelight-Nicklaus Children's Hospital</b> <b>3100 SW 62 Ave</b> <b>Miami, FL 33155</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199 Nonpriority creditor's name and mailing address <b>Lifenet Health</b> <b>1864 Concert Dr</b> <b>Virginia Beach, VA 23453</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$27,119.98</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200 Nonpriority creditor's name and mailing address <b>Lima Locksmith</b> <b>10420 SW Ter</b> <b>Miami, FL 33126</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,913.74</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.201 Nonpriority creditor's name and mailing address <b>Lina Medical USA Inc</b> <b>PO Box 2503</b> <b>Norcross, GA 30091</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,550.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
Debtor	<b>Miami International Medical Center, LLC</b>	
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>LSF-Laser Surgical Of Florida Inc</b> <b>555 NE 15 St</b> <b>Ste 21-A</b> <b>Miami, FL 33132</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Luis E Mendez MD</b> <b>100 Andalusia Ave</b> <b>Apt 714</b> <b>Coral Gables, FL 33134</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>convertible notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$56,903.00</b>
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Maquet Medical Systems USA</b> <b>45 Barbour Pond Dr</b> <b>Wayne, NJ 07470</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$1,478.64</b>
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Marina Medical Inc</b> <b>955 Shoutgun Rd</b> <b>Fort Lauderdale, FL 33326</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$186.00</b>
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>Marsh USA Inc</b> <b>PO Box 846015</b> <b>Dallas, TX 75284-6015</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$27,765.00</b>
3.207	<b>Nonpriority creditor's name and mailing address</b> <b>Massages in Space</b> <b>1997 SW 1 St</b> <b>Miami, FL 33135</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$18,060.00</b>
3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Matheson Tri-Gas</b> <b>18000 Beeline Hwy</b> <b>Jupiter, FL 33478</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$31,342.01</b>

Debtor	Name	Case number (if known)	
3.209	<b>Nonpriority creditor's name and mailing address</b> <b>MCHS Reimbursement Agreement</b> <b>3100 SW 62 Ave</b> <b>Miami, FL 33155</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.210	<b>Nonpriority creditor's name and mailing address</b> <b>Mead Johnson Nutrition</b> <b>225 N Canal St</b> <b>25 fl</b> <b>Chicago, IL 60606</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.211	<b>Nonpriority creditor's name and mailing address</b> <b>Medacta</b> <b>1556 W. Carroll Ave</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,600.00</b>
3.212	<b>Nonpriority creditor's name and mailing address</b> <b>Medela Incorporated</b> <b>1101 Corporate Dr</b> <b>McHenry, IL 60050</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$972.76</b>
3.213	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Industrial Hygiene Inc</b> <b>PO Box 741690</b> <b>Boynton Beach, FL 33474</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,840.00</b>
3.214	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Technology Associates</b> <b>6840 Cross Bayou Dr</b> <b>Seminole, FL 33777</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,513.29</b>
3.215	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Testing Solutions</b> <b>20283 State Road 7</b> <b>Boca Raton, FL 33498</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,513.29</b>

Debtor	Name	Case number (if known)	
3.216	<b>Nonpriority creditor's name and mailing address</b> <b>Medline Industries Inc</b> <b>Dept Ch 14400</b> <b>Palatine, IL 60055</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,085.87</b>
3.217	<b>Nonpriority creditor's name and mailing address</b> <b>Medrevenue Solutions LLC</b> <b>1016 Inca La</b> <b>Woodstock, GA 30188</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.218	<b>Nonpriority creditor's name and mailing address</b> <b>Medscribe</b> <b>800 Sea Gate Dr</b> <b>Ste 201</b> <b>Naples, FL 34103</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,821.37</b>
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>Medtronic Advanced Energy</b> <b>180 International Dr</b> <b>Portsmouth, NH 03801</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,220.00</b>
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>Medtronic Advanced USA Inc</b> <b>PO Box 848086</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85,540.12</b>
3.221	<b>Nonpriority creditor's name and mailing address</b> <b>Medtronic Surgical Technologies</b> <b>6743 Southpoint Dr N</b> <b>Jacksonville, FL 32216</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,910.61</b>
3.222	<b>Nonpriority creditor's name and mailing address</b> <b>Mega South Electric Inc</b> <b>60 NE 18 St</b> <b>Homestead, FL 33030</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,625.22</b>

Debtor Name	Miami International Medical Center, LLC	Case number (if known)	
3.223	<b>Nonpriority creditor's name and mailing address</b> <b>Mentor Worldwide LLC</b> <b>33 Technology Dr</b> <b>Irvine, CA 92618</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,662.26</b>
3.224	<b>Nonpriority creditor's name and mailing address</b> <b>Meridian Institute of Surgical Assisting</b> <b>1507 County Hospital Rd</b> <b>Nashville, TN 37218</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.225	<b>Nonpriority creditor's name and mailing address</b> <b>Merit Medical Systems Inc</b> <b>1600 W Merit Pkwy</b> <b>South Jordan, UT 84095</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$485.50</b>
3.226	<b>Nonpriority creditor's name and mailing address</b> <b>Merry X-Ray Corp</b> <b>4444 Viewridge Avenue</b> <b>Ste A</b> <b>San Diego, CA 92123</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$349.47</b>
3.227	<b>Nonpriority creditor's name and mailing address</b> <b>Miami Anesthesia Services LLC</b> <b>3716 NE 208 Ter</b> <b>Miami, FL 33180</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$802,608.70</b>
3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Miami Children's Health Systems</b> <b>3100 SW 62 Ave</b> <b>Miami, FL 33155-3009</b> Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>loan to fund payroll</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250,000.00</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>Miami Dade Ambulance</b> <b>2766 NW 62 St</b> <b>Miami, FL 33147</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Miami International Medical Center, LLC</b> Name	Case number (if known)	
3.230	Nonpriority creditor's name and mailing address <b>Miami Dade County-DERM</b> <b>PO Box 863532</b> <b>Orlando, FL 32886-3532</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Utilities</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$480.00</b>
3.231	Nonpriority creditor's name and mailing address <b>Miami Dade Water and Sewer Dep</b> <b>PO Box 026055</b> <b>Miami, FL 33102-6055</b> Date(s) debt was incurred _ Last 4 digits of account number <b>1108</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 Basis for the claim: <b>Utility services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.41</b>
3.232	Nonpriority creditor's name and mailing address <b>Miami Dade Water and Sewer Dep</b> <b>PO Box 026055</b> <b>Miami, FL 33102-6055</b> Date(s) debt was incurred _ Last 4 digits of account number <b>1108</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 Basis for the claim: <b>Utility services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$106.07</b>
3.233	Nonpriority creditor's name and mailing address <b>Miami Hospital Holdings LLC</b> <b>11221 Roe Ave</b> <b>Ste 320</b> <b>Leawood, KS 66211</b> Date(s) debt was incurred <b>June 2016-January 2017</b> 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 checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>loans for operations</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,823,986.00</b>
3.234	Nonpriority creditor's name and mailing address <b>Miami Hospital Holdings LLC</b> <b>11221 Roe Ave</b> <b>Ste 320</b> <b>Leawood, KS 66211</b> Date(s) debt was incurred <b>6/24/2016</b> 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: <b>Services Provided and Subordinated convertible note</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,566,953.59</b>
3.235	Nonpriority creditor's name and mailing address <b>Miami-Dade County Stormwater</b> <b>PO Box 025297</b> <b>Miami, FL 33102</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Utilities</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,558.32</b>
3.236	Nonpriority creditor's name and mailing address <b>Microaire Surgical Instruments</b> <b>Lockbox 96564</b> <b>Chicago, IL 60693</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,368.00</b>

Debtor **Miami International Medical Center, LLC**  
Name

Case number (if known)

3.237 Nonpriority creditor's name and mailing address **Mimedx Group Inc**  
**1775 W Oak Commons Ct NE**  
**Marietta, GA 30062**  
 Date(s) debt was incurred \_  
 Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Services Provided**

Is the claim subject to offset?  No  Yes

**\$3,978.00**

3.238 Nonpriority creditor's name and mailing address **Mindray**  
**27770 N Entertainment Dr**  
**Ste 200**  
**Valencia, CA 91355**  
 Date(s) debt was incurred \_  
 Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **medical supplies purchased**

Is the claim subject to offset?  No  Yes

**\$2,078.43**

3.239 Nonpriority creditor's name and mailing address **Miriam Espinosa**  
**6041 NW 5 St**  
**Miami, FL 33126**  
 Date(s) debt was incurred \_  
 Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **lease/contract - See Schedule G**

Is the claim subject to offset?  No  Yes

**Unknown**

3.240 Nonpriority creditor's name and mailing address **Misonix**  
**1938 New Highway**  
**Farmingdale, NY 11735**  
 Date(s) debt was incurred \_  
 Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **lease/contract - See Schedule G**

Is the claim subject to offset?  No  Yes

**Unknown**

3.241 Nonpriority creditor's name and mailing address **Mizuho Osi**  
**30031 Ahern Ave**  
**Union City, CA 94587-1234**  
 Date(s) debt was incurred \_  
 Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **medical supplies purchased**

Is the claim subject to offset?  No  Yes

**\$11,800.43**

3.242 Nonpriority creditor's name and mailing address **Mobile Instrument Service and Repair Inc**  
**333 Water Ave**  
**Bellefontaine, OH 43311-1777**  
 Date(s) debt was incurred \_  
 Last 4 digits of account number **0153**

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **services**

Is the claim subject to offset?  No  Yes

**\$1,289.95**

3.243 Nonpriority creditor's name and mailing address **Molina Inpatient Service Inc**  
**151 N Nob Hill Rd**  
**Ste 306**  
**Fort Lauderdale, FL 33324**  
 Date(s) debt was incurred \_  
 Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Services Provided**

Is the claim subject to offset?  No  Yes

**\$145,800.00**



Debtor **Miami International Medical Center, LLC**  
Name

Case number (if known)

3.244	Nonpriority creditor's name and mailing address <b>Mopec</b> 21750 Coolidge Hwy Oak Park, MI 48237 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: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$235.63</b>
3.245	Nonpriority creditor's name and mailing address <b>Mortara Instrument Inc</b> 7865 N 86 St Milwaukee, WI 53224 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: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,095.94</b>
3.246	Nonpriority creditor's name and mailing address <b>Musculoskeletal Transplant Foundation</b> 125 May Street Edison, NJ 08837 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: <b>vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$863.08</b>
3.247	Nonpriority creditor's name and mailing address <b>Natus Medical</b> 1501 Industrial Rd San Carlos, CA 94070 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: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,099.87</b>
3.248	Nonpriority creditor's name and mailing address <b>Network Service Company</b> 1805 Momentum Pl Lockbox #231805 Chicago, IL 60689-5318 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: <b>supplies</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,493.86</b>
3.249	Nonpriority creditor's name and mailing address <b>Neuwave Medical Inc</b> 3529 Anderson St Madison, WI 53704 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: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,850.00</b>
3.250	Nonpriority creditor's name and mailing address <b>Nicklaus Children's Hospital</b> 3100 SW 62 Ave Miami, FL 33155 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: <b>lease/contract - See Schedule G</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor	Name	Case number (if known)	
	<b>Miami International Medical Center, LLC</b>		
3.251	<b>Nonpriority creditor's name and mailing address</b> <b>Night and Day Pediatrics</b> <b>1011 Sunnybrook Rd</b> <b>Ste 903</b> <b>Miami, FL 33126-2110</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,060.00</b>
3.252	<b>Nonpriority creditor's name and mailing address</b> <b>Novo Health Services</b> <b>PO Box 744035</b> <b>BOA Lockbox Services</b> <b>Atlanta, GA 30384-4035</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,581.53</b>
3.253	<b>Nonpriority creditor's name and mailing address</b> <b>nThrive Inc</b> <b>PO Box 733492</b> <b>Dallas, TX 75373-3492</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200,000.00</b>
3.254	<b>Nonpriority creditor's name and mailing address</b> <b>Nuecaptive Insurance SOL</b> <b>11221 Roe Ave</b> <b>Leawood, KS 66211</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,755.50</b>
3.255	<b>Nonpriority creditor's name and mailing address</b> <b>Nueterra Healthcare RE</b> <b>11221 Roe Ave</b> <b>Ste 300</b> <b>Leawood, KS 66211</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>insurance coverage, misc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$205,946.87</b>
3.256	<b>Nonpriority creditor's name and mailing address</b> <b>Nueterra Holding LLC</b> <b>11221 Roe Ave</b> <b>Ste 300</b> <b>Leawood, KS 66211</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Miscellaneous Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$214,758.74</b>
3.257	<b>Nonpriority creditor's name and mailing address</b> <b>Nuvasive</b> <b>7475 Lusk Blvd</b> <b>San Diego, CA 92121</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$481,556.51</b>

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b> Name	
3.258 Nonpriority creditor's name and mailing address <b>Oculus Surgical</b> <b>562 NW Mercantile PI</b> <b>Ste 104</b> <b>Port St. Lucie, FL 34986</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>\$2,014.68</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.259 Nonpriority creditor's name and mailing address <b>OHL-Arellano Construction Company</b> <b>7051 SW 12 St</b> <b>Miami, FL 33144</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>\$1,459,886.16</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Final Award in Arbitration</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.260 Nonpriority creditor's name and mailing address <b>Olympus Financial Services</b> <b>Box 200183</b> <b>Pittsburgh, PA 15251-0183</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>\$2,476.79</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>equipment rental</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.261 Nonpriority creditor's name and mailing address <b>OM Management Inc</b> <b>4483 NW 36 St</b> <b>Ste 120</b> <b>Miami, FL 33166</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>\$45.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.262 Nonpriority creditor's name and mailing address <b>One Blood Inc</b> <b>8869 Commodity Cir</b> <b>Orlando, FL 32819</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>\$158,422.28</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.263 Nonpriority creditor's name and mailing address <b>Optum360</b> <b>PO Box 88050</b> <b>Chicago, IL 60680-1050</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>\$479.18</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Non-medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.264 Nonpriority creditor's name and mailing address <b>Orkin</b> <b>2170 Piedmont Rd NE</b> <b>Atlanta, GA 30324</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>\$22,343.93</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
3.265	<b>Nonpriority creditor's name and mailing address</b> <b>Orthoscan Inc</b> <b>8212 E. Evans Rd</b> <b>Scottsdale, AZ 85260</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$4,007.15</b>
3.266	<b>Nonpriority creditor's name and mailing address</b> <b>Osteremedies LLC</b> <b>PO Box 930536</b> <b>Atlanta, GA 31193-0536</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$19,000.00</b>
3.267	<b>Nonpriority creditor's name and mailing address</b> <b>Paradigm Spine LLC</b> <b>505 Park Ave</b> <b>14 fl</b> <b>New York, NY 10022</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$24,295.00</b>
3.268	<b>Nonpriority creditor's name and mailing address</b> <b>Patients #1 through #55</b> <b>Names and Addresses Filed Under Seal</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>patient refunds</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$32,852.22</b>
3.269	<b>Nonpriority creditor's name and mailing address</b> <b>Patterson Medical Supply Inc</b> <b>28100 Torch Pkwy</b> <b>Ste 700</b> <b>Warrenville, IL 60555</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$316.62</b>
3.270	<b>Nonpriority creditor's name and mailing address</b> <b>PDC Healthcare</b> <b>PO Box 71549</b> <b>Chicago, IL 60694</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$550.66</b>
3.271	<b>Nonpriority creditor's name and mailing address</b> <b>Pershing Yoakley &amp; Associates, P.C.</b> <b>Dept 888255</b> <b>Knoxville, TN 37995-8255</b> Date(s) debt was incurred <u>7/28/2017</u> Last 4 digits of account number <u>1743</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$16,018.00</b>

