

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 CM Lab, Inc

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 20-2316631

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>20861 Johnson St # 117 - 118</u>	
	<u>Pembroke Pines, FL 33029</u>	
	Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	<u>Broward</u>	
	County	Location of principal assets, if different from principal place of business
		Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

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

Partnership (excluding LLP)

Other. Specify: _____

Debtor **CM Lab, Inc**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

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

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

Debtor **CM Lab, Inc**
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 checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

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

16. Estimated liabilities

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

Debtor **CM Lab, Inc**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

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

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

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

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

Executed on **June 5, 2018**
MM / DD / YYYY**X /s/ Michael Bogdan**
Signature of authorized representative of debtor

Title **Manager****Michael Bogdan**
Printed name**18. Signature of attorney****X /s/ Zach B. Shelomith**
Signature of attorney for debtorDate **June 5, 2018**
MM / DD / YYYY**Zach B. Shelomith 0122548**
Printed name**Leiderman Shelomith Alexander + Somodevilla, PLLC**
Firm name**2699 Stirling Rd # C401
Fort Lauderdale, FL 33312**
Number, Street, City, State & ZIP CodeContact phone **(954) 920-5355** Email address **zbs@lsaslaw.com****0122548**
Bar number and State

Fill in this information to identify the case:Debtor name CM Lab, IncUnited 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 June 5, 2018**X /s/ Michael Bogdan**

Signature of individual signing on behalf of debtor

Michael Bogdan

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **CM Lab, Inc**
 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
Altus Global Trade Solutions 2400 Veterans Memorial Blvd # 300 Kenner, LA 70062		collections for HGI Technologies				\$29,125.94
AutoGenomics, Inc. 2980 Scott St Vista, CA 92081		Lab Supplies				\$284,495.32
BB&T Commercial Equipment Capital Corp 2 Great Valley Pkwy # 300 Malvern, PA 19355		Equipment Lease Lease Number 33946.				\$86,129.77
BB&T Commercial Equipment Capital Corp. 2 Great Valley Pkwy # 300 Malvern, PA 19355		2 Abbott Cell-Dyn Ruby Hematology Analyzers (Value is \$5,500.00 each) (Debtor asserts ownership - disguised security interest)		\$99,893.68	\$11,000.00	\$88,893.68
Bio-Rad Laboratories, Inc. 1000 Alfred Nobel Dr Hercules, CA 94547		trade debt				\$110,287.95
Dimesan USA Inc. 1609 NW 143 Way Hollywood, FL 33028		Laboratory supplies and/or services				\$39,722.08
EBF Partners, LLC 5 West 37 St 2nd Fl New York, NY 10018		merchant agreement				\$223,601.64

Debtor **CM Lab, Inc**
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
Eppendorf North America Inc 102 Motor Pkwy Hauppauge, NY 11788		Laboratory supplies				\$101,391.00
First Quality Lab 11460 Interchange Cir N Miramar, FL 33025		lab tests				\$38,064.64
Fisher Scientific Company, LLC c/o Tucker Arensberg P.C. 1500 One PPG PI Pittsburgh, PA 15222		laboratory equipment/supplies				\$55,120.16
Florida Business Development Corporation 6801 Lake Worth Rd # 209 Lake Worth, FL 33467		Business loan				\$221,998.64
Leasing Associates of Barrington, Inc. 33 W Higgins Rd # 1030 Barrington, IL 60010		1 Cepheid GeneXpert XVI, 8 Testing Site System with UPS, 1 Black & White Printer and Shipping, including all attachments and accessories as provided b	Contingent Unliquidated	\$81,149.00	\$7,000.00	\$74,149.00
Moana Diagnostics POB 291617 Fort Lauderdale, FL 33329		Laboratory Supplies and/or services				\$300,000.00
Newtek Small Business Finance LLC 1981 Marcus Ave # 130 Lake Success, NY 11042		20861 Johnson St # 117 - 118, Pembroke Pines, FL 33029 Folio #: 51391AA-0380 and 513910-AA-0390		\$680,722.42	\$753,700.00	\$203,006.22
Quest Diagnostics POB 530440 Atlanta, GA 30353-0440		lab services				\$36,317.51

Debtor **CM Lab, Inc**
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
Sebia 1705 Corporate Dr # 400 Norcross, GA 30093		lab services				\$28,780.56
Southeast Toyota Finance POB 70832 Charlotte, NC 28272-0832		Potential deficiency on 2014 Toyota Siena LTD (VIN # 5TDYK3DC8ES510 615)	Contingent Unliquidated			\$32,016.61
United Clinical Laboratory, LLC 2257 Vista Pkwy # 2 West Palm Beach, FL 33411-2724		lab services				\$49,295.32
United States Department of Homeland Sec Immigrations & Customs Enforcement Financial Service Center Burlington POB 5000 Williston, VT 05495-5000		worksite enforcement-verifi cation violation	Disputed			\$47,801.35
Wells Fargo Equipment Finance, Inc. 733 Marquette Ave # 700 Minneapolis, MN 55402		1 AutoGenomics High Throughput System (HTS) Consisting of: 1 Infiniti Processor, S/N: 14124032, 1 Infinite Ace Analyzer, S/N: 14125032 and 1 Infiniti		\$358,220.08	\$47,000.00	\$311,220.08

Fill in this information to identify the case:

Debtor name CM Lab, Inc

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. Real property:		
Copy line 88 from <i>Schedule A/B</i>	\$	<u>753,700.00</u>
1b. Total personal property:		
Copy line 91A from <i>Schedule A/B</i>	\$	<u>198,358.76</u>
1c. Total of all property:		
Copy line 92 from <i>Schedule A/B</i>	\$	<u>952,058.76</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)		
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	<u>1,611,369.07</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$	<u>11,980.31</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$	<u>2,127,180.34</u>
4. Total liabilities		
Lines 2 + 3a + 3b	\$	<u>3,750,529.72</u>

Fill in this information to identify the case:

Debtor name CM Lab, Inc

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.