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b>	
3.272 Nonpriority creditor's name and mailing address <b>Pharmedium Services LLC</b> <b>39797 Treasure Ctr</b> <b>Chicago, IL 60694-3900</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>medical supplies purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.273 Nonpriority creditor's name and mailing address <b>Philips Healthcare</b> <b>3000 Minuteman Rd</b> <b>Andover, MA 01810</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>medical supplies purchased</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.274 Nonpriority creditor's name and mailing address <b>Phillips Murrah</b> <b>101 N Robinson Ave</b> <b>Corp Tower 13 fl</b> <b>Oklahoma City, OK 73102</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services Provided</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.275 Nonpriority creditor's name and mailing address <b>PICC Lines Plus LLC</b> <b>3800 S Congress Ave</b> <b>Ste 11</b> <b>Boynton Beach, FL 33426</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services Provided</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.276 Nonpriority creditor's name and mailing address <b>Pitney Bowes</b> <b>27 Waterview Dr</b> <b>Shelton, CT 06484</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>equipment rental</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.277 Nonpriority creditor's name and mailing address <b>Pitney Bowes Global Financial Services</b> <b>PO Box 371874</b> <b>Linwood, MA 01525</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>services</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.278 Nonpriority creditor's name and mailing address <b>Plumb Tech Group Inc</b> <b>7164 SW 47 St</b> <b>Miami, FL 33155</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Services Provided - Claim of Lien</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	
3.279	<b>Nonpriority creditor's name and mailing address</b> <b>Policystat LLC</b> <b>550 Congressional Blvd</b> <b>Ste 100</b> <b>Carmel, IN 46032</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,940.00</b>
3.280	<b>Nonpriority creditor's name and mailing address</b> <b>Precision Lithotripsy, LLC</b> <b>3490 N US Hwy 1</b> <b>Cocoa, FL 32926</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,000.00</b>
3.281	<b>Nonpriority creditor's name and mailing address</b> <b>Precision Spine, Inc.</b> <b>PO Box 4356</b> <b>Dept 1904</b> <b>Houston, TX 77210</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,455.56</b>
3.282	<b>Nonpriority creditor's name and mailing address</b> <b>Precison Lithotripsy of South</b> <b>1700 W Park Dr</b> <b>Ste 410</b> <b>Westborough, MA 01581</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,500.00</b>
3.283	<b>Nonpriority creditor's name and mailing address</b> <b>Precyse HIM Company</b> <b>1275 Drummers Ln</b> <b>Ste 200</b> <b>Wayne, PA 19087</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.284	<b>Nonpriority creditor's name and mailing address</b> <b>Precyse Solutions, LLC</b> <b>PO Box 733492</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,965.52</b>
3.285	<b>Nonpriority creditor's name and mailing address</b> <b>Prestige Elevator Co</b> <b>10660 NW 123 St Rd</b> <b>Unit 106</b> <b>Miami, FL 33178</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,654.51</b>

Debtor	<b>Miami International Medical Center, LLC</b> Name	Case number (if known)	
3.286	Nonpriority creditor's name and mailing address <b>Progressive Business Compliance</b> <b>PO Box 3014</b> <b>Malvern, PA 19355-9790</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$829.33</b>
3.287	Nonpriority creditor's name and mailing address <b>Progressive Waste</b> <b>3840 NW 37 Ct</b> <b>Miami, FL 33142</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>lease/contract - See Schedule G</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.288	Nonpriority creditor's name and mailing address <b>Progressive Waste Sololutions</b> <b>PO Box 6494</b> <b>Carol Stream, IL 60197-6494</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,953.34</b>
3.289	Nonpriority creditor's name and mailing address <b>Prolink Healthcare</b> <b>10700 Montgomery Rd</b> <b>Ste 226</b> <b>Cincinnati, OH 45242</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,394.65</b>
3.290	Nonpriority creditor's name and mailing address <b>Prolink Travel</b> <b>10700 Montgomery Rd</b> <b>Ste 226</b> <b>Cincinnati, OH 45242</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73,508.68</b>
3.291	Nonpriority creditor's name and mailing address <b>Providence Medical Tech</b> <b>1331 North Carolina Blvd</b> <b>Ste 320</b> <b>Walnut Creek, CA 94596</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,920.00</b>
3.292	Nonpriority creditor's name and mailing address <b>PYA "Black-Box"</b> <b>Pershing Yoakley &amp; Associates</b> <b>Monarch Tower Ste 700</b> <b>3424 Peachtree Rd NE</b> <b>Atlanta, GA 30326</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>lease/contract - See Schedule G</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Name	Case number (if known)	
3.293	<b>Miami International Medical Center, LLC</b> <b>Nonpriority creditor's name and mailing address</b> <b>Ready Refresh By Nestle</b> <b>PO Box 856680</b> <b>Louisville, KY 40285-6680</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174.13</b>
3.294	<b>Nonpriority creditor's name and mailing address</b> <b>Reliable Couriers</b> <b>1250 SW 27 Ave</b> <b>Ste 207</b> <b>Miami, FL 33135</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$289.00</b>
3.295	<b>Nonpriority creditor's name and mailing address</b> <b>Reliable Two Way Communication</b> <b>6191 Drango Drive</b> <b>Ste 4466</b> <b>Davie, FL 33314</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,444.78</b>
3.296	<b>Nonpriority creditor's name and mailing address</b> <b>Reliance Wholesale Inc.</b> <b>PO Box 24685</b> <b>Tampa, FL 33623</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,202.54</b>
3.297	<b>Nonpriority creditor's name and mailing address</b> <b>Richard Wolf Medical</b> <b>353 Corporate Woods Pkwy</b> <b>Gurnee, IL 60031</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,488.78</b>
3.298	<b>Nonpriority creditor's name and mailing address</b> <b>Roberto A. Miki, MD</b> <b>6301 SW 110 St</b> <b>Pinecrest, FL 33156</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>convertible notes</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$227,611.00</b>
3.299	<b>Nonpriority creditor's name and mailing address</b> <b>Roche Diagnostics Corporation</b> <b>PO Box 105046</b> <b>Atlanta, GA 30348</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> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,299.22</b>



Debtor	Name	Case number (if known)	
3.300	<b>Nonpriority creditor's name and mailing address</b> <b>Rovy Repair Services LLC</b> <b>14790 SW 57 Ter</b> <b>Miami, FL 33193</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,144.68</b>
3.301	<b>Nonpriority creditor's name and mailing address</b> <b>Salesforce</b> <b>PO Box 203141</b> <b>Dallas, TX 75320</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,984.75</b>
3.302	<b>Nonpriority creditor's name and mailing address</b> <b>Sanus</b> <b>PO Box 227098</b> <b>Miami, FL 33122</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.303	<b>Nonpriority creditor's name and mailing address</b> <b>Scent Air</b> <b>7055 SW 47 St</b> <b>Miami, FL 33155</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.304	<b>Nonpriority creditor's name and mailing address</b> <b>Security 101</b> <b>1520 N Powerline Rd</b> <b>Pompano Beach, FL 33069</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,979.39</b>
3.305	<b>Nonpriority creditor's name and mailing address</b> <b>Security Trend Corp</b> <b>245 SE 3 Avenue</b> <b>Ste 226</b> <b>Miami, FL 33131</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$611.80</b>
3.306	<b>Nonpriority creditor's name and mailing address</b> <b>Sharn Anesthesia Inc</b> <b>6850 Southbelt Dr</b> <b>Caledonia, MI 49316-7680</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,274.33</b>



Debtor	Name	Case number (if known)	
3.307	<b>Nonpriority creditor's name and mailing address</b> <b>Sherwin Williams</b> <b>550 Nw 27 Ave</b> <b>Miami, FL 33125</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$406.47</b>
3.308	<b>Nonpriority creditor's name and mailing address</b> <b>Shred-It</b> <b>10800 NW 92 Ter</b> <b>Ste 102</b> <b>Miami, FL 33178</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services Provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.39</b>
3.309	<b>Nonpriority creditor's name and mailing address</b> <b>SI-Bone Inc.</b> <b>305 Olin Ave</b> <b>Ste 2200</b> <b>San Jose, CA 95128</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical supplies purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,000.00</b>
3.310	<b>Nonpriority creditor's name and mailing address</b> <b>Signature Staff Resources LLC</b> <b>2460 North FM 740</b> <b>Rockwall, TX 75032</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services Provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,292.40</b>
3.311	<b>Nonpriority creditor's name and mailing address</b> <b>Skeletal Dynamics LLC</b> <b>8905 SW 87 Ave</b> <b>Miami, FL 33176</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical supplies purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,497.00</b>
3.312	<b>Nonpriority creditor's name and mailing address</b> <b>Skyline Exhibit Resource</b> <b>3400 S Packerland Dr</b> <b>De Pere, WI 54115</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services Provided</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,323.76</b>
3.313	<b>Nonpriority creditor's name and mailing address</b> <b>Sloan Medical</b> <b>13316 A St</b> <b>Omaha, NE 68144</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical supplies purchased</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$593.20</b>

Debtor Miami International Medical Center, LLC Case number (if known) \_\_\_\_\_  
Name

3.314 Nonpriority creditor's name and mailing address **Smith & Nephew Inc**  
**150 Minuteman Rd**  
**Andover, MA 01810**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased

Is the claim subject to offset?  No  Yes

**\$58,519.10**

3.315 Nonpriority creditor's name and mailing address **Smith & Nephew Orthopedics**  
**2201 W Prospect Rd**  
**Ste 300**  
**Fort Lauderdale, FL 33309**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased

Is the claim subject to offset?  No  Yes

**\$121,255.61**

3.316 Nonpriority creditor's name and mailing address **Soliant Health**  
**Dept Ch 14430**  
**Palatine, IL 60055-4430**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Services Provided

Is the claim subject to offset?  No  Yes

**\$23,497.87**

3.317 Nonpriority creditor's name and mailing address **Sonodepot, Inc.**  
**8 E 12 St**  
**Saint Cloud, FL 34769**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: vendor

Is the claim subject to offset?  No  Yes

**\$500.00**

3.318 Nonpriority creditor's name and mailing address **Southern Biomedical Inc**  
**2400 Merchant Ave**  
**Odessa, FL 33556**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased

Is the claim subject to offset?  No  Yes

**\$917.53**

3.319 Nonpriority creditor's name and mailing address **Southern Electric Motors**  
**7100 NW 72 Ave**  
**Miami, FL 33166**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Services Provided

Is the claim subject to offset?  No  Yes

**\$1,635.45**

3.320 Nonpriority creditor's name and mailing address **Southern Medical Systems Inc**  
**831 Coventry St**  
**Boca Raton, FL 33487**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased

Is the claim subject to offset?  No  Yes

**\$908.15**

Debtor Miami International Medical Center, LLC Case number (if known) \_\_\_\_\_  
Name

3.321 Nonpriority creditor's name and mailing address **Specialty Care, Inc.** **Dept 1614** **PO Box 11407** **Birmingham, AL 35246-1614** **As of the petition filing date, the claim is:** *Check all that apply.* **\$237,358.50**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Services Provided  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.322 Nonpriority creditor's name and mailing address **SPH Analytics** **340 E Main St** **Ste 340** **Branford, CT 06405** **As of the petition filing date, the claim is:** *Check all that apply.* **\$339.95**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** services  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.323 Nonpriority creditor's name and mailing address **Spinalgraft Technologies Inc** **710 Medtronic Pkwy** **Minneapolis, MN 55432** **As of the petition filing date, the claim is:** *Check all that apply.* **\$13,507.20**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** medical supplies purchased  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.324 Nonpriority creditor's name and mailing address **Spine Wave** **3 Enterprise Dr** **Ste 210** **Shelton, CT 06484** **As of the petition filing date, the claim is:** *Check all that apply.* **\$28,580.00**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** medical supplies purchased  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.325 Nonpriority creditor's name and mailing address **Standard Register, Inc.** **600 Albany St.** **Dayton, OH 45417** **As of the petition filing date, the claim is:** *Check all that apply.* **\$354.14**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** vendor  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.326 Nonpriority creditor's name and mailing address **Stanley Access Tech LLC** **65 Scott Swamp Rd** **Farmington, CT 06032** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,891.48**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Services Provided  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.327 Nonpriority creditor's name and mailing address **Staples** **PO Box 83689** **Dept Dal** **Chicago, IL 60696** **As of the petition filing date, the claim is:** *Check all that apply.* **\$6,195.55**  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** office supplies purchased  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

Debtor **Miami International Medical Center, LLC**  
Name

Case number (if known)

3.328	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle Environmental Solutions</b> <b>28161 N Keith Dr</b> <b>Lake Forest, IL 60045-4528</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,437.50</b>
3.329	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle, Inc.</b> <b>PO Box 6582</b> <b>Carol Stream, IL 60197-6582</b> Date(s) debt was incurred _ Last 4 digits of account number <u>5913</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility - medical waste services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,514.85</b>
3.330	<b>Nonpriority creditor's name and mailing address</b> <b>Steris Corporation</b> <b>5960 Helsley Rd</b> <b>Mentor, OH 44060-1834</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,632.04</b>
3.331	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Endoscopy</b> <b>5900 Optical Ct</b> <b>San Jose, CA 95138</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,129.59</b>
3.332	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Instruments</b> <b>4100 E Milham Ave</b> <b>Kalamazoo, MI 49001</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$162,024.85</b>
3.333	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Medical</b> <b>3800 E Centre Ave</b> <b>Portage, MI 49002</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,567.99</b>
3.334	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Orthopedics</b> <b>325 Corporate Dr</b> <b>Mahwah, NJ 07430</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187,584.56</b>

Debtor Miami International Medical Center, LLC  
Name

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

3.335	Nonpriority creditor's name and mailing address <b>Stryker Sales Corporation</b> 2555 Davie Road Fort Lauderdale, FL 33317 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: <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.336	Nonpriority creditor's name and mailing address <b>Stryker Spine</b> 2944 Trivium Cir #501 Fort Lauderdale, FL 33312 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,600.00</u>
3.337	Nonpriority creditor's name and mailing address <b>Suddath Relocation</b> 6900 NW 74 Avenue Miami, FL 33166 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: <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.338	Nonpriority creditor's name and mailing address <b>SunMed International</b> 2000 NW 89 Place Doral, FL 33172 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: <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.339	Nonpriority creditor's name and mailing address <b>Surgi-Staff, Inc.</b> 9485 SW 72 St Ste A-277 Miami, FL 33173 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: <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,399.46</u>
3.340	Nonpriority creditor's name and mailing address <b>Surgical Device Exchange LLC</b> 6350 E 2 St Casper, WY 82609 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,700.00</u>
3.341	Nonpriority creditor's name and mailing address <b>Surgical Specialties Corp</b> 1100 Berkshire Blvd Ste 308 Wyomissing, PA 19610 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$843.23</u>

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Name

3.342 Nonpriority creditor's name and mailing address **Symmetry Surgical**  
**PO Box 759159**  
**Baltimore, MD 21275**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

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

**\$1,593.33**

3.343 Nonpriority creditor's name and mailing address **Symphony Performance Health**  
**500 E Main St**  
**Ste 340**  
**Branford, CT 06405**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

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

**\$4,609.20**

3.344 Nonpriority creditor's name and mailing address **Tactical Management**  
**2699 Lee Rd**  
**Ste 304**  
**Attn Derrick Taveras**  
**Winter Park, FL 32789-1740**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

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

**\$18,145.00**

3.345 Nonpriority creditor's name and mailing address **Tacy Medical, Inc.**  
**2386 Shannon Rd**  
**Fernandina Beach, FL 32034**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased  
 Is the claim subject to offset?  No  Yes

**\$2,822.02**

3.346 Nonpriority creditor's name and mailing address **Teleflex**  
**3015 Carrington Mill Blvd**  
**Morrisville, NC 27560**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased  
 Is the claim subject to offset?  No  Yes

**\$4,839.38**

3.347 Nonpriority creditor's name and mailing address **The Sherwin-Williams Co**  
**PO Box 6027**  
**Cleveland, OH 44101**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

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

**\$406.47**

3.348 Nonpriority creditor's name and mailing address **The Spectranetics Corporation**  
**9965 Federal Dr**  
**Colorado Springs, CO 80921**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: medical supplies purchased  
 Is the claim subject to offset?  No  Yes

**\$1,720.00**

Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b> Name	
<b>3.349</b> Nonpriority creditor's name and mailing address <b>The SSI Group, LLC</b> <b>4721 Morrison Dr</b> <b>Mobile, AL 36609</b> Date(s) debt was incurred <u>11/30/2017</u> Last 4 digits of account number <u>8968</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$10,733.84</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>electronic billing services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.350</b> Nonpriority creditor's name and mailing address <b>Theracom</b> <b>9717 Key West Ave</b> <b>Rockville, MD 20850</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$8,049.91</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.351</b> Nonpriority creditor's name and mailing address <b>Thomas D Horst MD</b> <b>6250 SW 79 St</b> <b>Miami, FL 33143</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$56,903.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>convertible notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.352</b> Nonpriority creditor's name and mailing address <b>Tri-Anim</b> <b>25197 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$245.23</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.353</b> Nonpriority creditor's name and mailing address <b>Trubridge LLC</b> <b>3725 Airport Blvd</b> <b>Ste 208A</b> <b>Mobile, AL 36608</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lease/contract - See Schedule G</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.354</b> Nonpriority creditor's name and mailing address <b>Trusted Translations</b> <b>PO Box 103727</b> <b>Uniondale, NY 11555-0327</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$80.30</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.355</b> Nonpriority creditor's name and mailing address <b>TWC Services, Inc.</b> <b>PO Box 1612</b> <b>Des Moines, IA 50306</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,069.60</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor Name	Case number (if known)
<b>Miami International Medical Center, LLC</b> Name	
3.356 Nonpriority creditor's name and mailing address <b>U.S. Lawns</b> <b>12330 NW 106 Ct</b> <b>Miami, FL 33178</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>\$5,925.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.357 Nonpriority creditor's name and mailing address <b>UHS (Biomedical Services)</b> <b>10399 SW 186 St</b> <b>Miami, FL 33157</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>lease/contract - See Schedule G</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.358 Nonpriority creditor's name and mailing address <b>UMTB Biomedical Inc</b> <b>1755 W Oak Pkwy</b> <b>Marietta, GA 30062</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>\$23,804.41</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.359 Nonpriority creditor's name and mailing address <b>United Neighborhood Health</b> <b>905 Main Street</b> <b>Nashville, TN 37206</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>lease/contract - See Schedule G</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.360 Nonpriority creditor's name and mailing address <b>Univ of Miami Miller</b> <b>UMDC Dept of Pathology</b> <b>PO Box 405776</b> <b>Atlanta, GA 30384</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>\$493,888.38</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.361 Nonpriority creditor's name and mailing address <b>Univ of Miami Pathology Services</b> <b>1120 NW 14 St</b> <b>Ste 1409</b> <b>Miami, FL 33133-6000</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>lease/contract - See Schedule G</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.362 Nonpriority creditor's name and mailing address <b>Universal Hospital Services I</b> <b>PO Box 851313</b> <b>Minneapolis, MN 55485-1313</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>\$41,363.15</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor **Miami International Medical Center, LLC**  
Name

Case number (if known)

3.363 Nonpriority creditor's name and mailing address **Urbietta Oil Inc.**  
**9701 NW 89 Ave**  
**Medley, FL 33178**  
 Date(s) debt was incurred 9/28/17  
 Last 4 digits of account number 7943

As of the petition filing date, the claim is: *Check all that apply.* **\$9,806.43**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **diesel fuel**  
 Is the claim subject to offset?  No  Yes

3.364 Nonpriority creditor's name and mailing address **US Bank Equipment Finance**  
**PO Box 790448**  
**St Louis, MO 63179-0448**  
 Date(s) debt was incurred             
 Last 4 digits of account number           

As of the petition filing date, the claim is: *Check all that apply.* **\$12,725.84**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **equipment rental**  
 Is the claim subject to offset?  No  Yes

3.365 Nonpriority creditor's name and mailing address **US Lawns**  
**12340 NW 106 Ct**  
**Miami, FL 33178**  
 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: **lease/contract - See Schedule G**  
 Is the claim subject to offset?  No  Yes

3.366 Nonpriority creditor's name and mailing address **Utah Medical Products**  
**7043 South 300 West**  
**Midvale, UT 84047**  
 Date(s) debt was incurred             
 Last 4 digits of account number           

As of the petition filing date, the claim is: *Check all that apply.* **\$312.12**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **vendor**  
 Is the claim subject to offset?  No  Yes

3.367 Nonpriority creditor's name and mailing address **Validity Screening Solutions**  
**PO Box 25406**  
**Overland Park, KS 66225-5406**  
 Date(s) debt was incurred             
 Last 4 digits of account number           

As of the petition filing date, the claim is: *Check all that apply.* **\$850.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **services provided**  
 Is the claim subject to offset?  No  Yes

3.368 Nonpriority creditor's name and mailing address **Variety Children's Hospital**  
**241 NE 108 St**  
**Miami, FL 33161**  
 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: **lease/contract - See Schedule G**  
 Is the claim subject to offset?  No  Yes

3.369 Nonpriority creditor's name and mailing address **Verathon**  
**20001 N Creek Pkwy**  
**Bothell, WA 98011**  
 Date(s) debt was incurred             
 Last 4 digits of account number           

As of the petition filing date, the claim is: *Check all that apply.* **\$4,120.95**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: **medical supplies purchased**  
 Is the claim subject to offset?  No  Yes

Debtor **Miami International Medical Center, LLC**  
Name

Case number (if known)

3.370	Nonpriority creditor's name and mailing address <b>Vilex in Tennessee Inc</b> 111 Moffitt St McMinnville, TN 37110 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: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,305.20</b>
3.371	Nonpriority creditor's name and mailing address <b>VTI Spine</b> 13845 Industrial Park Blvd Minneapolis, MN 55441 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: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,000.00</b>
3.372	Nonpriority creditor's name and mailing address <b>Waste Connections fka Progressive Waste</b> PO Box 6494 Carol Stream, IL 60197 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: <b>services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,200.46</b>
3.373	Nonpriority creditor's name and mailing address <b>Wells Johnson Company</b> 8000 S Kolb Rd Tucson, AZ 85756 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: <b>medical supplies purchased</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,189.02</b>
3.374	Nonpriority creditor's name and mailing address <b>William R Nash</b> 12981 NW 113 Ct Miami, FL 33178 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: <b>vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,322.00</b>
3.375	Nonpriority creditor's name and mailing address <b>With Design Corp</b> 14221 SW 120 St Ste 207 Miami, FL 33186 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: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.88</b>
3.376	Nonpriority creditor's name and mailing address <b>Wolters Kluwer Clinical</b> 62456 Collections Ctr Dr Chicago Lockbox 62456 Chicago, IL 60693 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: <b>Services Provided</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,516.11</b>

Debtor Miami International Medical Center, LLC  
Name

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

3.377	Nonpriority creditor's name and mailing address <b>World Pediatrics Group</b> 7950 NW 53 Street Suite 102 Doral, FL 33166 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: <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,590.00</u>
3.378	Nonpriority creditor's name and mailing address <b>Wright Medical Technology Inc</b> 1023 Cherry Rd Memphis, TN 38117-5423 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,765.08</u>
3.379	Nonpriority creditor's name and mailing address <b>Zimmer Inc</b> PO Box 708 1800 W Center St South Salem, OH 45681-0708 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$65,152.39</u>
3.380	Nonpriority creditor's name and mailing address <b>Zimmer Spine</b> 7375 Bush Lake Rd Minneapolis, MN 55439 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,500.00</u>
3.381	Nonpriority creditor's name and mailing address <b>Zimmer US Inc.</b> PO Box 277530 Atlanta, GA 30384 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: <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
3.382	Nonpriority creditor's name and mailing address <b>Zipline Medical</b> 747 Camden Ave Ste A Campbell, CA 95008 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,770.00</u>
3.383	Nonpriority creditor's name and mailing address <b>Zyga Technology Inc</b> 5600 Rowland Rd Ste 200 Hopkins, MN 55343 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: <u>medical supplies purchased</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,076.00</u>

**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.

Debtor Miami International Medical Center, LLC  
Name

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

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
4.1	<b>3M</b> PO Box 844127 Dallas, TX 75284	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>ACell Inc</b> PO Box 347766 Pittsburgh, PA 15251	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Acumed</b> 7995 Collection Center Drive Chicago, IL 60693	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Advanced Clinical Employment Staffing</b> PO Box 1076 Oneonta, AL 35121	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Advanced Medical Partners Inc</b> PO Box 95333 Grapevine, TX 76009	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Akerman LLP</b> PO Box 4906 Orlando, FL 32802	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Alcon Laboratories</b> PO Box 677775 Dallas, TX 75267	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Alimed Inc</b> PO Box 9135 Dedham, MA 02027	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>Allergan USA Inc</b> 12975 Collections Drive Chicago, IL 60693	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	<b>Applied Medical</b> PO Box 3511 Carol Stream, IL 60132	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	<b>Aramark Healthcare Support Services, LLC</b> PO Box 3511 Chicago, IL 60673	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	<b>Arthrex</b> PO Box 403511 Atlanta, GA 30384	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)	
	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
4.13	<b>Baker Tilly Virchow Krause LLP</b> Ten Terrace Court PO Box 7398 Madison, WI 53707	Line <u>3.50</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	<b>Baxter Healthcare Corp</b> PO Box 70564 Chicago, IL 60673	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	<b>Bayer Healthcare</b> PO Box 360172 Pittsburgh, PA 15251	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	<b>Benefit Management</b> PO Box 1090 Great Bend, KS 67530	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	<b>Benvenue Medical Inc</b> Dept CH 19905 Palatine, IL 60055	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	<b>Boca Radiology</b> PO Box 810969 Boca Raton, FL 33481	Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	<b>Bone Bank Allografts</b> PO Box 205609 Dallas, TX 75320	Line <u>3.66</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	<b>Boston Scientific</b> PO Box 951653 Dallas, TX 75395	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21	<b>CDW-G</b> 75 Remittance Drive Ste 1515 Chicago, IL 60675	Line <u>3.85</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22	<b>Chemtreat</b> 5640 Cox Rd Glen Allen, VA 23060	Line <u>3.86</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23	<b>Clafin Medical Equipment</b> PO Box 6887 Warwick, RI 02887	Line <u>3.90</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24	<b>Coloplast Corp</b> Dept CH 19024 Palatine, IL 60055	Line <u>3.93</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25	<b>Covidien</b> PO Box 120823 Dallas, TX 75312	Line <u>3.103</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)	
	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
4.26	<b>Cube Care Company</b> PO Box 171741 Hialeah, FL 33017	Line <u>3.106</u> <input type="checkbox"/> Not listed. Explain _____	—
4.27	<b>Dade Paper</b> 1805 Momentum Place Chicago, IL 60689	Line <u>3.108</u> <input type="checkbox"/> Not listed. Explain _____	—
4.28	<b>Dale E. Henley</b> Mayo Mendolia & Vice, LLP 5368 State Hwy 276 Royse City, TX 75189	Line <u>3.310</u> <input type="checkbox"/> Not listed. Explain _____	—
4.29	<b>Daniel Gerber, Esq.</b> Rumberger, Kirk & Caldwell, PA PO Box 1873 Orlando, FL 32802-1873	Line <u>3.77</u> <input type="checkbox"/> Not listed. Explain _____	—
4.30	<b>Dex Imaging</b> PO Box 17454 Clearwater, FL 33762	Line <u>3.112</u> <input type="checkbox"/> Not listed. Explain _____	—
4.31	<b>DP Landauer Medical Physics</b> PO Box 809153 Chicago, IL 60680	Line <u>3.114</u> <input type="checkbox"/> Not listed. Explain _____	—
4.32	<b>Edge Information Management</b> 1682 W. Hisbiscus Blvd Melbourne, FL 32901	Line <u>3.118</u> <input type="checkbox"/> Not listed. Explain _____	—
4.33	<b>Exactech US Inc</b> PO Box 674141 Dallas, TX 75267	Line <u>3.125</u> <input type="checkbox"/> Not listed. Explain _____	—
4.34	<b>Fleishman-Hillard Inc</b> PO Box 771733 Saint Louis, MO 63177	Line <u>3.134</u> <input type="checkbox"/> Not listed. Explain _____	—
4.35	<b>Florida City Gas</b> PO Box 5410 Carol Stream, IL 60197	Line <u>3.136</u> <input type="checkbox"/> Not listed. Explain _____	—
4.36	<b>Florida Green Light, LLC</b> 2500 NW 13 St Apt 115 Miami, FL 33125	Line <u>3.138</u> <input type="checkbox"/> Not listed. Explain _____	—
4.37	<b>Florida Green Light, LLC</b> 725 NW 32 Place Miami, FL 33125	Line <u>3.138</u> <input type="checkbox"/> Not listed. Explain _____	—
4.38	<b>Frost-Arnett</b> 2105 Elm Hill Pike Ste 200 Nashville, TN 37210	Line <u>3.143</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)	
	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
4.39	<b>GBS Corp</b> PO Box 2340 North Canton, OH 44720	Line <u>3.145</u> <input type="checkbox"/> Not listed. Explain _____	—
4.40	<b>GE HFS, LLC</b> c/o Thomas J. Makens, Esq. Kutak Rock LLP 1650 Farnam St Omaha, NE 68102-2166	Line <u>3.149</u> <input type="checkbox"/> Not listed. Explain _____	—
4.41	<b>Germfree Laboratories</b> 11 Aviator Way Ormond Beach, FL 32174	Line <u>3.151</u> <input type="checkbox"/> Not listed. Explain _____	—
4.42	<b>GrayRobinson, P.A.</b> Att: Stephen L. Kussner, Esq. 401 E Jackson St Ste 2700 Tampa, FL 33602	Line <u>3.164</u> <input type="checkbox"/> Not listed. Explain _____	—
4.43	<b>Harvard Jolly, Inc.</b> 2714 Dr. Martin Luther King Jr. St N. Saint Petersburg, FL 33704	Line <u>3.163</u> <input type="checkbox"/> Not listed. Explain _____	—
4.44	<b>Hologic Inc</b> 24506 Network Place Chicago, IL 60673	Line <u>3.169</u> <input type="checkbox"/> Not listed. Explain _____	—
4.45	<b>Innomed Inc</b> PO Box 116888 Atlanta, GA 30368	Line <u>3.173</u> <input type="checkbox"/> Not listed. Explain _____	—
4.46	<b>Jeffrey Q. Jonassen</b> Gunster Law Firm 200 South Orange Avenue Suite 1400 Orlando, FL 32801	Line <u>3.262</u> <input type="checkbox"/> Not listed. Explain _____	—
4.47	<b>KR Medical Technologies LLC</b> PO Box 279 Roanoke, TX 76262	Line <u>3.190</u> <input type="checkbox"/> Not listed. Explain _____	—
4.48	<b>Larry R. Leiby, Esq.</b> Malka & Kravitz, P.A. 1300 Sawgrass Corp Pkwy Ste 100 Sunrise, FL 33323	Line <u>3.259</u> <input type="checkbox"/> Not listed. Explain _____	—
4.49	<b>LDR</b> PO Box 671716 Dallas, TX 75267	Line <u>3.196</u> <input type="checkbox"/> Not listed. Explain _____	—
4.50	<b>Maquet Medical Systems USA</b> 3615 Solutions Center Chicago, IL 60677	Line <u>3.204</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	Name	Case number (if known)	
	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
4.51	<b>Mark HJ. Goran, Esq. Polsinelli 100 S Fourth St Ste 1000 Saint Louis, MO 63102</b>	Line <u>3.227</u> <input type="checkbox"/> Not listed. Explain _____	—
4.52	<b>Marvin E. Sprouse III, Esq. Sprouse Law Firm 401 Congress Ave Ste 1540 Austin, TX 78701</b>	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.53	<b>Matheson Tri-Gas Dept 3028 PO Box 123028 Dallas, TX 75312</b>	Line <u>3.208</u> <input type="checkbox"/> Not listed. Explain _____	—
4.54	<b>Mead Johnson Nutrition 15919 Collections Center Drive Chicago, IL 60693</b>	Line <u>3.210</u> <input type="checkbox"/> Not listed. Explain _____	—
4.55	<b>Medrevenue Solutions LLC 1412 SW Eagles Pkwy Grain Valley, MO 64029</b>	Line <u>3.217</u> <input type="checkbox"/> Not listed. Explain _____	—
4.56	<b>Medtronic Advanced USA Inc PO Box 409201 Atlanta, GA 30384</b>	Line <u>3.220</u> <input type="checkbox"/> Not listed. Explain _____	—
4.57	<b>Merit Medical Systems Inc PO Box 204842 Dallas, TX 75320</b>	Line <u>3.225</u> <input type="checkbox"/> Not listed. Explain _____	—
4.58	<b>Miami Anesthesia Services 332 Poinciana Island Dr Attn Shane Zamani MD No Miami Beach, FL 33160</b>	Line <u>3.227</u> <input type="checkbox"/> Not listed. Explain _____	—
4.59	<b>Mindray 24312 Network Place Chicago, IL 60673</b>	Line <u>3.238</u> <input type="checkbox"/> Not listed. Explain _____	—
4.60	<b>Mindy O'Malley AmerAssist, AR Solutions 1105 Schrock Rd. Ste. 502 Columbus, OH 43229</b>	Line <u>3.321</u> <input type="checkbox"/> Not listed. Explain _____	—
4.61	<b>Natus Medical PO Box 3604 Carol Stream, IL 60132</b>	Line <u>3.247</u> <input type="checkbox"/> Not listed. Explain _____	—
4.62	<b>One Blood Inc PO Box 628342 Orlando, FL 32862</b>	Line <u>3.262</u> <input type="checkbox"/> Not listed. Explain _____	—