	Current value of debtor's interest
--	------------------------------------

	Checking, savings, money market, or financial brokerage accounts <i>(Identify all)</i>	Type of account	Last 4 digits of account number	
3.	Name of institution (bank or brokerage firm)			
3.1.	Wells Fargo Bank, N.A. Business Choice Checking	Checking	5929	\$0.00
3.2.	Suntrust Bank, N.A. Total Business Banking	Checking	9791	\$2,442.73

4. Other cash equivalents *(Identify all)*

5. Total of Part 1. **\$2,442.73**
 Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

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

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

11. Accounts receivable

Debtor CM Lab, Inc Case number (If known) _____
 Name

11b. Over 90 days old: 3,097,201.00 - 3,004,284.97 =.... \$92,916.03
 face amount doubtful or uncollectible accounts

12. **Total of Part 3.** \$92,916.03
 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.

	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 Work in Progress - pending laboratory orders		Unknown		Unknown

21. Finished goods, including goods held for resale
 22. Other inventory or supplies

23. **Total of Part 5.** \$0.00
 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?

Debtor CM Lab, Inc
Name

Case number (If known) _____

- 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 Various glass partitions (some panels with CM Labs logo etched into the glass), 16 sheets of glass connected to 6 yellow and gray walls 73" high (home made)	\$200.00	Appraisal	\$200.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software phone system	Unknown	N/A	Unknown
credit card merchant equipment	Unknown		Unknown

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

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$200.00

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

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

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

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

Debtor CM Lab, Inc Name	Case number (If known)		
1 Abbott Immunoassay Architeck i1000 SR Immunoassay Analyzer S/N: iISR54019 With Sinergy S2000XHU			
(Debtor asserts ownership - disguised security interest)	\$7,000.00	Appraisal	\$7,000.00
1 Abbott Immunoassay Architeck i2000 with iARM attachment			
(Debtor asserts ownership - disguised security interest)	\$8,000.00	Appraisal	\$8,000.00
1 Olympus AU640 S/N: 8017138	\$5,500.00	Appraisal	\$5,500.00
2 Abbott Cell-Dyn Ruby Hematology Analyzers (Value is \$5,500.00 each)			
(Debtor asserts ownership - disguised security interest)	\$11,000.00	Appraisal	\$11,000.00
1 AutoGenomics High Throughput System (HTS) Consisting of: 1 Infiniti Processor, S/N: 14124032, 1 Infinite Ace Analyzer, S/N: 14125032 and 1 Infiniti Incubator, S/N: 14123032	\$47,000.00	Appraisal	\$47,000.00
1 eppendorf epMotion P5073 S/N: 5073DJ00549	\$8,900.00	Appraisal	\$8,900.00
4 eppendorf vapo.protect, Mastercycler Pro S/N's: 6321DP420428 (with controller), 6321DP020436, 6321DP220434 and 6321DP120431			
(Total value of \$2,400.00)	\$2,400.00	Appraisal	\$2,400.00
1 Instrumentation Laboratory ACL Elite S/N: 12111467	\$2,000.00	Appraisal	\$2,000.00
1 Cepheid GeneXpert XVI, 8 Testing Site System with UPS, 1 Black & White Printer and Shipping, including all attachments and accessories as provided by Laboratory Supply Company, under Lease No. 1061000	\$7,000.00	Comparable sale	\$7,000.00
1 Capillarys 2 Flex Piercing instrument	\$4,000.00	Comparable sale	\$4,000.00

Debtor CM Lab, Inc
Name

Case number (If known) _____

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$102,800.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No
 Yes

Part 9: Real property

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

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

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

Description and location of property <small>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).</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
55.1. 20861 Johnson St # 117 - 118, Pembroke Pines, FL 33029 Folio #: 51391AA-0380 and 513910-AA-0390	Fee Simple	\$753,700.00	Appraisal	\$753,700.00

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.

\$753,700.00

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 <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
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60. **Patents, copyrights, trademarks, and trade secrets**

Debtor CM Lab, Inc Case number (If known) _____
 Name

61. **Internet domain names and websites**
 62. **Licenses, franchises, and royalties**
 63. **Customer lists, mailing lists, or other compilations**
Patient List/Information
(no commercial value) Unknown Unknown

64. **Other intangibles, or intellectual property**
 65. **Goodwill**
Misc. Goodwill Unknown Unknown

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.

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)**
Potential claim against Martha C Orozco relating to her prior management of the Debtor Unknown

Nature of claim	<u>Potential Claim</u>	
Amount requested	<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**

Debtor CM Lab, Inc
Name

Case number (if known) _____

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

<u>\$0.00</u>

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

Debtor **CM Lab, Inc**
Name

Case number (If known)

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$2,442.73</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$92,916.03</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$200.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$102,800.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$753,700.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$198,358.76</u>	+ 91b. <u>\$753,700.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$952,058.76</u>

Fill in this information to identify the case:

Debtor name CM Lab, Inc

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 BankUnited, N.A.</p> <p><small>Creditor's Name</small></p> <p>7765 NW 148 St Miami Lakes, FL 33016</p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred 11/9/2011</p> <p>Last 4 digits of account number 3342</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. BankUnited, N.A. 2. Chapel Trail Trade Center, Inc 3. Small Business Administration 4. Newtek Small Business Finance LLC</p>	<p>Describe debtor's property that is subject to a lien 20861 Johnson St # 117 - 118, Pembroke Pines, FL 33029</p> <p>Folio #: 51391AA-0380 and 513910-AA-0390</p> <p>Describe the lien First Mortgage/Blanket Lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>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</p>	<p>\$92,431.56</p>	<p>\$753,700.00</p>
<p>2.2 Baytree Financial Group LLC</p> <p><small>Creditor's Name</small></p> <p>721 N Mickinley Rd Lake Forest, IL 60045</p> <p><small>Creditor's mailing address</small></p>	<p>Describe debtor's property that is subject to a lien 1 Abbott Immunoassay Architeck i2000 with iARM attachment</p> <p>(Debtor asserts ownership - disguised security interest)</p> <p>Describe the lien Security Interest/Blanket Lien</p>	<p>Unknown</p>	<p>\$8,000.00</p>

Debtor **CM Lab, Inc**
Name

Case number (if know)

Creditor's email address, if known

Date debt was incurred
6/26/2014
Last 4 digits of account number
8725

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

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

2.3 **Baytree National Bank & Trust Company**

Creditor's Name

664 Western Ave
Lake Forest, IL 60045

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
10/17/2013
Last 4 digits of account number
746x

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

All goods, chattels, fixtures, furniture, equipment, assets, accounts receivable, contract rights, general intangibles and property of every kind (including after-acquired property) (including all proceeds)

Unknown

Unknown

Describe the lien

Security Interest/Blanket 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

2.4 **Baytree National Bank & Trust Company**

Creditor's Name

664 Western Ave
Lake Forest, IL 60045

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
10/17/2013
Last 4 digits of account number

Describe debtor's property that is subject to a lien

**1 Abbott Immunoassay Architeck i1000 SR Immunoassay Analyzer
S/N: iISR54019
With Sinergy S2000XHU**

Unknown

\$7,000.00

(Debtor asserts ownership - disguised security interest)

Describe the lien

Security Interest/Blanket 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)

Debtor CM Lab, Inc Case number (if know) _____
Name

7451

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.5	BB&T Commercial Equipment Capital Corp.	Describe debtor's property that is subject to a lien	\$99,893.68	\$11,000.00
	<small>Creditor's Name</small>	2 Abbott Cell-Dyn Ruby Hematology Analyzers		

(Value is \$5,500.00 each)

(Debtor asserts ownership - disguised security interest)

2 Great Valley Pkwy # 300 Malvern, PA 19355

Creditor's mailing address

Describe the lien

Security Interest/Judgment Lien(s)

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)

Creditor's email address, if known

Date debt was incurred

2/27/2015

Last 4 digits of account number

7028

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.6	BioMerieux	Describe debtor's property that is subject to a lien	\$20,329.03	Unknown
	<small>Creditor's Name</small>	phone system		

POB 500308 Saint Louis, MO 63150-0308

Creditor's mailing address

Describe the lien

Security Interest

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)

Creditor's email address, if known

Date debt was incurred

Prior to 2017

Last 4 digits of account number

7656

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.7	Chapel Trail Trade Center, Inc	Describe debtor's property that is subject to a lien	\$2,133.71	\$753,700.00
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Debtor **CM Lab, Inc**
Name

Case number (if know)

Creditor's Name

20861 Johnson St # 117 - 118, Pembroke Pines, FL 33029

**12905 SW 132 St # 5
Miami, FL 33186**

Folio #: 51391AA-0380 and 513910-AA-0390

Creditor's mailing address

**Describe the lien
Potential Condominium Association Claim of 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)

Creditor's email address, if known

Date debt was incurred

2018

Last 4 digits of account number

3117

Do multiple creditors have an interest in the same property?

No

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

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.8 CIT Finance LLC

Creditor's Name

c/o McCarthy, Burgess & Wolf

**26000 Cannon Rd
Bedford, OH 44146**

Creditor's mailing address

Describe debtor's property that is subject to a lien

1 Capillarys 2 Flex Piercing instrument

\$11,680.84

\$4,000.00

Creditor's email address, if known

Date debt was incurred

Prior to 2017

Last 4 digits of account number

4000

Do multiple creditors have an interest in the same property?

No

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

Describe the lien

Security Interest

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

2.9 Corporation Service Company

Creditor's Name

**POB 2576
Springfield, IL 62708**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All of merchant's present and future accounts, chattel paper, deposit accounts, personal property, asset and fixtures, general intangibles, instruments, equipment, inventory and proceeds

Unknown

Unknown

Creditor's email address, if known

Describe the lien

Security Interest

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

Debtor CM Lab, Inc Case number (if know) _____
Name

Date debt was incurred
3/9/2016
 Last 4 digits of account number
2088

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

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

2.1
 0 **Corporation Service Company**

Creditor's Name

**POB 2576
 Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
10/24/2016
 Last 4 digits of account number
5749

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
All accounts, chattel paper, cash, deposits accounts, documents, equipment, general intangibles, instruments, inventory and investment property, including proceeds, accounts and present and future Electronic Check Transactions

Unknown

Unknown

Describe the lien
Security Interest

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

2.1
 1 **Corporation Service Company**

Creditor's Name

**POB 2576
 Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
6/13/2016
 Last 4 digits of account number
9789

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien
The proceeds of each future sale by the Debtor as seller, whether the proceeds are paid by cash, check, ACH, credit card, debit card, bank card, charge card and/or other means, sold by seller and purchased by Merchant Cash and Capital, LLC

Unknown

Unknown

Describe the lien
Security Interest

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 **CM Lab, Inc** Case number (if know) _____
 Name

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

2.1 2	Henry Schein, Inc. Creditor's Name 135 Duryea Rd Melville, NY 11747 Creditor's mailing address Creditor's email address, if known Date debt was incurred Prior to 2017 Last 4 digits of account number 3143 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 All Personal Property - Judgment Lien Certificate Describe the lien Judgment Lien Certificate/Judgment Lien on Real Property 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 type="checkbox"/> No <input checked="" 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	\$44,536.71	Unknown
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2.1 3	Leasing Associates of Barrington, Inc. Creditor's Name 33 W Higgins Rd # 1030 Barrington, IL 60010 Creditor's mailing address Creditor's email address, if known Date debt was incurred 10/4/2013 Last 4 digits of account number 8487 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 1 Cepheid GeneXpert XVI, 8 Testing Site System with UPS, 1 Black & White Printer and Shipping, including all attachments and accessories as provided by Laboratory Supply Company, under Lease No. 1061000 Describe the lien Security Interest 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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$81,149.00	\$7,000.00
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2.1 4	Newtek Small Business Finance LLC Creditor's Name	Describe debtor's property that is subject to a lien	\$680,722.42	\$753,700.00
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Debtor **CM Lab, Inc**
Name

Case number (if know)

Creditor's Name

20861 Johnson St # 117 - 118, Pembroke Pines, FL 33029

**1981 Marcus Ave # 130
Lake Success, NY 11042**

Folio #: 51391AA-0380 and 513910-AA-0390

Creditor's mailing address

**Describe the lien
Third Mortgage/Blanket 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)

Creditor's email address, if known

Date debt was incurred

4/27/2016

Last 4 digits of account number

4680

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.1
5 **Small Business Administration**

Creditor's Name

Describe debtor's property that is subject to a lien

20861 Johnson St # 117 - 118, Pembroke Pines, FL 33029

\$181,418.53

\$753,700.00

**POB 740192
Atlanta, GA 30374-0192**

Creditor's mailing address

Folio #: 51391AA-0380 and 513910-AA-0390

Describe the lien

Second Mortgage

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)

Creditor's email address, if known

Date debt was incurred

11/9/2011

Last 4 digits of account number

5507

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.1
6 **Specialty Laboratories, Inc**

Creditor's Name

Describe debtor's property that is subject to a lien

All Personal Property - Judgment Lien Certificate

\$38,853.51

Unknown

**625 The City Dr S # 190
Orange, CA 92868**

Creditor's mailing address

Describe the lien

Judgment Lien Certificate/Judgment Lien on Real Property

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No

Creditor's email address, if known

Date debt was incurred

Debtor CM Lab, Inc Case number (if know) _____
Name

Prior to 2017

Last 4 digits of account number
5537

Do multiple creditors have an interest in the same property?