Debtor	Name	Case number (if known)	
	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
4.63	<b>Orkin</b> 4505 NW 40 St Miami, FL 33178	Line <u>3.264</u> <input type="checkbox"/> Not listed. Explain _____	—
4.64	<b>Paula Stevens</b> McKenzie, Becker & Stevens, Inc. PO Box 1967 Lakeville, CT 06039	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.65	<b>Philips Healthcare</b> PO Box 100355 Chicago, IL 60694	Line <u>3.273</u> <input type="checkbox"/> Not listed. Explain _____	—
4.66	<b>Robert S. Tanner, Esq.</b> 1580 Sawgrass Corp Pkwy Ste 130 Fort Lauderdale, FL 33323-2860	Line <u>3.178</u> <input type="checkbox"/> Not listed. Explain _____	—
4.67	<b>Rovy Repair</b> 7108 SW 8 St Miami, FL 33144	Line <u>3.300</u> <input type="checkbox"/> Not listed. Explain _____	—
4.68	<b>Scent Air</b> PO Box 979875 Dallas, TX 75397	Line <u>3.303</u> <input type="checkbox"/> Not listed. Explain _____	—
4.69	<b>Sharn Anesthesia Inc</b> 3204 Momentum Place Chicago, IL 60689	Line <u>3.306</u> <input type="checkbox"/> Not listed. Explain _____	—
4.70	<b>SI-Bone Inc.</b> Dept 3195 PO Box 123195 Dallas, TX 75312	Line <u>3.309</u> <input type="checkbox"/> Not listed. Explain _____	—
4.71	<b>Specialty Care</b> 1 American Ctr Ste 800 3100 W End Ave Nashville, TN 37203	Line <u>3.321</u> <input type="checkbox"/> Not listed. Explain _____	—
4.72	<b>Spinalgraft Technologies Inc</b> PO Box 409201 Atlanta, GA 30384	Line <u>3.323</u> <input type="checkbox"/> Not listed. Explain _____	—
4.73	<b>Stericycle, Inc.</b> 27727 Network Place Chicago, IL 60673	Line <u>3.329</u> <input type="checkbox"/> Not listed. Explain _____	—
4.74	<b>Steris Corporation</b> PO Box 676548 Dallas, TX 75267	Line <u>3.330</u> <input type="checkbox"/> Not listed. Explain _____	—
4.75	<b>Teleflex</b> PO Box 601608 Charlotte, NC 28260	Line <u>3.346</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor Name	Case number (if known)	
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
4.76 <b>Miami International Medical Center, LLC</b> PO Box 11407 Birmingham, AL 35246-2455	Line <u>3.349</u> <input type="checkbox"/> Not listed. Explain _____	—
4.77 <b>Theracom</b> PO Box 640105 Cincinnati, OH 45264	Line <u>3.350</u> <input type="checkbox"/> Not listed. Explain _____	—
4.78 <b>United States Attorney</b> 99 NE 4 St Miami, FL 33132	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.79 <b>Universal Hospital Services</b> 6625 West 78 Street Ste 300 Minneapolis, MN 55439	Line <u>3.362</u> <input type="checkbox"/> Not listed. Explain _____	—
4.80 <b>Verathon</b> PO Box 935117 Atlanta, GA 31193	Line <u>3.369</u> <input type="checkbox"/> Not listed. Explain _____	—
4.81 <b>Victoria E. Beckman</b> Kegler, Brown, Hill + Ritter 65 E State St Ste 1800 Columbus, OH 43215	Line <u>3.76</u> <input type="checkbox"/> Not listed. Explain _____	—

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

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

	Total of claim amounts
5a. Total claims from Part 1	\$ <u>187,321.70</u>
5b. Total claims from Part 2	+ \$ <u>30,120,515.00</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ <u>30,307,836.70</u>

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

Debtor name Miami International Medical Center, 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 **Master Agreement and Addendum / Annual Subscription**

State the term remaining \_\_\_\_\_

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

**3E Company Environmental Ecological and  
3207 Grey Hawk Ct  
Ste 200  
Carlsbad, CA 92010**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Coding services**

State the term remaining **auto renews each 10/7, unless 60 day notice given**

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

**3M Health Information Systems  
575 West Murray Blvd  
Salt Lake City, UT 84123-4611**

2.3. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining \_\_\_\_\_

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

**ABT Medical  
8813 Pinto Dr  
Lake Worth, FL 33467**

2.4. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining \_\_\_\_\_

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

**ACD Sign Language  
4846 N University Dr  
Ste 354  
Lauderhill, FL 33351**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases****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

2.5. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining

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

**Advanced Clinical Employment Staffing  
PO Box 1076  
Oneonta, AL 35121**2.6. State what the contract or lease is for and the nature of the debtor's interest **Custom Pack Sales Agreement**

State the term remaining

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

**Advanced Medical Resources LLC  
c/o Medsurant Holdings LLC  
100 Front St Ste 280  
Attn Jordan Klear CEO  
West Conshohocken, PA 19428**2.7. State what the contract or lease is for and the nature of the debtor's interest **Hospital Services Agreement**

State the term remaining

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

**Aetna Health Inc  
151 Farmington Ave  
Hartford, CT 06156**2.8. State what the contract or lease is for and the nature of the debtor's interest **Custom Pack Sales Agreement**

State the term remaining

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

**Alcon Laboratories Inc  
6201 S Freewy  
Wx-21  
Fort Worth, TX 76134**2.9. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**State the term remaining **2/1/2020**

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

**Alemany Building Solutions (Fire Alarm)  
7941 SW 14 Ter  
Miami, FL 33144**2.10. State what the contract or lease is for and the nature of the debtor's interest **Partnership Program Service Agreement**

State the term remaining

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

**All Better Bracing LLC  
223 E Flagler St  
Ste 506  
Miami, FL 33131**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**Allied Monitoring Innovations LLC**  
4849 Greenville Ave  
Ste 1125  
Dallas, TX 752062.12. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining

List the contract number of any government contract

**5/23/2018****Alta Language Services Inc**  
3355 Lenox Rd NE  
#510  
Atlanta, GA 303262.13. State what the contract or lease is for and the nature of the debtor's interest **National practice standards for cardiovascular practices**

State the term remaining

List the contract number of any government contract

**9/23/2017****American College of Cardiology Foundatio**  
2400 N St NW  
Washington, DC 200372.14. State what the contract or lease is for and the nature of the debtor's interest **Business Associate Agreement**

State the term remaining

List the contract number of any government contract

**American Horizon Financial**  
5491 University Dr  
Ste 202-B  
Coral Springs, FL 33067

2.15. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**9/23/2017****American Monitoring Innovations**  
4849 Greenville Ave  
#1125  
Dallas, TX 752062.16. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only****Amr-Advanced Medical Resources**  
2150 Town Sq Place  
Ste 290  
Sugarland, TX 77479

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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**

State the term remaining

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

2.17. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **11/30/2020**

**Aramark (Evs)  
 1101 Market St  
 19 FL  
 Philadelphia, PA 19107**

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

2.18. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **11/30/2020**

**Aramark (Food Services)  
 1101 Market St  
 19 FL  
 Philadelphia, PA 19107**

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

2.19. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **11/30/2020**

**Aramark (Valet Services)  
 1101 Market St  
 19 FL  
 Philadelphia, PA 19107**

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

2.20. State what the contract or lease is for and the nature of the debtor's interest

**Synergy Preferred Consumable Agreement**

State the term remaining

**Arthrex  
 1370 Creekside Blvd  
 Naples, FL 34108**

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

2.21. State what the contract or lease is for and the nature of the debtor's interest

**Outpatient Medical Services Agreement**

State the term remaining

**AvMed Inc  
 13450 W Sunrise Blvd  
 Sunrise, FL 33323**

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

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.22. State what the contract or lease is for and the nature of the debtor's interest **Letter of Participation**

State the term remaining

List the contract number of any government contract

**Baxter Healthcare Corporation  
William Graham Bldg 1-2N  
25212 W Illinois Rte 120  
Attn Kevin Newman  
Round Lake, IL 60073**2.23. State what the contract or lease is for and the nature of the debtor's interest **Temperature Control Equipment Agreement**

State the term remaining

List the contract number of any government contract

**Baxter Healthcare Corporation  
William Graham Bldg 1-2N  
25212 W Illinois Rte 120  
Attn Lori Rumer  
Round Lake, IL 60073**2.24. State what the contract or lease is for and the nature of the debtor's interest **Frozen Premix Tools and Docking Assist Tool Agreement**

State the term remaining

List the contract number of any government contract

**Baxter Healthcare Corporation  
William Graham Bldg 1-2N  
25212 W Illinois Rte 120  
Round Lake, IL 60073**2.25. State what the contract or lease is for and the nature of the debtor's interest **Financial Advisors**

State the term remaining

List the contract number of any government contract

**11/30/2020****Bayshore Partners LLC  
401 E Las Olas Blvd  
#2360  
Fort Lauderdale, FL 33301**2.26. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

List the contract number of any government contract

**BCBS of Florida  
14775 Old St. Augustine Rd  
Jacksonville, FL 32258**2.27. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining

List the contract number of any government contract

**3/7/2018****Bella Baby Photography  
300 E 5 Ave  
Ste 330  
Naperville, IL 60563**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Bundled Payments**State the term remaining **12/31/2017**

List the contract number of any government contract

**Benefit Management  
2016 16 St  
Great Bend, KS 67530**2.29. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

List the contract number of any government contract

**Best Doctors  
60 State Street  
Suite 600  
Boston, MA 02109**2.30. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

List the contract number of any government contract

**BMI  
6165 Emerald Parkway  
Dublin, OH 43016**2.31. State what the contract or lease is for and the nature of the debtor's interest **Radiology Services**State the term remaining **8/12/2019**

List the contract number of any government contract

**Boca Radiology (Radiologist)  
8142 Glades Rd  
Boca Raton, FL 33434**2.32. State what the contract or lease is for and the nature of the debtor's interest **Product Consignment & Service Fee Agreement**

State the term remaining

List the contract number of any government contract

**Bone Bank Allografts  
4808 Research Dr  
San Antonio, TX 78240**2.33. State what the contract or lease is for and the nature of the debtor's interest **Managed Care****BUPA  
7001 SW 97 Avenue  
Miami, FL 33173**



Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

State the term remaining

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

2.34. State what the contract or lease is for and the nature of the debtor's interest **Software Agreement**State the term remaining **10/22/2016**

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

**Cactus Software  
4900 College Blvd  
Overland Park, KS 66211**2.35. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement**

State the term remaining

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

**Cardinal Health 200 LLC  
7000 Cardinal PI  
Dublin, OH 43017**2.36. State what the contract or lease is for and the nature of the debtor's interest **Letter of Participation**

State the term remaining

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

**Cardinal Health 200 LLC  
7000 Cardinal PI  
Dublin, OH 43017**2.37. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Services Agreement**State the term remaining **11/4/2018**

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

**Cardinal Health Pharmacy Services, LLC  
1330 Enclave Pkwy  
Attn: VP Managed Services  
Houston, TX 77077**2.38. State what the contract or lease is for and the nature of the debtor's interest **Master Agreement**

State the term remaining

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

**CareFusion Solutions LLC  
3750 Torrey View Ct  
Attn: Contracts  
San Diego, CA 92130**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.39. State what the contract or lease is for and the nature of the debtor's interest **Hospital Services Agreement**

State the term remaining

List the contract number of any government contract

**CareFusion Solutions LLC**  
3750 Torrey View Ct  
San Diego, CA 921302.40. State what the contract or lease is for and the nature of the debtor's interest **Amendment to Master Agreement**

State the term remaining

List the contract number of any government contract

**CareFusion Solutions LLC**  
3750 Torrey View Ct  
San Diego, CA 921302.41. State what the contract or lease is for and the nature of the debtor's interest **Pyxis Machines, Contract No. 10000712272 60 month term Monthly payment \$16,300**

State the term remaining

List the contract number of any government contract

**CareFusion Solutions, LLC**  
3750 Torrey View Ct  
San Diego, CA 921302.42. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

List the contract number of any government contract

**CarePlus Health Plans**  
11430 NW 20 Street  
Suite 300  
Miami, FL 331722.43. State what the contract or lease is for and the nature of the debtor's interest **Specialty Water treatment chemicals & equipment**State the term remaining **3/23/2017**

List the contract number of any government contract

**Chemtreat**  
5640 Cox Rd  
Glen Allen, VA 230602.44. State what the contract or lease is for and the nature of the debtor's interest **Hospital Services Agreement**

State the term remaining

**Cigna HealthCare of Florida Inc**  
Routing 300  
1571 Sawgrass Corp Pkwy  
Ste 140  
Sunrise, FL 33323

Debtor 1 **Miami International Medical Center, LLC**  
 First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

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

2.45. State what the contract or lease is for and the nature of the debtor's interest **A/R resolution services & claim filing**

State the term remaining **5/16/2019**

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

**Citadel Outsource Group LLC  
 162 Imperial Blvd  
 Attn: Glenda Tankersley, CEO  
 Hendersonville, TN 37075**

2.46. State what the contract or lease is for and the nature of the debtor's interest **Revenue Cycle Management**

State the term remaining

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

**Collectrx  
 416 Hungerford Dr  
 Ste 435  
 Rockville, MD 20850**

2.47. State what the contract or lease is for and the nature of the debtor's interest **HDTV**

State the term remaining **10/20/2018**

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

**Comcast  
 PO Box 530099  
 Atlanta, GA 30353-0099**

2.48. State what the contract or lease is for and the nature of the debtor's interest **Access Agreement**

State the term remaining

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

**Comcast Cable Communications Management, LLC  
 789 Intl Pkwy  
 Attn: Business Services  
 Sunrise, FL 33325**

2.49. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

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

**Corvel International Health Plan  
 1560 Sawgrass Corporate Parkway  
 Suite 100  
 Fort Lauderdale, FL 33323**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.50. State what the contract or lease is for and the nature of the debtor's interest **Hospital Services Agreement**

State the term remaining

List the contract number of any government contract

**Coventry Health Care Inc  
6730-B Rockledge Dr  
Ste 700  
Bethesda, MD 20817**2.51. State what the contract or lease is for and the nature of the debtor's interest **Client Service Agreement (payroll processing)**

State the term remaining

List the contract number of any government contract

**Creative Staffing  
7700 North Kendall Drive  
Suite 304  
Miami, FL 33156**2.52. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease**

State the term remaining

List the contract number of any government contract

**De Lage Landen Financial Services, Inc.  
1111 Old Eagle School Rd  
Wayne, PA 19087**2.53. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease**

State the term remaining

List the contract number of any government contract

**Dex Imaging  
8880 NW 20 St  
Ste N  
Miami, FL 33172**2.54. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining

List the contract number of any government contract

**Digicel Parking Lot Lease  
701 Waterford Way  
Ste 450  
Miami, FL 33126**2.55. State what the contract or lease is for and the nature of the debtor's interest **Diagnostic Imaging Physics Service**State the term remaining **9/17/2018**

List the contract number of any

**DP Landauer Medical Physics  
2 Science Rd  
Glenwood, IL 60425**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

government contract

2.56. State what the contract or lease is for and the nature of the debtor's interest **HR Background screening**State the term remaining **10/29/2017**

List the contract number of any government contract

**Edge Information Management  
1682 W. Hibiscus Blvd  
Melbourne, FL 32901**2.57. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining

List the contract number of any government contract

**ESR Diagnostics Inc  
899 SW 86 Ct  
Miami, FL 33144**2.58. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**State the term remaining **2/11/2018**

List the contract number of any government contract

**Falck Southeastern Disaster & Evacuation  
6605 NW 74 Ave  
Miami, FL 33166**2.59. State what the contract or lease is for and the nature of the debtor's interest **Credentialing**State the term remaining **3/2/2018**

List the contract number of any government contract

**Fifth Avenue CVO  
1209 S Frankfort Ave  
#400  
Tulsa, OK 74120**2.60. State what the contract or lease is for and the nature of the debtor's interest **Marketing/Media Relations**State the term remaining **12/31/2015**

List the contract number of any government contract

**Fleishman-Hillard Inc  
2 Alhambra Plaza  
Ste 600  
Miami, FL 33134**2.61. State what the contract or lease is for and the nature of the debtor's interest **Delinquent Account Collections****Frost-Arnett  
480 James Robertson Pkwy  
Nashville, TN 37219**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

State the term remaining **4/30/2017**

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

2.62. State what the contract or lease is for and the nature of the debtor's interest **Provider Fee Agreement**

State the term remaining \_\_\_\_\_

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

**Gallagher Bassett Services Inc  
The Gallagher Ctr  
Two Pierce Pl  
Itasca, IL 60143-3141**2.63. State what the contract or lease is for and the nature of the debtor's interest **MRI Lease: Signa HDXT MRI, Contract No. 9826510001****Effective date:  
12/11/2016, term 60 months  
Monthly payment  
\$11,865**

State the term remaining \_\_\_\_\_

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

**GE Healthcare  
PO Box 96483  
Chicago, IL 60693**2.64. State what the contract or lease is for and the nature of the debtor's interest **CT Lease: VCT 64 1700 Table, Contract No. 9826533001****Effective date  
12/4/2015, term 60 months  
Monthly payment  
\$6,552**

State the term remaining \_\_\_\_\_

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

**GE Healthcare  
PO Box 96483  
Chicago, IL 60693**2.65. State what the contract or lease is for and the nature of the debtor's interest **MRI Maintenance**

State the term remaining \_\_\_\_\_

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

**GE Healthcare  
PO Box 96483  
Chicago, IL 60693**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.66. State what the contract or lease is for and the nature of the debtor's interest **CT Maintenance**

State the term remaining

List the contract number of any government contract

**GE Healthcare  
PO Box 96483  
Chicago, IL 60693**2.67. State what the contract or lease is for and the nature of the debtor's interest **Spinal Surgery Services Agreement**

State the term remaining

List the contract number of any government contract

**Georgiy Brusovanik MD  
430 S. Shore Dr  
Miami Beach, FL 33141**2.68. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