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

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

2.1 Wells Fargo Equipment Finance, Inc.

Creditor's Name

Describe debtor's property that is subject to a lien

1 AutoGenomics High Throughput System (HTS)

Consisting of: 1 Infiniti Processor, S/N: 14124032, 1 Infinite Ace Analyzer, S/N: 14125032 and 1 Infiniti Incubator, S/N: 14123032

\$358,220.08

\$47,000.00

733 Marquette Ave # 700 Minneapolis, MN 55402

Creditor's mailing address

Describe the lien

Security Interest

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)

Creditor's email address, if known

Date debt was incurred

2/26/2015

Last 4 digits of account number
4320

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$1,611,369.07**

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
BankUnited, N.A. c/o Mitrani Rynor Adamsky Toland 1200 Weston Rd # PH Weston, FL 33326	Line <u>2.1</u>	
BankUnited, N.A. POB 029021 Miami, FL 33102	Line <u>2.1</u>	
BankUnited, N.A. c/o Rice Pugatch Robinson Storfer, et al 101 NE 3 Ave # 1800 Fort Lauderdale, FL 33301	Line <u>2.1</u>	

Debtor	Case number (if know)	
CM Lab, Inc Name		
BB&T Commercial Equipment Capital Corp. Eric B. Zwiebel, Esq. 7900 Peters Rd Bldg B # 100 Fort Lauderdale, FL 33324	Line <u>2.5</u>	
BFG Corporation 721 N McKinley Rd Lake Forest, IL 60045	Line <u>2.5</u>	
BFG Corporation 2801 Lakeside Dr # 212 Bannockburn, IL 60015-1849	Line <u>2.5</u>	
Byline Financial Group 2801 Lakeside Dr # 212 Bannockburn, IL 60015-1849	Line <u>2.5</u>	
Chapel Trail Trade Center, Inc. c/o William Hilal Wigand Grande 633 SE 3 Ave # 301 Fort Lauderdale, FL 33301	Line <u>2.7</u>	
Florida Business Development Corporation 6801 Lake Worth Rd # 209 Lake Worth, FL 33467	Line <u>2.14</u>	5006
Florida Business Development Corporation 6801 Lake Worth Rd # 209 Lake Worth, FL 33467	Line <u>2.1</u>	
Henry Schein, Inc. c/o Thomas Ringel, Esq. 9130 S Dadeland Blvd # 1800 Miami, FL 33156	Line <u>2.12</u>	
Joseph Mann & Creed POB 1270 Twinsburg, OH 44087	Line <u>2.6</u>	0764
Leasing Associates of Barrington, Inc. c/o Brown, Hay & Stephens, LLP 205 S 5 St # 700 POB 2459 Springfield, IL 62705-2459	Line <u>2.13</u>	
Newtek Small Business Finance, LLC c/o Mitrani, Rynor, Adamsky & Toland, PA 1200 Weston Rd # PH Fort Lauderdale, FL 33326	Line <u>2.14</u>	
Newtek Small Business Finance, LLC Payment Processing POB 297 Laurel, NY 11948	Line <u>2.14</u>	5002
Newtek Small Business Finance, LLC 60 Hempstead Ave 6th Fl West Hempstead, NY 11552	Line <u>2.14</u>	
Specialty Laboratories, Inc c/o The Dye Law Firm, P.A. POB 4148 Tallahassee, FL 32315	Line <u>2.16</u>	

Debtor	Case number (if know)
CM Lab, Inc Name	
Specialty Laboratories, Inc. 3 Giralda Farm Madison, NJ 07940	Line <u>2.16</u>
Susquehanna Commercial Finance, Inc. 2 Country View Rd # 300 Malvern, PA 19355	Line <u>2.5</u>
Urban Partnership Bank 7936 S Cottage Grove Chicago, IL 60619	Line <u>2.13</u>
Wells Fargo Equipment Finance, Inc. c/o Andrew Fulton, IV, Esq. 1665 Palm Beach Lakes Blvd # 1000 West Palm Beach, FL 33401	Line <u>2.17</u>
Wells Fargo Equipment Finance, Inc. NW-8178 POB 1450 Minneapolis, MN 55485-8178	Line <u>2.17</u>
Wells Fargo Equipment Finance, Inc. POB 858178 Minneapolis, MN 55485-8178	Line <u>2.17</u>
Wells Fargo Equipment Finance, Inc. MAC N9300-100 600 S 4 St Minneapolis, MN 55415	Line <u>2.17</u>

Fill in this information to identify the case:

Debtor name CM Lab, Inc

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 Broward County Tax Collector 115 S Andrews Ave # A100 Fort Lauderdale, FL 33301	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	\$4,377.47 \$0.00
	Date or dates debt was incurred Prior to 2017	Basis for the claim: personal property taxes	
	Last 4 digits of account number 7002 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	
2.2	Priority creditor's name and mailing address Broward County Tax Collector Government Center Annex 115 S Andrews Avenue # A100 Fort Lauderdale, FL 33301	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	\$3,989.43 \$3,989.43
	Date or dates debt was incurred 2017	Basis for the claim: 2017 Personal Property Tax	
	Last 4 digits of account number 7002 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	

Debtor CM Lab, Inc Case number (if known) _____
 Name _____

2.3	Priority creditor's name and mailing address Broward County Tax Collector Government Center Annex 115 S Andrews Avenue ROOM A100 Fort Lauderdale, FL 33301	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	\$81.25	\$81.25
Date or dates debt was incurred 2018		Basis for the claim: 2018 business tax		
Last 4 digits of account number 7375 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		

2.4	Priority creditor's name and mailing address City of Pembroke Pines 601 City Center Way 4th Fl Pembroke Pines, FL 33025	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	\$478.13	\$478.13
Date or dates debt was incurred Prior to 2017		Basis for the claim: local business tax dues		
Last 4 digits of account number 4201 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		

2.5	Priority creditor's name and mailing address Florida Department of Revenue 5050 W Tennessee Street Tallahassee, FL 32399-0110	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	\$3,054.03	\$0.00
Date or dates debt was incurred 7/1/13-6/30/16		Basis for the claim: reemployment tax (7/1/13-6/30/16)		
Last 4 digits of account number 0322 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.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address ADT Security Services POB 650485 Dallas, TX 75265-0485	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	\$603.83	
Date(s) debt was incurred Prior to 2017 Last 4 digits of account number 0785		Basis for the claim: alarm service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address Aetna POB 14079 Lexington, KY 40512-4079	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	\$8,064.48	
Date(s) debt was incurred Prior to 2017 Last 4 digits of account number CM LABS INC (any & all accts)		Basis for the claim: refund required for overpayment of medical claims Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	CM Lab, Inc	Case number (if known)
	Name	
3.3	Nonpriority creditor's name and mailing address Alcor Scientific 20 Thurber Blvd Smithfield, RI 02917 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1468</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$315.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>laboratory services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Allen Maxwell & Silver POB 540 Fair Lawn, NJ 07410 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2572</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$706.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Pitney Bowes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Alltran Financial, LP POB 722929 Houston, TX 77272-2929 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5998</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Noice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Altus Global Trade Solutions 2400 Veterans Memorial Blvd # 300 Kenner, LA 70062 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CL01</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,125.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for HGI Technologies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address America Energy, Inc. 20914 Sheridan St Fort Lauderdale, FL 33332 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>6319</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$507.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address American Corporate Recovery, Inc. 1519 Boettler Rd # C Uniontown, OH 44685-7761 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8146</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,591.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab supplies or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address American Express POB 650448 Dallas, TX 75265-0448 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,391.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CM Lab, Inc	Case number (if known)
	Name	
3.10	Nonpriority creditor's name and mailing address American Health Associates 15712 SW 41 St # 16 Fort Lauderdale, FL 33331 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>3080</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,616.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical bills</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address American Institute of Toxicology, Inc. c/o Nerz Law P.C. 5144 E Stop 11 Rd # 20 Indianapolis, IN 46237 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,639.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory Services Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address American Proficiency Institute Department 9526 POB 30516 Lansing, MI 48909-8016 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>9267</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,636.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address American Recovery Service Incorporated 555 St. Charles Dr # 100 Thousand Oaks, CA 91360-3983 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2069</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$707.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for First Data Merchant Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address American Recovery Service Incorporated 555 St. Charles Dr # 100 Thousand Oaks, CA 91360-3983 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1765</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$288.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for First Data Merchant Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address ARSI 555 St Charles Drive Thousand Oaks, CA 91360 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$996.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory supplies and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address AutoGenomics, Inc. 2980 Scott St Vista, CA 92081 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>14SA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$284,495.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CM Lab, Inc	Case number (if known)	
	Name		
3.17	Nonpriority creditor's name and mailing address Bank of America Merchant Services POB 17548 Denver, CO 80217-7548 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0884</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>merchant services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$663.96
3.18	Nonpriority creditor's name and mailing address Bank of America Merchant Services POB 17548 Denver, CO 80217-7548 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5883</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>merchant services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.60
3.19	Nonpriority creditor's name and mailing address Bank of America Merchant Services POB 18568 Austin, TX 78760 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2880</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>merchant services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.20	Nonpriority creditor's name and mailing address BankUnited, N.A. POB 029021 Miami, FL 33102 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2827</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>commercial loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,039.58
3.21	Nonpriority creditor's name and mailing address BankUnited, N.A. 7815 NW 148 St Hialeah, FL 33016 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0839</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>overdraft fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.95
3.22	Nonpriority creditor's name and mailing address BB&T Commercial Equipment Capital Corp 2 Great Valley Pkwy # 300 Malvern, PA 19355 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease</u> <u>Lease Number 33946.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,129.77
3.23	Nonpriority creditor's name and mailing address Bio-Rad Laboratories, Inc. 1000 Alfred Nobel Dr Hercules, CA 94547 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4917</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110,287.95

Debtor	CM Lab, Inc Name	Case number (if known)
3.24	Nonpriority creditor's name and mailing address Biomerieux 100 Rodolhe St Durham, NC 27712 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>7656</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,239.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory supplies and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address Byline Financial Group-03 Accounts Receivable BIN 88205 Milwaukee, WI 53288-8205 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2100</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,240.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address Caine & Weiner 21210 Erwin St Woodland Hills, CA 91367 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>7792</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$836.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Pitney Bowes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address CarePlus Health Plans, Inc. 4925 Independence Pkwy # 300 Tampa, FL 33634 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LAB INC (any and all accts)</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$143.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address CareTracker, Inc. 33115 Collection Center Dr Chicago, IL 60693-0331 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0032</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$375.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>interface maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address CCSC Payment Processing Center POB 55156 Boston, MA 02205-5156 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4854</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,282.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Allstate Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address Central Credit Services LLC POB 15118 Jacksonville, FL 32239-5118 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0389</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,554.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collections for Toyota Motor Credit Corp</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CM Lab, Inc	Case number (if known)	
	Name		
3.31	Nonpriority creditor's name and mailing address Chapman Law Group 1441 West Long Lake Rd # 310 Troy, MI 48098 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>459H</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	\$15,171.14
		Basis for the claim: <u>Attorney fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address Cigna c/o Accent POB 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>7181</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$105.07
		Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	Nonpriority creditor's name and mailing address Cigna c/o Accent POB 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8788</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$79.13
		Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address Cigna c/o Accent POB 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5721</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$83.44
		Basis for the claim: <u>refund required for overpayment of medical claims</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 Cigna c/o Accent POB 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5386</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52.59
		Basis for the claim: <u>refund required for overpayment of medical claims</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 Cisco, Inc. POB 801088 Houston, TX 77280-1088 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8057</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$257.74
		Basis for the claim: <u>collections for AT&T</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 CIT Finance LLC c/o McCarthy, Burgess & Wolf 26000 Cannon Rd Bedford, OH 44146 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,546.40
		Basis for the claim: <u>Potential deficiency on equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Name	Case number (if known)
3.38	Nonpriority creditor's name and mailing address City of Pembroke Pines 601 City Center Way 3rd Fl Pembroke Pines, FL 33025 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>3157</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$71.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>occupancy inspection fee</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 City of Pembroke Pines 601 City Center Way 4th Fl Pembroke Pines, FL 33025 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$212.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>medical sign/business sign</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 City of Pembroke Pines Police Department, Code Compliance 18400 Johnson St Hollywood, FL 33029 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0084</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Code Violation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address City of Pembroke Pines Police Department, Code Compliance 18400 Johnson St Hollywood, FL 33029 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0110</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Code Violation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address City of Pembroke Pines Police Department, Code Compliance 18400 Johnson St Hollywood, FL 33029 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0085</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Code Violation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address College of American Pathologist 325 Waukegan Rd Winnetka, IL 60093-2750 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address Comcast POB 530098 Atlanta, GA 30353-0098 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>9791</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,078.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>phone/cable service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CM Lab, Inc	Case number (if known)	
	Name		
3.45	Nonpriority creditor's name and mailing address Confirmatrix Laboratory 1770 Cedars Rd # 200 Lawrenceville, GA 30045 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4756</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,800.00
3.46	Nonpriority creditor's name and mailing address Coventry Health Care of Florida POB 7247-7427 Philadelphia, PA 19170-7427 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LAB INC (any and all accts)</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.28
3.47	Nonpriority creditor's name and mailing address Credence 17000 Dallas Pkwy # 204 Dallas, TX 75248 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.70
3.48	Nonpriority creditor's name and mailing address Credit Protection Association POB 865005 Orlando, FL 32886-0001 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4903</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>toll service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.94
3.49	Nonpriority creditor's name and mailing address Cytocheck 1201 Corp Dr Parsons, KS 67357 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.50	Nonpriority creditor's name and mailing address Dimesan USA Inc. 1609 NW 143 Way Hollywood, FL 33028 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory supplies and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,722.08
3.51	Nonpriority creditor's name and mailing address Dittcorp 20861 Johnson St # 103 Pembroke Pines, FL 33029 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CL14</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>copy service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$915.86