List the contract number of any government contract

**Global Excel Management Inc.  
73 Queen Street Sherbrooke  
Quebec J1M0C9  
CANADA**2.69. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

List the contract number of any government contract

**GMMI  
880 SW 145 Avenue  
Ste 400  
Pembroke Pines, FL 33027**2.70. State what the contract or lease is for and the nature of the debtor's interest **Housekeeping; 3 offices; 3x/week + home @ 6020 NW 7th St. (as needed - \$60 per cleaning)**State the term remaining **Nov-15**

List the contract number of any government contract

**Gregoria Arias Contractor  
421 SW 57 Ave  
Apt 1  
Miami, FL 33144**2.71. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

**Guardian Life of the Caribbean  
1 Guardian Drive West Moorings  
Diego Martin  
TRINIDAD & TOBAGO**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

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

2.72. State what the contract or lease is for and the nature of the debtor's interest **Autologous Blood Therapy Services and Products Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_ **Hamandi Corporation**  
**8813 Pinto Dr**  
**Lake Worth, FL 33467**

2.73. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_ **Healthspring**  
**530 Great Circle Road**  
**Nashville, TN 37228**

2.74. State what the contract or lease is for and the nature of the debtor's interest **Letter of Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_ **HealthSun Health Plans**  
**3250 Mary St**  
**Ste 1400**  
**Coconut Grove, FL 33133**

2.75. State what the contract or lease is for and the nature of the debtor's interest **Equipment Service and Rental Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_ **HealthTronics Mobile Solutions LLC**  
**9825 Spectrum Dr**  
**Bldg 3**  
**Attn: Contracting Dept.**  
**Austin, TX 78717**

2.76. State what the contract or lease is for and the nature of the debtor's interest **Equipment and Service Rental Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_ **HealthTronics Mobile Solutions LLC**  
**9825 Spectrum Dr**  
**Bldg 3**  
**Austin, TX 78717**



Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases****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

2.77. State what the contract or lease is for and the nature of the debtor's interest **Pricing Agreement**

State the term remaining

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

**Hologic Inc.  
250 Campus Dr  
Marlborough, MA 01752**2.78. State what the contract or lease is for and the nature of the debtor's interest **Amendment 1 to Pricing Agreement**

State the term remaining

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

**Hologic Inc.  
250 Campus Dr  
Marlborough, MA 01752**2.79. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**

State the term remaining

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

**Humana  
PO Box 14601  
Lexington, KY 40512**2.80. State what the contract or lease is for and the nature of the debtor's interest **Robot Lease: da Vinci Robotic Surgical System Sales, License, and Service Agreement No. MA-264-2015 Effective date 3/17/2017, term 60 months Monthly payment \$13,058**

State the term remaining

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

**Intuitive Surgical, Inc.  
1020 Kifer Rd  
Sunnyvale, CA 94086**2.81. State what the contract or lease is for and the nature of the debtor's interest **Use, License and Service Agreement**

State the term remaining

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

**Intuitive Surgical, Inc.  
1020 Kifer Rd  
Sunnyvale, CA 94086**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.82. State what the contract or lease is for and the nature of the debtor's interest

**Linen Control  
subscription-automate  
d distribution service**

State the term remaining

List the contract number of any government contract

**IPA  
10712 S 1300 E  
Sandy, UT 84094**

2.83. State what the contract or lease is for and the nature of the debtor's interest

**KCI V.A.C. Ready-Care  
Program and Storage  
Agreement**

State the term remaining

List the contract number of any government contract

**KCI V.A.C.  
PO Box 301557  
Dallas, TX 75303**

2.84. State what the contract or lease is for and the nature of the debtor's interest

**Laser Rental  
Agreement dated  
12/13/2016**

State the term remaining

List the contract number of any government contract

**Laser Surgical of Florida Inc  
555 NE 15 St  
Ste 21-A  
Miami, FL 33132**

2.85. State what the contract or lease is for and the nature of the debtor's interest

**For notice purposes  
only**

State the term remaining

List the contract number of any government contract

**LifeFlight-Nicklaus Children's Hospital  
3100 SW 62 Ave  
Miami, FL 33155**

2.86. State what the contract or lease is for and the nature of the debtor's interest

**IT Outsourced Services**

State the term remaining

**1 yr evergreen**

List the contract number of any government contract

**MCHS Reimbursement Agreement  
3100 SW 62 Ave  
Miami, FL 33155**

2.87. State what the contract or lease is for and the nature of the debtor's interest

**For notice purposes  
only**

State the term remaining

**7/31/2019**

List the contract number of any

**Mead Johnson Nutrition  
225 N Canal St  
25 FL  
Chicago, IL 60606**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

government contract \_\_\_\_\_

2.88. State what the contract or lease is for and the nature of the debtor's interest **Claims recovery & appeal services; denial management consulting & appeal training services**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_ **Medrevenue Solutions LLC**  
**1016 Inca La**  
**Woodstock, GA 30188**

2.89. State what the contract or lease is for and the nature of the debtor's interest **Capital Placement Program Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_ **Medtronic Surgical Technologies**  
**6743 Southpoint Dr N**  
**Jacksonville, FL 32216**

2.90. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**  
 State the term remaining **1/15/2019**  
 List the contract number of any government contract \_\_\_\_\_ **Meridian Institute of Surgical Assisting**  
**1507 County Hospital Rd**  
**Nashville, TN 37218**

2.91. State what the contract or lease is for and the nature of the debtor's interest **Anesthesia**  
 State the term remaining **12/1/2019**  
 List the contract number of any government contract \_\_\_\_\_ **Miami Anesthesia Services**  
**332 Poinciana Island Dr**  
**Attn Shane Zamani MD**  
**No Miami Beach, FL 33160**

2.92. State what the contract or lease is for and the nature of the debtor's interest **Reimbursement Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_ **Miami Children's Health Systems**  
**3100 SW 62 Ave**  
**Miami, FL 33155-3009**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.93. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining

List the contract number of any government contract

**Miami Dade Ambulance**  
2766 NW 62 St  
Miami, FL 331472.94. State what the contract or lease is for and the nature of the debtor's interest **Assignment of Development and Management Agreement**

State the term remaining

List the contract number of any government contract

**MidFirst Bank**  
Attn: Legal Dept  
501 NW Grand Blvd  
Oklahoma City, OK 731182.95. State what the contract or lease is for and the nature of the debtor's interest **Housekeeping; 3 offices; 2x/week**State the term remaining **Jun-15**

List the contract number of any government contract

**Miriam Espinosa**  
6041 NW 5 St  
Miami, FL 331262.96. State what the contract or lease is for and the nature of the debtor's interest **Bone Scalpel Agreement**

State the term remaining

List the contract number of any government contract

**Misonix**  
1938 New Highway  
Farmingdale, NY 117352.97. State what the contract or lease is for and the nature of the debtor's interest **Patient Admitting, Documentation, Communication**

State the term remaining

List the contract number of any government contract

**Molina Inpatient Service Inc**  
151 N Nob Hill Rd  
Ste 306  
Fort Lauderdale, FL 333242.98. State what the contract or lease is for and the nature of the debtor's interest **National Distribution Service Agreement**

State the term remaining

List the contract number of any government contract

**National Distribution Service, Inc.**  
616 Trade Center Blvd  
Chesterfield, MO 63005

Debtor 1 **Miami International Medical Center, LLC**  
 First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

government contract \_\_\_\_\_

2.99. State what the contract or lease is for and the nature of the debtor's interest **Participating Provider Agreement**  
 State the term remaining  
 List the contract number of any government contract  
**National Healthcare Solutions Inc**  
**8150 N Central Exp**  
**Ste 1700**  
**Attn: CEO**  
**Dallas, TX 75206**

2.100. State what the contract or lease is for and the nature of the debtor's interest **Neurodiagnostic Services Agreement**  
 State the term remaining  
 List the contract number of any government contract  
**Neuro Surgical Resources LLC**  
**2378 Riderwood Ct**  
**Marietta, GA 30062**

2.101. State what the contract or lease is for and the nature of the debtor's interest **Risk management services**  
 State the term remaining **4/11/2017**  
 List the contract number of any government contract  
**Nicklaus Children's Hospital**  
**3100 SW 62 Ave**  
**Miami, FL 33155**

2.102. State what the contract or lease is for and the nature of the debtor's interest **Development and Management Agreement between Debtor as Owner, Nueterra Equity Partners, LLC as Developer and Miami Hospital Holdings, LLC as Manager, dated 4-1-2014**  
 State the term remaining  
 List the contract number of any government contract  
**Nueterra Equity Partners, LLC**  
**dba NueHealth**  
**11221 Roe Ave, Ste 320**  
**Attn: Daniel TaSSET**  
**Leawood, KS 66211**

2.103. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease (DME)**  
 State the term remaining  
 List the contract number of any government contract  
**Olympus**  
**5190 NW 167 St**  
**Hialeah, FL 33014**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.104. State what the contract or lease is for and the nature of the debtor's interest **Fixed Periodic Payment Schedule No. 001 to Master Lease Agreement**

State the term remaining **Olympus America Inc**

List the contract number of any government contract **FIS/2d FI**  
**3500 Corporate Pkwy**  
**Center Valley, PA 18034-0610**

2.105. State what the contract or lease is for and the nature of the debtor's interest **Fixed Periodic Payment Schedule No. 002 to Master Agreement**

State the term remaining **Olympus America Inc**

List the contract number of any government contract **Financial Serv Dept**  
**3500 Corporate Pkwy**  
**Center Valley, PA 18034-0610**

2.106. State what the contract or lease is for and the nature of the debtor's interest **Fixed Periodic Payment Schedule No. 003 to Master Agreement**

State the term remaining **Olympus America Inc**

List the contract number of any government contract **Financial Serv Dept**  
**3500 Corporate Pkwy**  
**Center Valley, PA 18034-0610**

2.107. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**

State the term remaining **2/15/2021**

List the contract number of any government contract **One Blood Inc**  
**8869 Commodity Cir**  
**Orlando, FL 32819**

2.108. State what the contract or lease is for and the nature of the debtor's interest **Pest Control**

State the term remaining **3 year term**

List the contract number of any government contract **Orkin, LLC**  
**4505 NW 40 St**  
**Miami, FL 33178**

2.109. State what the contract or lease is for and the nature of the debtor's interest **Equipment Rental Agreement**

State the term remaining **Paramount Refreshment Solutions**  
**1411 SW 31 Ave**  
**Pompano Beach, FL 33069**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

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

2.110. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**  
 State the term remaining **6/20/2018**  
 List the contract number of any government contract \_\_\_\_\_  
**PICC Lines Plus LLC**  
**3800 S Congress Ave**  
**Ste 11**  
**Boynton Beach, FL 33426**

2.111. State what the contract or lease is for and the nature of the debtor's interest **Sevoflurane Vaporizer Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_  
**Piramal Critical Care Inc**  
**261 Broadhead Rd**  
**Ste 221**  
**Attn: Vaporizer Ops Dept**  
**Bethlehem, PA 18017**

2.112. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_  
**Pitney Bowes**  
**27 Waterview Dr**  
**Shelton, CT 06484**

2.113. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_  
**Precision Lithotripsy of S Broward, LLC**  
**3490 N US Hwy 1**  
**Cocoa, FL 32926**

2.114. State what the contract or lease is for and the nature of the debtor's interest **Provider Service Agreement**  
 State the term remaining \_\_\_\_\_  
 List the contract number of any government contract \_\_\_\_\_  
**Precision Lithotripsy of So Broward LLC**  
**895 Barton Blvd**  
**Ste B**  
**Rockledge, FL 32855**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.115. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Total Health  
Information  
Management (HIM)  
strategic sourcing  
10/8/2018****Precyse HIM Company  
1275 Drummers Ln  
Ste 200  
Wayne, PA 19087**

2.116. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Waste Management****7/7/2019****Progressive Waste  
3840 NW 37 Ct  
Miami, FL 33142**

2.117. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**For notice purposes  
only****PYA "Black-Box"  
Pershing Yoakley & Associates  
Monarch Tower Ste 700  
3424 Peachtree Rd NE  
Atlanta, GA 30326**

2.118. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Diagnostics  
Corporation  
Encompass Agreement****Roche Diagnostiscs Corporation  
9115 Hague Rd  
Indianapolis, IN 46256-0457**

2.119. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Generator Maintenance****Rovy Repair  
7108 SW 8 St  
Miami, FL 33144**

2.120. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any

**Managed Care****Sanus  
PO Box 227098  
Miami, FL 33122**



Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

government contract

2.121. State what the contract or lease is for and the nature of the debtor's interest **Air Freshener**State the term remaining **10/27/2017**

List the contract number of any government contract

**Scent Air  
7055 SW 47 St  
Miami, FL 33155**2.122. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

List the contract number of any government contract

**Shred-It USA LLC  
81 Walsh Dr  
Parsippany, NJ 07054**2.123. State what the contract or lease is for and the nature of the debtor's interest **Software Support Contract**

State the term remaining

List the contract number of any government contract

**Sisco, Inc.  
3595 Fiscal Ct  
West Palm Beach, FL 33404**2.124. State what the contract or lease is for and the nature of the debtor's interest **Acknowledgement of Participation**

State the term remaining

List the contract number of any government contract

**Smith & Nephew Inc  
150 Minuteman Rd  
Andover, MA 01810**2.125. State what the contract or lease is for and the nature of the debtor's interest **Surgical first assistant & related services**State the term remaining **2/1/2019**

List the contract number of any government contract

**Specialty Care  
One American Ctr, Ste 800  
3100 W End Ave  
Nashville, TN 37203**2.126. State what the contract or lease is for and the nature of the debtor's interest **patient satisfaction surveys****SPH Analytics  
340 E Main St  
Ste 340  
Branford, CT 06405**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

State the term remaining **3/7/2017**

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

2.127. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining

**SRI Healthcare LLC  
 401 E Jackson St  
 Ste 3100  
 Tampa, FL 33602**

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

2.128. State what the contract or lease is for and the nature of the debtor's interest **electronic billing**

State the term remaining **6/3/2020**

**SSI (Billing)  
 4721 Morrison Dr  
 Mobile, AL 36609**

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

2.129. State what the contract or lease is for and the nature of the debtor's interest **agreement**

State the term remaining

**Standard Register, Inc.  
 600 Albany St.  
 Dayton, OH 45417**

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

2.130. State what the contract or lease is for and the nature of the debtor's interest **Waste Disposal  
 Master Agreement ID:  
 Premier PP-FA-402 H-4  
 Master Agreement ID:  
 Premier PP-FA-402  
 Exhibit H-3b  
 Master Agreement ID:  
 Premier PP-FA-402  
 Exhibit H-1  
 Master Agreement ID:  
 Premier PP-FA-402  
 Exhibit H-2**

State the term remaining

**Stericycle, Inc.  
 6735 NW 84 Ave  
 Miami, FL 33166**

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

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

2.131. State what the contract or lease is for and the nature of the debtor's interest **Product Service Plan - Neptune**  
 State the term remaining  
 List the contract number of any government contract \_\_\_\_\_ **Stryker Instruments  
 6201 Sprinkle Rd  
 Portage, MI 49002**

2.132. State what the contract or lease is for and the nature of the debtor's interest **Acknowledgement of Participation (to Implant Pricing Program)**  
 State the term remaining  
 List the contract number of any government contract \_\_\_\_\_ **Stryker Orthopedics  
 PO Box 93213  
 Chicago, IL 60673**

2.133. State what the contract or lease is for and the nature of the debtor's interest **Equipment Usage Agreement**  
 State the term remaining  
 List the contract number of any government contract \_\_\_\_\_ **Stryker Sales Corporation  
 2555 Davie Road  
 Fort Lauderdale, FL 33317**

2.134. State what the contract or lease is for and the nature of the debtor's interest **National Distribution Service Agreement**  
 State the term remaining  
 List the contract number of any government contract \_\_\_\_\_ **Suddath Relocation  
 6900 NW 74 Avenue  
 Miami, FL 33166**

2.135. State what the contract or lease is for and the nature of the debtor's interest **Managed Care**  
 State the term remaining  
 List the contract number of any government contract \_\_\_\_\_ **SunMed International  
 2000 NW 89 Place  
 Doral, FL 33172**

2.136. State what the contract or lease is for and the nature of the debtor's interest **For notice purposes only**  
 State the term remaining  
 List the contract number of any \_\_\_\_\_ **Surgi-Staff, Inc.  
 9485 SW 72 St  
 Ste A-277  
 Miami, FL 33173**

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

government contract

2.137. State what the contract or lease is for and the nature of the debtor's interest **Coding audits**State the term remaining **2/11/2019**

List the contract number of any government contract

**Tactical Management  
2699 Lee Rd  
Ste 304  
Attn Derrick Taveras  
Winter Park, FL 32789-1740**2.138. State what the contract or lease is for and the nature of the debtor's interest **Partnership Program Service Agreement**

State the term remaining

List the contract number of any government contract

**Team Post-OP  
14133 NW 8 St  
Sunrise, FL 33325**2.139. State what the contract or lease is for and the nature of the debtor's interest **Procurement Agreement**

State the term remaining

List the contract number of any government contract

**The Stroud Group, Inc.  
5950 Symphony Woods Rd  
Ste 310  
Columbia, MD 21044**2.140. State what the contract or lease is for and the nature of the debtor's interest **Cloud computing service for medical record backup**State the term remaining **6/1/2016**

List the contract number of any government contract

**Trubridge LLC  
3725 Airport Blvd  
Ste 208A  
Mobile, AL 36608**2.141. State what the contract or lease is for and the nature of the debtor's interest **Biomedical Services**State the term remaining **2/1/2019**

List the contract number of any government contract

**UHS (Biomedical Services)  
10399 SW 186 St  
Miami, FL 33157**2.142. State what the contract or lease is for and the nature of the debtor's interest **Managed Care****United Neighborhood Health  
905 Main Street  
Nashville, TN 37206**

Debtor 1 **Miami International Medical Center, LLC**  
 First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

State the term remaining \_\_\_\_\_

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

2.143. State what the contract or lease is for and the nature of the debtor's interest **Facility Participation Agreement**

State the term remaining \_\_\_\_\_

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

**UnitedHealthcare Insurance Co**  
 3100 SW 145 Ave  
 Ste 200  
 Miramar, FL 33027

2.144. State what the contract or lease is for and the nature of the debtor's interest **Lab Services**

State the term remaining **2/22/2021**

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

**Univ of Miami Pathology Services**  
 1120 NW 14 St  
 Ste 1409  
 Miami, FL 33133-6000

2.145. State what the contract or lease is for and the nature of the debtor's interest **Service Agreement**

State the term remaining \_\_\_\_\_

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

**Universal Hospital Services Inc**  
 6625 West 78 St  
 Ste 300  
 Minneapolis, MN 55439

2.146. State what the contract or lease is for and the nature of the debtor's interest **Copiers:**  
**(31) Kyocera M3540idn**  
**(2) Kyocera 3051ci, and**  
**(1) Kyocera M6526cidn**  
**Contract No.**  
**500-0456198-000**  
**Effective date**  
**10/10/2016, term 63**  
**months**  
**Monthly payment:**  
**\$2,306**

State the term remaining \_\_\_\_\_

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

**US Bank Equipment Finance**  
 1310 Madrid St  
 Marshall, MN 56258

2.147. State what the contract or lease is for and the nature of the debtor's interest **Landscaping**

**US Lawns**  
 12340 NW 106 Ct  
 Miami, FL 33178

Debtor 1 **Miami International Medical Center, LLC**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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

State the term remaining **5/1/2017**

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

2.148. State what the contract or lease is for and the nature of the debtor's interest **HR Background screening**

State the term remaining **1/1/2017**

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

**Validity Screening Solutions  
 8717 W 110 St  
 Ste 750  
 Overland Park, KS 66210**

2.149. State what the contract or lease is for and the nature of the debtor's interest **Neonatology**

State the term remaining **2/22/2019**

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

**Variety Children's Hospital  
 241 NE 108 St  
 Miami, FL 33161**

2.150. State what the contract or lease is for and the nature of the debtor's interest **lease for business premises**

State the term remaining **July 2030**

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

**Variety Children's Hospital dba  
 Nicklaus Children's Hospital  
 3100 SW 62 Ave  
 Attn: CFO  
 Miami, FL 33155**

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

Debtor name Miami International Medical Center, 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	422 Enterprises, LLC	Georgiy Brusovanik, MD, Mgr 430 S Shore Dr Miami Beach, FL 33141	MidFirst Bank	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Alex Holdings, LLC	Stephen Alex, MD, Auth Mbr 1455 Ocean Dr. Unit 804 Miami Beach, FL 33139	MidFirst Bank	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Armando E. Hernandez-Rey, MD, PLLC	% Armando E. Hernandez-Rey, MD 4425 Ponce de Leon Boulevard Ste 110 Miami, FL 33146	MidFirst Bank	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Aventura Spine Doctors, LLC	Christian Gonzalez, MD, Manager 21097 NE 27 Ct Ste 350 Miami, FL 33180	MidFirst Bank	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Miami International Medical Center, LLC**

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

2.5 **Carlos Garcia, M.D.**      **7365 SW 142 Terr  
Miami, FL 33158**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.6 **Carvajal Hospital Investments, LLC**      **Pedro Carvajal , MD, Manager  
9340 SW 100 St  
Miami, FL 33176-3036**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.7 **Cesar Ceballos, M.D.**      **7800 SW 87 Ave  
Ste A-110  
Miami, FL 33173**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.8 **Childrens Health Ventures**      **3100 SW 62 Ave  
Miami, FL 33155**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.9 **Childrens Health Ventures, Inc.**      **3100 SW 62 Ave  
Miami, FL 33155**      **Variety Children's Hospital dba  
Nicklaus**       D 2.8  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.10 **David A. Robbins, M.D.**      **2045 NE 197 Terr  
Miami, FL 33179**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.11 **DFR Enterprises, LLC**      **David Font-Rodriguez, MD and  
Carmen M. Font, Managers  
7885 SW 108 St  
Miami, FL 33156**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_



Debtor **Miami International Medical Center, LLC**

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

2.12 **DLG M.D. Investments, LLC**      **David L. Galbut, MD, Manager**  
**4770 Biscayne Blvd**  
**Ste 880**  
**Miami, FL 33137**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.13 **Edward Fidalgo, M.D.**      **190 Island Dr**  
**Key Biscayne, FL 33149**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.14 **Elizabeth Etkin-Kramer, M.D.**      **2834 Regatta Ave.**  
**Miami Beach, FL 33140**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.15 **Emery M. Salom, M.D.**      **851 Hunting Lodge Dr**  
**Miami Springs, FL 33166**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.16 **ESD Holdings, LLC**      **Sandeep Dave, MD, Managing Mbr**  
**558 Hibiscus Lane**  
**Miami, FL 33137**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.17 **FAS Miami, LLC**      **Felix A. Stanziola, MD and**  
**Patricia Roquebert, Managers**  
**11801 SW 90 St, #101**  
**Miami, FL 33186**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.18 **GGG Holdings Group, LLC**      **David B. Grossman, MD, Manager**  
**3720 NE 201 St**  
**Miami, FL 33180**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

Debtor **Miami International Medical Center, LLC**

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

2.19 **Giridhar S. Talluri, M.D.**      **9681 SW 60 Ct  
Miami, FL 33156**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.20 **Gregory A. Guell, M.D.**      **3659 S Miami Ave  
Ste 5005  
Miami, FL 33133**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.21 **Hand Investments, LLC**      **Jorge L. Orbay, MD, Managing Ptr  
8905 SW 87 Ave  
Ste 100  
Miami, FL 33176**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.22 **Hommen Orthopedic Institute, P.L.**      **Jan Pieter Hommen, MD, Manager  
8940 N Kendall Dr  
#101E  
Miami, FL 33176**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.23 **J Harris Levy, M.D., P.A. dba**      **Retina Associates of Miami  
Jay Levy and Rashid Taher, Auth Mbrs  
184 NE 168 St  
Miami, FL 33162**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.24 **Janus Fidelis Realty, LLC**      **Roberto Miki, MD and  
Daniel Alfonso, MD, Members  
6301 SW 110 St  
Miami, FL 33156**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.25 **Jay H. Kim, M.D.**      **21110 Biscayne Blvd  
Ste 403  
Miami, FL 33180**      **MidFirst Bank**       D 2.5  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_



Debtor **Miami International Medical Center, LLC**

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

2.33	<b>Invictus Spine, LLC</b>	<b>Rolondo Garcia, MD and Ana P. Garcia, Members 526 North Parkway North Miami Beach, FL 33160</b>	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.34	<b>Luis E. Mendez, P.A.</b>	<b>Luis E. Mendez, President 100 Andalusia Ave Apt 714 Coral Gables, FL 33134</b>	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.35	<b>Marie L. Williams DPM PLLC</b>	<b>Marie L. Williams DPM Manager 4516 Jackson St Hollywood, FL 33021</b>	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.36	<b>Mauricio Hernandez, M.D.</b>	<b>PO Box 830635 Miami, FL 33283</b>	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.37	<b>Miami Anesthesia Services, LLC</b>	<b>Attn: Mark Eisenfeld, MD 3716 NE 208 Terr Miami, FL 33180</b>	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.38	<b>Miami International Surgical Center, LLC</b>	<b>Amar D. Rajadhyaksha, Manager 5140 Riviera Dr Miami, FL 33146</b>	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.39	<b>Mibeli Holdings, LLC</b>	<b>Daniel Levin, MD, Manager 21025 NE 38 Ave Miami, FL 33180</b>	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Miami International Medical Center, LLC**

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

- |      |   |   |  |  |
|------|---|---|--|--|
| 2.40 | <b>Michael Canning,<br/>M.D.</b>              | <b>8950 N Kendall Dr<br/>Ste 402<br/>Miami, FL 33176</b>  | <b>MidFirst Bank</b>                     | <input checked="" type="checkbox"/> D <u>2.5</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.41 | <b>MJ2102, LLC</b>                            | <b>Joseph Fernandez, MD and<br/>Margarita Fernandez, Managers<br/>10605 SW 61 Ave<br/>Miami, FL 33156</b> | <b>MidFirst Bank</b>                     | <input checked="" type="checkbox"/> D <u>2.5</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.42 | <b>Moises Mitrani,<br/>M.D.</b>               | <b>1341 NE 103 St<br/>Miami, FL 33138</b>   | <b>MidFirst Bank</b>                     | <input checked="" type="checkbox"/> D <u>2.5</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.43 | <b>Molina<br/>Investment<br/>Company, LLC</b> | <b>Francisco Molina, MD, Manager<br/>151 N Nobhill Rd<br/>Ste 306<br/>Plantation, FL 33324</b>            | <b>MidFirst Bank</b>                     | <input checked="" type="checkbox"/> D <u>2.5</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.44 | <b>NA Abdullah<br/>Holdings, LLC</b>          | <b>Naaman Abdullah, MD, Manager<br/>450 Alton Rd<br/>Ste 2501<br/>Miami Beach, FL 33139</b>               | <b>MidFirst Bank</b>                     | <input checked="" type="checkbox"/> D <u>2.5</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.45 | <b>Nueterra Capital</b>                       | <b>11221 Roe Ave<br/>Leawood, KS 66211</b>  | <b>HC-5959 NW 7th<br/>Street, LLC</b>    | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.164</u><br><input type="checkbox"/> G _____ |
| 2.46 | <b>Nueterra Capital</b>                       | <b>11221 Roe Ave<br/>Leawood, KS 66211</b>  | <b>General Electric<br/>Capital Corp</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |

Debtor **Miami International Medical Center, LLC**

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

2.47	<b>Nueterra Capital</b>	11221 Roe Ave Leawood, KS 66211	<b>General Electric Capital Corp</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.48	<b>Nueterra Capital</b>	11221 Roe Ave Leawood, KS 66211	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.49	<b>Nueterra Holdings, LLC</b>	and Miami Hospital Holdings, LLC 11221 Roe Ave Ste 300 Leawood, KS 66211	<b>Variety Children's Hospital dba Nicklaus</b>	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.50	<b>Octophenia, LLC</b>	Arturo Corces, MD, Auth Member 7340 SW 79 St Miami, FL 33143	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.51	<b>Rebuats Holdings, LLC</b>	Marshall Stauber, MD, Manager 4191 Park View Dr Hollywood, FL 33021	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.52	<b>Rich ASC, LLC</b>	Jeffrey A. Rich, DO, Managing Partner 6141 Sunset Dr Ste 403 Miami, FL 33156	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.53	<b>South Florida Women's Care MIMC Partners</b>	J Esserman, O Morales, A Davis and L Gaitan, Members 8950 SW 74 Ct, Ste 2001 Miami, FL 33156	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Miami International Medical Center, LLC**

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

- |      |   |   |   |  |
|------|---|---|---|--|
| 2.54 | <b>South Miami<br/>MIMC Partners,<br/>LLC</b> | <b>Javier Vizoso, MD, Auth Contact<br/>7300 SW 62 PI<br/>3 FL<br/>Miami, FL 33134</b>           | <b>MidFirst Bank</b>                                    | <input checked="" type="checkbox"/> D <u>2.5</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.55 | <b>Surgical Training<br/>Facility, Inc.</b>   | <b>Jeffrey B Cantor, MD, President<br/>3000 Bayview Dr<br/>Fort Lauderdale, FL 33306</b>        | <b>MidFirst Bank</b>                                    | <input checked="" type="checkbox"/> D <u>2.5</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.56 | <b>Value Health,<br/>LLC</b>                  | <b>Floyd A Osterman, Jr, MD, Manager<br/>21000 NE 28 Ave<br/>Ste 202<br/>Aventura, FL 33180</b> | <b>MidFirst Bank</b>                                    | <input checked="" type="checkbox"/> D <u>2.5</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.57 | <b>Variety<br/>Children's<br/>Hospital</b>    | <b>3100 SW 62 Ave<br/>Miami, FL 33155</b>   | <b>HC-5959 NW 7th<br/>Street, LLC</b>                   | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.164</u><br><input type="checkbox"/> G _____ |
| 2.58 | <b>Variety<br/>Children's<br/>Hospital</b>    | <b>3100 SW 62 Ave<br/>Miami, FL 33155</b>   | <b>General Electric<br/>Capital Corp</b>                | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.59 | <b>Variety<br/>Children's<br/>Hospital</b>    | <b>3100 SW 62 Ave<br/>Miami, FL 33155</b>   | <b>General Electric<br/>Capital Corp</b>                | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |
| 2.60 | <b>Variety<br/>Children's<br/>Hospital</b>    | <b>and Children Health Ventures, Inc.<br/>3100 SW 62 Ave<br/>Miami, FL 33155</b>                | <b>Variety Children's<br/>Hospital dba<br/>Nicklaus</b> | <input checked="" type="checkbox"/> D <u>2.8</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____   |

Debtor **Miami International Medical Center, LLC**

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

2.61	<b>VitalMD Group Holding, LLC</b>	3225 Aviation Ave Ste 700 Miami, FL 33133	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.62	<b>Wilfredo Constantino Lara, M.D., PLLC</b>	Wilfredo Lara, MD, Manager 2500 N. Greenway Dr Coral Gables, FL 33134	<b>MidFirst Bank</b>	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**

Debtor name Miami International Medical Center, 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 1/01/2017 to 12/31/2017

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

\$20,189,148.00

**For year before that:**  
From 1/01/2016 to 12/31/2016

Operating a business  
 Other (operations began 2/22/16)

\$18,686,256.00

**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)

**For prior year:**  
From 1/01/2017 to 12/31/2017

Parking Lot Rental

\$8,025.00

**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 **Miami International Medical Center, LLC**

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

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Florida Power &amp; Light General Mail Facility Miami, FL 33188</b>	<b>1/5/2018 \$147,683.25 1/10/2018 \$1,750.32 2/16/2018 \$51,861.49</b>	<b>\$201,295.06</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. <b>Florida City Gas PO Box 4569 Loc 6250 Atlanta, GA 30302-4569</b>	<b>2/16/18</b>	<b>\$6,443.17</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. <b>Law Office of Karl David Acuff IOTA 1615 Village Square Boulevard Suite 2 Tallahassee, FL 32309-2770</b>	<b>2/16/18</b>	<b>\$12,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Payment of invoice for services and future retainer</u></b>
3.4. <b>KapilaMukamal LLP 1000 South Federal Highway Suite 200 Fort Lauderdale, FL 33316</b>	<b>2/16/18</b>	<b>\$15,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Payment of invoice for services and future retainer</u></b>
3.5. <b>Bayshore Partners LLC 401 E Las Olas Blvd Ste 2360 Fort Lauderdale, FL 33301</b>	<b>2/16/18</b>	<b>\$147,500.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.6. <b>Meland Russin &amp; Budwick, P.A. 200 S Biscayne Blvd Ste 3200 Miami, FL 33131</b>	<b>2/20/2018 \$129,660.50 3/08/2018 \$70,339.25</b>	<b>\$199,999.75</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Payment of invoices for services and future retainer</u></b>
3.7. <b>Epic Fire System 12242 SW 140 St Miami, FL 33186</b>	<b>2/20/18</b>	<b>\$20,657.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Miami International Medical Center, LLC**

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

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. AC Technical Services Urb. Country Club 803 Calle Molucas Ave. Iturregui San Juan, PR 00924	2/20/18	\$56,338.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ___
3.9. Miami Dade Water and Sewer Dept PO Box 026055 Miami, FL 33102-6055	1/5/2018	\$36,043.29	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ___
3.10 MidFirst Bank 501 NW Grand Blvd Oklahoma City, OK 73118	various sweeps during past 90 days (see attachment)	\$1,835,324.92	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.11 Morrison, Brown, Argiz & Farra, LLP 1450 Brickell Ave 18 FL Miami, FL 33131	3/8/18	\$70,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ___
3.12 Creative Staffing 7700 North Kendall Drive Suite 304 Miami, FL 33156	3/8/18	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payroll Processing</u>
3.13 BKD, LLP 1120 S 101 St Suite 410 Omaha, NE 68124-1088	3/8/18	\$8,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ___
3.14 Alemany Building Solutions Co 8517 NE 7 Street Unit 405 Miami, FL 33126	3/8/18	\$38,077.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ___

Debtor **Miami International Medical Center, 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>OHL-Arellano Construction Company v. Miami International Medical Center, LLC AAA Case #01 16 0005 2553</b>	<b>construction dispute</b>	<b>American Arbitration Association 100 SE 2nd Street Suite 2300 Miami, FL 33131</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Integrated Security Systems, Inc. v. Miami Internatioal Medical Center, LLC 2017-023822-CA-01</b>	<b>Contract &amp; Indebtedness</b>	<b>Circuit Court, Miami-Dade 73 W. Flagler Street Miami, FL 33130</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	<b>Laser Surgical of Florida, Inc. v. Miami International Medical Center 2017-025709-CA 01</b>	<b>Open Account</b>	<b>Circuit Court, Miami-Dade 73 W. Flagler Street Miami, FL 33130</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	<b>Aramark Healthcare Support Services, LLC v. Miami International Medical Center d/b/a The Miami Medical Center 18-cv-20209</b>	<b>Breach of Contract</b>	<b>US District Court, SDFL 400 N Miami Ave Miami, FL 33128</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Miami International Medical Center, LLC**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	<b>Cardinal Health 200, LLC, Cardinal Health 110, LLC, and Cardinal Health Pharmacy Services, LLC v Debtor 2018-000994-CA-01</b>	<b>commercial litigation</b>	<b>Circuit Court, Miami-Dade County 73 W Flager St Miami, FL 33130</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	<b>U.S. Bank National Association d/b/a U.S. Bank Equipment Finance v. Debtor Unknown</b>	<b>commercial litigation</b>	<b>Lyon County, District Court, MN 607 W Main St Marshall, MN 56258</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	<b>Surgi-Staff, Inc. v. Debtor 18-4076-SP-25</b>	<b>breach of contract</b>	<b>Miami-Dade County Court Coral Gables District 3100 Ponce De Leon Blvd Coral Gables, FL 33134</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.