Debtor	CM Lab, Inc	Case number (if known)
	Name	
3.52	Nonpriority creditor's name and mailing address Diversified Consultants, Inc. POB 551268 Jacksonville, FL 32255-1268 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>7196</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$143.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for AT&T</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address DMS CGI POB 979110 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>835A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,608.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Dept Health & Human Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address DMS CGI POB 979110 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>781A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$114.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Dept Health & Human Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	Nonpriority creditor's name and mailing address DMS CGI POB 979110 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>765A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$173.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Dept Health & Human Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	Nonpriority creditor's name and mailing address DMS CGI POB 979110 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>286A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$107.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Dept of Health & Human Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.57	Nonpriority creditor's name and mailing address Dynex Technologies 14340 Sullyfield Cir Chantilly, VA 20151 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>3029</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory supplies and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address Earthlink Business 1058 POB 2252 Birmingham, AL 35246-1058 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5065</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$285.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CM Lab, Inc	Case number (if known)	
	Name		
3.59	Nonpriority creditor's name and mailing address EBF Partners, LLC 5 West 37 St 2nd Fl New York, NY 10018 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>merchant agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$223,601.64
3.60	Nonpriority creditor's name and mailing address EClinicalWorks Finance Department 2 Technology Dr Westborough, MA 01581 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>33DM</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.61	Nonpriority creditor's name and mailing address EmblemHealth, Inc, POB 29101 New York, NY 10087 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LAB INC (any and all accts)</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.10
3.62	Nonpriority creditor's name and mailing address Epic Business Solution 5254 SW 134 Ct Miami, FL 33175 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory supplies and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,880.38
3.63	Nonpriority creditor's name and mailing address Eppendorf North America Inc 102 Motor Pkwy Hauppauge, NY 11788 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1048</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,391.00
3.64	Nonpriority creditor's name and mailing address First Coast Service Options, Inc. Medicare Part B Cash Management POB 44141 Jacksonville, FL 32231-4141 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4755</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims (Centers for Medicare and Medicaid Services)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,627.03
3.65	Nonpriority creditor's name and mailing address First Data Global Leasing POB 173845 Denver, CO 80217 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>6000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>leased equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$468.68

Debtor	CM Lab, Inc Name	Case number (if known)
3.66	<p>Nonpriority creditor's name and mailing address First Data Global Leasing POB 173845 Denver, CO 80217</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2000</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$926.62</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>leased equipment</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.67	<p>Nonpriority creditor's name and mailing address First Quality Lab 11460 Interchange Cir N Miramar, FL 33025</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1011</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,064.64</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>lab tests</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.68	<p>Nonpriority creditor's name and mailing address Fisher Scientific Company, LLC c/o Tucker Arensberg P.C. 1500 One PPG Pl Pittsburgh, PA 15222</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55,120.16</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>laboratory equipment/supplies</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.69	<p>Nonpriority creditor's name and mailing address Florida Blue Overpayment Recovery Receipts Dept 1213 POB 121213 Dallas, TX 75312-1213</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>9294</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,948.17</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>refund required for overpayment of medical claims</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.70	<p>Nonpriority creditor's name and mailing address Florida Business Development Corporation 6801 Lake Worth Rd # 209 Lake Worth, FL 33467</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5006</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,998.64</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>business loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.71	<p>Nonpriority creditor's name and mailing address Florida Business Development Corporation 6801 Lake Worth Rd # 209 Lake Worth, FL 33467</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5006</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$221,998.64</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Business loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.72	<p>Nonpriority creditor's name and mailing address Florida Turnpike Enterprise POB 865509 Orlando, FL 32886-5509</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8881</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$115.02</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>unpaid highway tolls</u> <u>Ref. No. 581659753</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	CM Lab, Inc Name	Case number (if known)	
3.73	Nonpriority creditor's name and mailing address Florida Turnpike Enterprise POB 865509 Orlando, FL 32886-5509 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2925</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid highway tolls</u> <u>Ref. No. 632751680</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$122.84</u>
3.74	Nonpriority creditor's name and mailing address Florida Turnpike Enterprise POB 865509 Orlando, FL 32886-5509 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>3535</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid highway tolls</u> <u>Ref. 636237658</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20.49</u>
3.75	Nonpriority creditor's name and mailing address Fujirebio Diagnostics, Inc. Lockbox #8507 POB 8500 Philadelphia, PA 19178-8507 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2298</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$254.57</u>
3.76	Nonpriority creditor's name and mailing address GreatAmerica Financial Services POB 660831 Dallas, TX 75266-0831 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>expired equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$978.73</u>
3.77	Nonpriority creditor's name and mailing address GreatAmerica Financial Services POB 660831 Dallas, TX 75266-0831 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>expired equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,154.70</u>
3.78	Nonpriority creditor's name and mailing address GreatAmerica Financial Services PO Box 660831 Dallas, TX 75266-0831 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Samsung MultiXpress CLX-8650ND and M5370LX Systems</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$978.73</u>
3.79	Nonpriority creditor's name and mailing address Home Depot Dept 32-2138446723 POB 9001030 Louisville, KY 40290 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,057.38</u>