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
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Debtor Miami International Medical Center, LLC Case number (if known) \_\_\_\_\_

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Meland Russin & Budwick, P.A. 200 South Biscayne Boulevard Suite 3200 Miami, FL 33131		2/20/2018 \$129,660.50 3/08/2018 \$70,339.25	\$199,999.75

Email or website address  
www.melandrussin.com

Who made the payment, if not debtor?

11.2.	Akerman LLP 350 E. Las Olas Blvd. Ste 1600 Fort Lauderdale, FL 33301		10/13/2017 \$50,000.00 10/16/2017 \$57,099.67	\$107,099.67
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Email or website address  
www.akerman.com

Who made the payment, if not debtor?  
Children's Health Ventures, Inc.

**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
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**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
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**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
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**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

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

Debtor **Miami International Medical Center, LLC**

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

- 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>Miami International Medical Center 5959 NW 7 St Miami, FL 33126</b>	<b>Acute care hospital</b>	<b>0</b>
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>electronic medical records maintained in Cerner system provided through Nicklaus Children's Hospital</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.

patient demographics, insurance information, medical information

Does the debtor have a privacy policy about that information?

- No
- Yes

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

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

**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?

Debtor **Miami International Medical Center, LLC**

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

**20. Off-premises storage**

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

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Iron Mountain 3355 NW 114 St Miami, FL 33167	Iron Mountain employees only.	medical records of previous owner of hospital, Metropolitan Hospital of Miami	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

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

None

**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
---------------------------	----------------------------------	--------------------	----------------

**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**



Debtor **Miami International Medical Center, LLC**

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

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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**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>Nueterra Health Management, LLC</b> 11221 Roe Ave Ste 320 Leawood, KS 66211	since inception

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

Name and address	Date of service From-To
26b.1. <b>Morrison Brown Argiz &amp; Farra LLC</b> 1450 Brickell Ave 18 FL Miami, FL 33131	March 19, 2017-September 15, 2017
26b.2. <b>BKD CPAs &amp; Advisors</b> 1201 Walnut St Ste 1700 Kansas City, MO 64106-2246	since inception

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

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Nueterra Health Management, LLC</b> 11221 Roe Ave Ste 320 Leawood, KS 66211	since inception

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

None

Name and address
26d.1. <b>Carter Validus</b> 4890 W Kennedy Blvd Ste 600 Tampa, FL 33609

Debtor **Miami International Medical Center, LLC**

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

**Name and address**

26d.2. **MidFirst Bank**  
**501 NW Grand Blvd**  
**Oklahoma City, OK 73118**

26d.3. **Ankura Consulting**  
**Louis Robichaux**  
**15950 Dallas Parkway**  
**Ste 750**  
**Dallas, TX 75248**

26d.4. **Bayshore Partners LLC**  
**401 E Las Olas Blvd**  
**Ste 2360**  
**Fort Lauderdale, FL 33301**

**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.

	<b>Name of the person who supervised the taking of the inventory</b>	<b>Date of inventory</b>	<b>The dollar amount and basis (cost, market, or other basis) of each inventory</b>
27.1	<b>Hugo Garcia</b>	<b>10/27/2017</b>	<b>\$994,240.80 cost basis</b>
	<b>Name and address of the person who has possession of inventory records</b>		
	<b>Sheila Knoepke</b> <b>Nuehealth</b> <b>11221 Roe Ave</b> <b>Leawood, KS 66211</b>		
27.2	<b>Hugo Garcia</b>	<b>9/30/2017</b>	<b>\$1,000,966.58 cost basis</b>
	<b>Name and address of the person who has possession of inventory records</b>		
	<b>Sheila Knoepke</b> <b>Nuehealth</b> <b>11222 Roe Ave</b> <b>Leawood, KS 66211</b>		
27.3	<b>Cynthia Schroeder</b>	<b>6/30/2017</b>	<b>\$770,599.02 cost basis</b>
	<b>Name and address of the person who has possession of inventory records</b>		
	<b>Sheila Knoepke</b> <b>Nuehealth</b> <b>11222 Roe Ave</b> <b>Leawood, KS 66211</b>		

Debtor **Miami International Medical Center, LLC**

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

	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
27.4	Cynthia Schroeder	3/31/2017	\$934,766.65 cost basis
	Name and address of the person who has possession of inventory records Sheila Knoepke Nuehealth 11224 Roe Ave Leawood, KS 66211		
27.5	Cynthia Schroeder	12/31/2016	\$710,560.98 cost basis
	Name and address of the person who has possession of inventory records Sheila Knoepke Nuehealth 11225 Roe Ave Leawood, KS 66211		
27.6	Cynthia Schroeder	9/30/2016	\$1,016,206.86 cost basis
	Name and address of the person who has possession of inventory records Sheila Knoepke Nuehealth 11226 Roe Ave Leawood, KS 66211		
27.7	Cynthia Schroeder	6/30/2016	\$1,019,958.57 cost basis
	Name and address of the person who has possession of inventory records Sheila Knoepke Nuehealth 11227 Roe Ave Leawood, KS 66211		

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

Name	Address	Position and nature of any interest	% of interest, if any
James Adamson	PO Box 12269 Portland, OR 97212	Board Member	
Naaman Abdullah	450 Alton Rd. Ste 2501 Miami Beach, FL 33139	Board Member	1.0471
Tim Birkenstock	3100 SW 62 Ave Miami, FL 33155	Board Member	

Debtor **Miami International Medical Center, LLC**

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

Name	Address	Position and nature of any interest	% of interest, if any
<b>Georgly Brusovanik</b>	<b>430 S Shore Dr Miami Beach, FL 33141</b>	<b>Board Member</b>	<b>0.6863%</b>
<b>Michael Davis</b>	<b>3100 SW 62 Ave Miami, FL 33155</b>	<b>Board Member</b>	
<b>Jeffrey Mason</b>	<b>5959 NW 7 St Miami, FL 33126</b>	<b>Board Member and Chief Administrative Officer</b>	
<b>Roberto Miki</b>	<b>PO Box 566262 Miami, FL 33256-6262</b>	<b>Board Member</b>	<b>1.7798%</b>
<b>Michael Reed</b>	<b>5959 NW 7 St Miami, FL 33126</b>	<b>Board Member</b>	
<b>Dan Saale</b>	<b>11221 Roe Ave Leawood, KS 66211</b>	<b>Board Secretary/Treasurer &amp; Interim CFO</b>	
<b>Andre Susla</b>	<b>3100 SW 62 Ave Miami, FL 33155</b>	<b>Board Member</b>	
<b>Javier Vizoso</b>	<b>7300 SW 62 PI 3 FL Miami, FL 33134</b>	<b>Board Member</b>	<b>2.3950%</b>
<b>Shane Zamani</b>	<b>332 Poinciana Island Dr North Miami Beach, FL 33160</b>	<b>Board Member</b>	<b>0.7490%</b>
<b>Kristin Heisey</b>	<b>5959 NW 7 St Miami, FL 33126</b>	<b>CNO</b>	
<b>Narendra Kini, MD</b>	<b>3100 SW 62 Ave Miami, FL 33155</b>	<b>Board Member</b>	
<b>Jon Friesen</b>	<b>NueHealth Corporation 11221 Roe Ave. Ste 1A Leawood, KS 66211</b>	<b>Board Member</b>	

Debtor **Miami International Medical Center, LLC**

Case number (if known)

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.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Tim O'Brien	5959 NW 7 St Miami, FL 33126	Board Chairman	11/7/2016-8/2017
Glenn Salkind	3225 Aviation Ave Ste 700 Miami, FL 33133	Board Member	11/2014-6/2017
Alan Behr	5959 NW 7 St Miami, FL 33126	CFO	2/2016-12/2017
Luis Allende-Ruiz	5959 NW 7 St Miami, FL 33126	COO	2/2016-3/2017
Jonathon Hyde	2555 Bay Ave Miami Beach, FL 33140	Board Member	11/2014-10/19/17

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
30.1 Jeffrey Mason 5959 NW 7 St Miami, FL 33126	\$427,434.33	past year	salary
Relationship to debtor CAO			
30.2 Alan Behr 5959 NW 7 St Miami, FL 33126	\$151,944.13	past year	salary
Relationship to debtor CFO			

Debtor **Miami International Medical Center, LLC**

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

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.3	<b>Kristin Heisey</b> 5959 NW 7 St Miami, FL 33126	\$238,778.48	past year	salary
	Relationship to debtor CNO			
30.4	<b>Luis Allende-Ruiz</b> 5959 NW 7 St Miami, FL 33126	\$93,984.75	past year	salary
	Relationship to debtor COO			

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.

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 pension fund

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 **March 9, 2018****/s/ Jeffrey Mason****Jeffrey Mason**

Signature of individual signing on behalf of the debtor

Printed name

Position or relationship to debtor **Chief Administrative Officer**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No  
 Yes

**The Miami Medical Center  
Cash Swept by Midfirst Bank**

<u>Date</u>	<u>Amount</u>
11/20/2017	\$ 127,575.76
11/20/2017	\$ 3,878.90
11/20/2017	\$ 79,053.05
11/22/2017	\$ 201,571.39
11/28/2017	\$ 18,328.00
11/29/2017	\$ 44,653.87
11/29/2017	\$ 42,031.95
12/5/2017	\$ 37,538.00
12/6/2017	\$ 49,720.29
12/7/2017	\$ 47,612.93
12/7/2017	\$ 4,240.77
12/8/2017	\$ 49,472.78
12/8/2017	\$ 2,987.50
12/12/2017	\$ 29,514.40
12/13/2017	\$ 1,265.19
12/14/2017	\$ 27,587.07
12/14/2017	\$ 18,340.70
12/15/2017	\$ 162,595.81
12/18/2017	\$ 1,487.39
12/19/2017	\$ 2,708.23
12/20/2017	\$ 2,175.07
12/22/2017	\$ 188,375.80
12/26/2017	\$ 4,155.89
12/28/2017	\$ 42,101.66
12/29/2017	\$ 40,722.63
12/29/2017	\$ 55,322.37
1/2/2018	\$ 12,600.26
1/4/2018	\$ 64,922.54
1/12/2018	\$ 54,747.15
1/12/2018	\$ 5,810.00
1/16/2018	\$ 36,785.04
1/18/2018	\$ 4,714.50
1/19/2018	\$ 44,025.48
1/19/2018	\$ 8,006.02
1/19/2018	\$ 15,075.73
1/26/2018	\$ 77,265.36
1/26/2018	\$ 25,173.15
1/29/2018	\$ 15,608.04
1/30/2018	\$ 14,540.70
2/1/2018	\$ 36,592.23
2/9/2018	\$ 6,321.11
2/14/2018	\$ 12,207.33
2/15/2018	\$ 111,056.03
2/22/2018	\$ 4,856.85
<b>Total</b>	<b>\$ 1,835,324.92</b>

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

In re Miami International Medical Center, 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>422 Enterprises, LLC Georgiy Brusovanik, MD, Mgr 430 S Shore Dr Miami Beach, FL 33141</b>	I	7.43	Member
<b>Alex Holdings, LLC Stephen Alex, MD, Auth Mbr 1455 Ocean Dr. Unit 804 Miami Beach, FL 33139</b>	I	9.95	Member
<b>Armando E. Hernandez-Rey, MD, PLLC Armando E. Hernandez-Rey, MD 4425 Ponce de Leon Boulevard Ste 110 Miami, FL 33146</b>	I	4.13	Member
<b>Aventura Spine Doctors, LLC Christian Gonzalez, MD, Manager 21097 NE 27 Ct Ste 350 Miami, FL 33180</b>	I	4.34	Member
<b>Carlos Garcia, M.D. 7365 SW 142 Terr Miami, FL 33158</b>	I	5.51	Member
<b>Carvajal Hospital Investments, LLC Pedro Carvajal , MD, Manager 9340 SW 100 St Miami, FL 33176-3036</b>	I	2.57	Member
<b>Cesar Ceballos, M.D. 7800 SW 87 Ave Ste A-110 Miami, FL 33173</b>	I	4.97	Member
<b>David A. Robbins, M.D. 2045 NE 197 Terr Miami, FL 33179</b>	I	2.44	Member
<b>DFR Enterprises, LLC David Font-Rodriguez, MD and Carmen M. Font, Managers 7885 SW 108 St Miami, FL 33156</b>	I	5.15	Member



In re: **Miami International Medical Center, LLC**

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

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**  
(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>DLG M.D. Investments, LLC</b> David L. Galbut, MD, Manager 4770 Biscayne Blvd Ste 880 Miami, FL 33137	I	9.95	Member
<b>Edward Fidalgo, M.D.</b> 190 Island Dr Key Biscayne, FL 33149	I	2.48	Member
<b>Elizabeth Etkin-Kramer, M.D.</b> 2834 Regatta Ave. Miami Beach, FL 33140	I	1.34	Member
<b>Emery M. Salom, M.D.</b> 851 Hunting Lodge Dr Miami Springs, FL 33166	I	3.20	Member
<b>ESD Holdings, LLC</b> Sandeep Dave, MD, Managing Mbr 558 Hibiscus Lane Miami, FL 33137	I	9.95	Member
<b>FAS Miami, LLC</b> Felix A. Stanziola, MD and Patricia Roquebert, Managers 11801 SW 90 St, #101 Miami, FL 33186	I	2.57	Member
<b>GGG Holdings Group, LLC</b> David B. Grossman, MD, Manager 3720 NE 201 St Miami, FL 33180	I	1.86	Member
<b>Giridhar S. Talluri, M.D.</b> 9681 SW 60 Ct Miami, FL 33156	I	12.30	Member
<b>Gregory A. Guell, M.D.</b> 3659 S Miami Ave Ste 5005 Miami, FL 33133	I	1.01	Member
<b>Hand Investments, LLC</b> Jorge L. Orbay, MD, Managing Ptr 8905 SW 87 Ave Ste 100 Miami, FL 33176	I	8.10	Member

List of equity security holders consists of 6 total page(s)  
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Best Case Bankruptcy