Debtor	CM Lab, Inc Name	Case number (if known)	
3.80	<p>Nonpriority creditor's name and mailing address Honda Financial Services DBA AHFC POB 105027 Atlanta, GA 30348-5027</p> <p>Date(s) debt was incurred <u>Prior to 2017</u></p> <p>Last 4 digits of account number <u>1411</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>potential deficiency on vehicle lease</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,717.30
3.81	<p>Nonpriority creditor's name and mailing address Honda Financial Services DBA AHFC POB 105027 Atlanta, GA 30348-5027</p> <p>Date(s) debt was incurred <u>10/12/2014</u></p> <p>Last 4 digits of account number <u>1411</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Potential deficiency on 2013 Honda Civic (VIN # 19XFB2F56DE077617)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$12,305.28
3.82	<p>Nonpriority creditor's name and mailing address Humana Health Care Plans POB 931655 Atlanta, GA 31193-1655</p> <p>Date(s) debt was incurred <u>Prior to 2017</u></p> <p>Last 4 digits of account number <u>CM LAB INC (any and all accts)</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>refund required for overpayment of medical claims</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$543.14
3.83	<p>Nonpriority creditor's name and mailing address Humana Health Care Plans POB 931655 Atlanta, GA 31193-1655</p> <p>Date(s) debt was incurred <u>Prior to 2017</u></p> <p>Last 4 digits of account number <u>CM LAB INC (any and all accts)</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>refund required for overpayment of medical claims</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,549.49
3.84	<p>Nonpriority creditor's name and mailing address Hunter Warfield 4620 Woodland Corporate Blvd Tampa, FL 33614-2415</p> <p>Date(s) debt was incurred <u>Prior to 2017</u></p> <p>Last 4 digits of account number <u>5181</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>collections for First Data Global Leasing</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$926.62
3.85	<p>Nonpriority creditor's name and mailing address IC System, Inc. 444 Highway 96 East POB 64378 Saint Paul, MN 55164-0378</p> <p>Date(s) debt was incurred <u>Prior to 2017</u></p> <p>Last 4 digits of account number <u>2009</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>collections for AT&T Uverse</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$209.45
3.86	<p>Nonpriority creditor's name and mailing address IC Systems Inc. POB 64437 St. Paul, MN 55164-0437</p> <p>Date(s) debt was incurred <u>Prior to 2017</u></p> <p>Last 4 digits of account number <u>2796</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>collections for AT&T Wireline</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$446.70

Debtor Name	Case number (if known)
CM Lab, Inc Name	
3.87 Nonpriority creditor's name and mailing address Inova Diagnostics, Inc. POB 83358 Woburn, MA 01813-3358 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>17HR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,967.48 <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
3.88 Nonpriority creditor's name and mailing address Inova Diagnostics, Inc. POB 83358 Woburn, MA 01813-3358 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>17HR</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,039.01 <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
3.89 Nonpriority creditor's name and mailing address Laser Labels Technologies POB 743243 Atlanta, GA 30374-3243 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>9211</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$562.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>office supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90 Nonpriority creditor's name and mailing address Lexus Financial Services POB 5236 Carol Stream, IL 60197-5236 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>C012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,394.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repossession deficiency of 2016 Lexus GS200T</u> <u>VIN:JTHBA1BL1GA001485</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91 Nonpriority creditor's name and mailing address Lexus Financial Services POB 5236 Carol Stream, IL 60197-5236 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>U611</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,554.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repossession deficiency of 2015 Lexus GX460</u> <u>VIN: JTJBM7FX5F5107421</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92 Nonpriority creditor's name and mailing address Life Technologies Corporation Bank of America Lockbox Services 12088 Collection Center Dr Chicago, IL 60693 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4227</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$153.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab supplies/produces</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93 Nonpriority creditor's name and mailing address Magellan Diagnostics POB 639243 Cincinnati, OH 45263-9243 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>3430</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,075.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CM Lab, Inc	Case number (if known)	
	Name		
3.94	Nonpriority creditor's name and mailing address McKesson Medical Surgical POB 660266 Dallas, TX 75266-0266 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>3618</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>laboratory equipment/supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,132.40
3.95	Nonpriority creditor's name and mailing address MDX Credit Protection Association POB 865005 Orlando, FL 32886-0001 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>7333</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid highway tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$673.47
3.96	Nonpriority creditor's name and mailing address MDX Credit Protection Association POB 865005 Orlando, FL 32886-0001 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1195</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid highway tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.47
3.97	Nonpriority creditor's name and mailing address MDX Credit Protection Association POB 865005 Orlando, FL 32886-0001 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>3937</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid highway tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.76
3.98	Nonpriority creditor's name and mailing address MDX Credit Protection Association POB 865005 Orlando, FL 32886-0001 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2050</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid highway tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.81
3.99	Nonpriority creditor's name and mailing address MDX Credit Protection Association POB 865005 Orlando, FL 32886-0001 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.29
3.100	Nonpriority creditor's name and mailing address Mellon Overpayment Rec. Receipts Dept 1213 POB 121213 Dallas, TX 75312 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,473.80

Debtor	CM Lab, Inc	Case number (if known)	
	Name		
3.101	Nonpriority creditor's name and mailing address Mercedes Medical POB 850001 Orlando, FL 32885 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$718.22
3.102	Nonpriority creditor's name and mailing address Miami Dade Expy Authority/MDX POB 865005 Orlando, FL 32886-0001 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4903</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid highway tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.04
3.103	Nonpriority creditor's name and mailing address Miami Dade Expy Authority/MDX POB 865005 Orlando, FL 32886-0001 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1879</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid highway tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544.11
3.104	Nonpriority creditor's name and mailing address Mid America Accounts Control Bureau, Inc POB 790 Joplin, MO 64802-0790 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8664</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Cytocheck Lab, Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.00
3.105	Nonpriority creditor's name and mailing address Mid-American Collections POB 790 Joplin, MO 64802 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Cytocheck Lab LLC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,777.70
3.106	Nonpriority creditor's name and mailing address Moana Diagnostics POB 291617 Fort Lauderdale, FL 33329 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory Supplies and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,000.00
3.107	Nonpriority creditor's name and mailing address Molina Healthcare of Florida POB 2470 Spokane, WA 99210-2470 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0368</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.00