In re: **Miami International Medical Center, LLC**

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

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Hommen Orthopedic Institute, P.L. Jan Pieter Hommen, MD, Manager 8940 N Kendall Dr #101E Miami, FL 33176</b>	<b>I</b>	<b>7.47</b>	<b>Member</b>
<b>J Harris Levy, M.D., P.A. dba Retina Associates of Miami Jay Levy and Rashid Taher, Auth Mbrs 184 NE 168 St Miami, FL 33162</b>	<b>I</b>	<b>6.46</b>	<b>Member</b>
<b>Janus Fidelis Realty, LLC Roberto Miki, MD and Daniel Alfonso, MD, Members 6301 SW 110 St Miami, FL 33156</b>	<b>I</b>	<b>19.26</b>	<b>Member</b>
<b>Jay H. Kim, M.D. 21110 Biscayne Blvd Ste 403 Miami, FL 33180</b>	<b>I</b>	<b>3.71</b>	<b>Member</b>
<b>JEFA Medical LLC Albert Triana, Joseph Triana, Francisco Cruz-Pachano, &amp; E. Cardenas 3785 NW 82nd Ave., #307 Doral, FL 33166</b>	<b>I</b>	<b>8.95</b>	<b>Member</b>
<b>Jesse Salmeron, M.D. 3011 NE 57 Ct Fort Lauderdale, FL 33308</b>	<b>I</b>	<b>2.48</b>	<b>Member</b>
<b>JJH Beach Investments LLC Jonathan Hyde, MD, VP 2555 Bay Avenue Miami Beach, FL 33140</b>	<b>I</b>	<b>11.38</b>	<b>Member</b>
<b>Jose Joy, MD 8950 N Kendall Dr Ste 406W Miami, FL 33176</b>	<b>I</b>	<b>2.48</b>	<b>Member</b>
<b>KMED International LLC Guillermo Lievano, MD and Ileana Perez, MD, Members 8720 Kendall Dr, Ste 115 Miami, FL 33176</b>	<b>I</b>	<b>3.53</b>	<b>Member</b>

In re: **Miami International Medical Center, LLC**

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

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**  
(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>LDM Robla-MIMC, LLC</b> <b>Julio Robla, MD, Manager</b> 7985 SW 125 St Miami, FL 33156	<b>I</b>	<b>4.97</b>	<b>Member</b>
<b>Interventional Services, LLC</b> <b>Moises Roizental, MD, Manager</b> 21000 NE 28 Ave Ste 202 Miami, FL 33180	<b>I</b>	<b>1.86</b>	<b>Member</b>
<b>Invictus Spine, LLC</b> <b>Rolondo Garcia, MD and</b> <b>Ana P. Garcia, Members</b> 526 North Parkway North Miami Beach, FL 33160	<b>I</b>	<b>9.95</b>	<b>Member</b>
<b>Luis E. Mendez, P.A.</b> <b>Luis E. Mendez, President</b> 100 Andalusia Ave Apt 714 Coral Gables, FL 33134	<b>I</b>	<b>3.60</b>	<b>Member</b>
<b>Marie L. Williams DPM PLLC</b> <b>Marie L. Williams DPM Manager</b> 4516 Jackson St Hollywood, FL 33021	<b>I</b>	<b>1.43</b>	<b>Member</b>
<b>Mauricio Hernandez, M.D.</b> PO Box 830635 Miami, FL 33283	<b>I</b>	<b>3.53</b>	<b>Member</b>
<b>Miami Anesthesia Services, LLC</b> <b>Attn: Mark Eisenfeld, MD</b> 3716 NE 208 Terr Miami, FL 33180	<b>I</b>	<b>8.1</b>	<b>Member</b>
<b>Miami Hospital Holdings, LLC</b> 11221 Roe Ave Ste 320 Leawood, KS 66211	<b>II</b>	<b>698.55</b>	<b>Member</b>
<b>Miami International Surgical Center, LLC</b> <b>Amar D. Rajadhyaksha, Manager</b> 5140 Riviera Dr Miami, FL 33146	<b>I</b>	<b>9.95</b>	<b>Member</b>

In re: **Miami International Medical Center, LLC**

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

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**  
(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Mibeli Holdings, LLC</b> <b>Daniel Levin, MD, Manager</b> <b>21025 NE 38 Ave</b> <b>Miami, FL 33180</b>	<b>I</b>	<b>6.40</b>	<b>Member</b>
<b>Michael Canning, M.D.</b> <b>8950 N Kendall Dr</b> <b>Ste 402</b> <b>Miami, FL 33176</b>	<b>I</b>	<b>4.97</b>	<b>Member</b>
<b>MJ2102, LLC</b> <b>Joseph Fernandez, MD and</b> <b>Margarita Fernandez, Managers</b> <b>10605 SW 61 Ave</b> <b>Miami, FL 33156</b>	<b>I</b>	<b>9.95</b>	<b>Member</b>
<b>Moises Mitrani, M.D.</b> <b>1341 NE 103 St</b> <b>Miami, FL 33138</b>	<b>I</b>	<b>2.83</b>	<b>Member</b>
<b>Molina Investment Company, LLC</b> <b>Francisco Molina, MD, Manager</b> <b>151 N Nobhill Rd</b> <b>Ste 306</b> <b>Plantation, FL 33324</b>	<b>I</b>	<b>6.18</b>	<b>Member</b>
<b>NA Abdullah Holdings, LLC</b> <b>Naaman Abdullah, MD, Manager</b> <b>450 Alton Rd</b> <b>Ste 2501</b> <b>Miami Beach, FL 33139</b>	<b>I</b>	<b>11.33</b>	<b>Member</b>
<b>Octophenia, LLC</b> <b>Arturo Corces, MD, Auth Member</b> <b>7340 SW 79 St</b> <b>Miami, FL 33143</b>	<b>I</b>	<b>9.95</b>	<b>Member</b>
<b>Rebuats Holdings, LLC</b> <b>Marshall Stauber, MD, Manager</b> <b>4191 Park View Dr</b> <b>Hollywood, FL 33021</b>	<b>I</b>	<b>4.14</b>	<b>Member</b>
<b>Rich ASC, LLC</b> <b>Jeffrey A. Rich, DO, Managing Partner</b> <b>6141 Sunset Dr</b> <b>Ste 403</b> <b>Miami, FL 33156</b>	<b>I</b>	<b>4.97</b>	<b>Member</b>

In re: **Miami International Medical Center, LLC**

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

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>South Florida Women's Care MIMC Partners J Esserman, O Morales, A Davis and L Gaitan, Members 8950 SW 74 Ct, Ste 2001 Miami, FL 33156</b>	<b>I</b>	<b>4.97</b>	<b>Member</b>
<b>South Miami MIMC Partners, LLC Javier Vizoso, MD, Auth Contact 7300 SW 62 PI 3 FL Miami, FL 33134</b>	<b>I</b>	<b>25.92</b>	<b>Member</b>
<b>Surgical Training Facility, Inc. Jeffrey B Cantor, MD, President 3000 Bayview Dr Fort Lauderdale, FL 33306</b>	<b>I</b>	<b>1.24</b>	<b>Member</b>
<b>Value Health, LLC Floyd A Osterman, Jr, MD, Manager 21000 NE 28 Ave Ste 202 Aventura, FL 33180</b>	<b>I</b>	<b>1.86</b>	<b>Member</b>
<b>VitalMD Group Holding, LLC 3225 Aviation Ave Ste 700 Miami, FL 33133</b>	<b>I</b>	<b>35.25</b>	<b>Member</b>
<b>Wilfredo Constantino Lara, M.D., PLLC Wilfredo Lara, MD, Manager 2500 N. Greenway Dr Coral Gables, FL 33134</b>	<b>I</b>	<b>3.23</b>	<b>Member</b>

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

I, the **Chief Administrative Officer** 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 **March 9, 2018**Signature **/s/ Jeffrey Mason**  
**Jeffrey Mason**

*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 Miami International Medical Center, LLC Debtor(s) Case No. \_\_\_\_\_  
Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Administrative Officer 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: March 9, 2018

/s/ Jeffrey Mason  
**Jeffrey Mason/Chief Administrative Officer**  
Signer/Title

3E Company Environmental Ecological and  
3207 Grey Hawk Ct  
Ste 200  
Carlsbad, CA 92010

3M Health Information Systems  
575 West Murray Blvd  
Salt Lake City, UT 84123-4611

A.A. Fire Equipment Company Inc  
480 NE 159 St  
Miami, FL 33162

Abbott Laboratories  
75 Remittance Dr  
Ste 1310  
Chicago, IL 60675

ABT Medical  
8813 Pinto Dr  
Lake Worth, FL 33467

ACD Sign Language  
4846 N University Dr  
Ste 354  
Lauderhill, FL 33351

ACE Sales Corp.  
7321 NW 46 St  
Miami, FL 33166

ACell Inc  
6640 Eli Whitney Dr  
Columbia, MD 21046

Acumed  
5885 NW Cornelius Pass Rd  
Hillsboro, OR 97124-9432

Adler Instrument Company  
560 Trinity Creek Cove  
Cordova, TN 38018

Advance Electronics  
205 NW 128 Avenue  
Miami, FL 33182

Advanced Clinical EmploymentStaffing LLC  
28276 State Hwy 75  
Oneonta, AL 35121

Advanced Medical Partners Inc  
9825 Spectrum Dr  
Bldg 3  
Austin, TX 78717-4930

Advanced Medical Resources, LLC  
PO Box 73169  
Dallas, TX 75373

Advanced Orthopaedic Solutions  
3203 Kashiwa St  
Torrance, CA 90505

Aesculap Implant Systems LLC  
PO Box 780391  
Philadelphia, PA 19178-0391

Aesculap Inc  
PO Box 780426  
Philadelphia, PA 19178-0426

Aetna Health Inc  
151 Farmington Ave  
Hartford, CT 06156

Affordable Environment Service  
2900 SW 100 Ave  
Miami, FL 33165

Airway Cleaning and Fireproofing  
4720 Oakes Rd Bay E  
Fort Lauderdale, FL 33314

Airxpanders Inc  
1047 Elwell Ct  
Palo Alto, CA 94303



Akerman LLP  
350 East Las Olas Blvd.  
Ste 1600  
Fort Lauderdale, FL 33301

Alcon Laboratories  
6201 S Freeway  
Wx-21  
Fort Worth, TX 76134

Alcon Laboratories Inc  
6201 S Freewy  
Wx-21  
Fort Worth, TX 76134

Aleman Building Solutions (Fire Alarm)  
7941 SW 14 Ter  
Miami, FL 33144

Alimed Inc  
297 High St  
Dedham, MA 02026

Allen Medical Systems  
100 Discovery Way  
Acton, MA 01720

Allergan USA Inc  
2525 Dupont Dr  
Irvine, CA 92612

Allied Monitoring Innovations LLC  
4849 Greenville Ave  
Ste 1125  
Dallas, TX 75206

Alliqua Biomedical Inc  
2150 Cabot Blvd W  
Ste B  
Langhorne, PA 19047

Alta Language Services Inc  
3355 Lenox Rd NE  
#510  
Atlanta, GA 30326

Amendia Inc  
1755 W Oak Pkwy  
Marietta, GA 30062

American College of Cardiology Foundatio  
2400 N St NW  
Washington, DC 20037

American Horizon Financial  
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Coral Springs, FL 33067

American Monitoring Innovations  
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#1125  
Dallas, TX 75206

American Portable Air Condition  
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Amerisource  
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Houston, TX 77210

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Downers Grove, IL 60515

Amr-Advanced Medical Resources  
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Sugarland, TX 77479

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Rancho Santa Margarita, CA 92688

Aramark (Evs)  
1101 Market St  
19 fl  
Philadelphia, PA 19107

Aramark (Food Services)  
1101 Market St  
19 fl  
Philadelphia, PA 19107

Aramark (Valet Services)  
1101 Market St  
19 fl  
Philadelphia, PA 19107

Aramark Healthcare Support Services, LLC  
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Duane Morris LLP  
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Philadelphia, PA 19103-4196

Aramark Services Inc  
Aramark Chicago Lockbox  
27310 Network Place  
Chicago, IL 60673

ARC Healthcare Solutions  
10780 NW 21 St  
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Arthrex  
1370 Creekside Blvd  
Naples, FL 34108

Arthrosurface Inc  
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Franklin, MA 02038

Associated Credit Service  
PO Box 5171  
Westborough, MA 01581

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4425 Indian Creek Pkwy  
Overland Park, KS 66207

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14901 SW 71 Ave  
Miami, FL 33158

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9565 Kirby Dr  
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AvMed Inc  
13450 W Sunrise Blvd  
Sunrise, FL 33323

Axogen  
13631 Progress Blvd  
Ste 400  
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B.A. Nurses Uniforms  
1045 NW 20 St  
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Baker Tilly Virchow Krause LLP  
Box 78975  
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Bard Access Systems Inc  
605 N 5600 West  
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Bard Peripheral Vascular Inc  
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Bausch+ Lomb Surgical VPNA LLC  
4395 Collection Ctr Dr  
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25212 W Illinois Rte 120  
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100 Bayer Blvd  
Whippany, NJ 07981

Bayshore Partners LLC  
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Best Doctors  
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6165 Emerald Parkway  
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Carefusion Solutions LLC  
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Global Excel Management Inc.  
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Louisville, CO 80027

Globus Medical  
Valley Forge Business Ctr  
2560 General Armistead Ave  
Norristown, PA 19403

GMMI  
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Pembroke Pines, FL 33027

Goodwill South Florida  
6201 NW 36 Ave  
Miami, FL 33147

Graciela Gonzalez-Lanz  
3154 NW 19 Street  
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Grainger  
5011 Rittman Rd  
San Antonio, TX 78218

Gregoria A Arias  
421 SW 57 Ave  
Miami, FL 33144



Gregoria Arias Contractor  
421 SW 57 Ave  
Miami, FL 33144

Gregoria Arias Contractor  
421 SW 57 Ave  
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Miami, FL 33144

Guardian Life of the Caribbean  
1 Guardian Drive West Moorings  
Diego Martin  
TRINIDAD & TOBAGO

Hamandi Corporation  
8813 Pinto Dr  
Lake Worth, FL 33467

Harvard Jolly, Inc.  
Attn: Jeffrey E. Cobble, AIA  
33201 W Commercial Blvd  
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Fort Lauderdale, FL 33309

HC-5959 NW 7th Street, LLC  
Attn: Lisa Drummond  
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Tampa, FL 33609

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12104 NW 35 Place  
Fort Lauderdale, FL 33323

Healthspring  
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HealthSun Health Plans  
3250 Mary St  
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Hologic Inc.  
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Javier Vizoso, MD, Auth Contact  
7300 SW 62 Pl  
3 FL  
Miami, FL 33134

Specialty Care  
1 American Ctr  
Ste 800  
3100 W End Ave  
Nashville, TN 37203

Spinalgraft Technologies Inc  
PO Box 409201  
Atlanta, GA 30384

SRI Healthcare LLC  
401 E Jackson St  
Ste 3100  
Tampa, FL 33602

Stericycle  
28161 N Keith Dr  
Attn: Brent Arnold  
Lake Forest, IL 60045

Stericycle, Inc.  
27727 Network Place  
Chicago, IL 60673

Steris Corporation  
PO Box 676548  
Dallas, TX 75267

Stryker Sales Corporation  
% Stryker Global Headquarters  
2825 Airview Blvd  
Kalamazoo, MI 49002

Surgical Training Facility, Inc.  
Jeffrey B Cantor, MD, President  
3000 Bayview Dr  
Fort Lauderdale, FL 33306

Team Post-Op  
14133 NW 8 St  
Sunrise, FL 33325

Teleflex  
PO Box 601608  
Charlotte, NC 28260

The SSI Group Inc  
PO Box 11407  
Birmingham, AL 35246-2455

The Stroud Group  
5950 Symphony Woods Rd  
Ste 3100  
Columbia, MD 21044

Theracom  
PO Box 640105  
Cincinnati, OH 45264

United States Attorney  
99 NE 4 St  
Miami, FL 33132

UnitedHealthcare Insurance Co  
3100 SW 145 Ave  
Ste 200  
Miramar, FL 33027

Universal Hospital Services  
6625 West 78 Street  
Ste 300  
Minneapolis, MN 55439

US Bank Equipment Finance  
Attn: Contracts Dept/General Counsel  
1020 Kifer Rd  
Sunnyvale, CA 94086

Value Health, LLC  
Floyd A Osterman, Jr, MD, Manager  
21000 NE 28 Ave  
Ste 202  
Aventura, FL 33180

Variety Children's Hospital  
3100 SW 62 Ave  
Miami, FL 33155

Variety Children's Hospital  
and Children Health Ventures, Inc.  
3100 SW 62 Ave  
Miami, FL 33155

Verathon  
PO Box 935117  
Atlanta, GA 31193

Victoria E. Beckman  
Kegler, Brown, Hill + Ritter  
65 E State St  
Ste 1800  
Columbus, OH 43215

VitalMD Group Holding, LLC  
3225 Aviation Ave  
Ste 700  
Miami, FL 33133

Wilfredo Constantino Lara, M.D., PLLC  
Wilfredo Lara, MD, Manager  
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Coral Gables, FL 33134

Armando E. Hernandez-Rey, MD, PLLC  
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4425 Ponce de Leon Boulevard  
Ste 110  
Miami, FL 33146

Miami Hospital Holdings, LLC  
11221 Roe Ave  
Ste 320  
Leawood, KS 66211