Debtor Name	Case number (if known)
CM Lab, Inc Name	
3.108 Nonpriority creditor's name and mailing address Molina Healthcare of Florida POB 2470 Spokane, WA 99210-2470 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0388</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$244.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109 Nonpriority creditor's name and mailing address Molina Healthcare of Florida POB 2470 Spokane, WA 99210-2470 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0377</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$234.63</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110 Nonpriority creditor's name and mailing address Molina Healthcare of Florida POB 2470 Spokane, WA 99210-2470 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0349</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$98.04</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111 Nonpriority creditor's name and mailing address Molina Healthcare of Florida POB 2470 Spokane, WA 99210-2470 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0381</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$173.91</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</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 Molina Healthcare of Florida POB 2470 Spokane, WA 99210-2470 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0311</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$20.88</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</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 New England BioLabs, Inc. POB 3933 Boston, MA 02241-3933 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>4756</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$221.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab supplies/produces</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 Optum Labels Technology 11000 Optum Cir W-400 Eden Prairie, MN 55344 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$143.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab services or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
CM Lab, Inc Name	
3.115 Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services POB 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2879</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$175.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Toll plaza Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116 Nonpriority creditor's name and mailing address Preferred Care Partners Attention: Audit and Recovery Unit POB 56-6118 Miami, FL 33256-6118 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LAB INC (any and all accts)</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,549.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: refund required for overpayment of medical claims Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117 Nonpriority creditor's name and mailing address PRS Attn: MSC410836 POB 415000 Nashville, TN 37241-0836 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1975</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: refund required for overpayment of medical claims Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118 Nonpriority creditor's name and mailing address PRS Attn: MSC410836 POB 415000 Nashville, TN 37241-0836 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1551</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$210.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: refund required for overpayment of medical claims Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119 Nonpriority creditor's name and mailing address Qiagen, Inc. 19300 Germantown Rd Germantown, MD 20874 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5976</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,056.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: lab services and supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120 Nonpriority creditor's name and mailing address Qiagen, Inc. 19300 Germantown Rd Germantown, MD 20874 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>3447</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$212.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Lab supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121 Nonpriority creditor's name and mailing address Quest Diagnostics POB 530440 Atlanta, GA 30353-0440 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0411</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$561.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: lab services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CM Lab, Inc	Case number (if known)	
	Name		
3.122	Nonpriority creditor's name and mailing address Quest Diagnostics POB 530440 Atlanta, GA 30353-0440 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>9198</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,317.51
3.123	Nonpriority creditor's name and mailing address Quill POB 102412 Columbia, SC 29224 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.98
3.124	Nonpriority creditor's name and mailing address Red Seal World Co. Laboratory Division 682 NW 101 Ter Coral Springs, FL 33071 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LABS INC (any & all accts)</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,223.71
3.125	Nonpriority creditor's name and mailing address Remel 12076 Santa Fe Dr Lenexa, KS 66215 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1122</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$640.73
3.126	Nonpriority creditor's name and mailing address RMS POB 723001 Atlanta, GA 31139 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$924.83
3.127	Nonpriority creditor's name and mailing address Rolling Oaks Cytopathology Consultants POB 820010 Pembroke Pines, FL 33082-0010 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>6505</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,625.00
3.128	Nonpriority creditor's name and mailing address Sebia 1705 Corporate Dr # 400 Norcross, GA 30093 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1209</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,780.56

Debtor Name	Case number (if known)
CM Lab, Inc Name	
3.129 Nonpriority creditor's name and mailing address Sequium Asset Solutions, LLC 1130 Northchase Pkwy # 150 Marietta, GA 30067 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1112</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$776.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for Regions Bank Acct # 0091508908</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130 Nonpriority creditor's name and mailing address Shred Monkeys 20861 Johnson St # 103 Pembroke Pines, FL 33029 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM06</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$39.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>paper shred service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 Nonpriority creditor's name and mailing address Siemens Healthineers 40 Liberty Blvd Malvern, PA 19355 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,875.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory supplies and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132 Nonpriority creditor's name and mailing address Simply Healthcare Plans Audit & Recovery 1701 Ponce De Leon Blvd # 103 Coral Gables, FL 33134-4416 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LAB INC (any and all accts)</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,571.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refund required for overpayment of medical claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133 Nonpriority creditor's name and mailing address SmartBTech, Inc. 11098 Biscayne Blvd # 401-7 Miami, FL 33161 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LAB INC</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,875.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>support service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134 Nonpriority creditor's name and mailing address Southeast Toyota Finance POB 70832 Charlotte, NC 28272-0832 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8422</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deficiency of repossessed of 2013 Toyota Corolla</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135 Nonpriority creditor's name and mailing address Southeast Toyota Finance POB 991817 Mobile, AL 36691-8817 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8521</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Deficiency balance of repossessed 2013 Toyota Corolla</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	CM Lab, Inc	Case number (if known)	
	Name		
3.136	Nonpriority creditor's name and mailing address Southeast Toyota Finance POB 70832 Charlotte, NC 28272-0832 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>7143</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential deficiency on 2014 Toyota Siena LTD (VIN # 5TDYK3DC8ES510615)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,016.61
3.137	Nonpriority creditor's name and mailing address Southeast Toyota Finance POB 70832 Charlotte, NC 28272-0832 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5686</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Deficiency balance of repossessed 2013 Toyota Corolla</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.138	Nonpriority creditor's name and mailing address SRA Associates LLC 401 Minnetonka Rd Somerdale, NJ 08083 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>0282</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collections for World Omni Financial Corp</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,125.51
3.139	Nonpriority creditor's name and mailing address Stearns Weaver Miller 200 E Las Olas Blvd # 2100 Fort Lauderdale, FL 33301 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.140	Nonpriority creditor's name and mailing address Takara Bio USA, Inc. POB 45794 San Francisco, CA 94145-0794 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>2068</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab supplies/produces</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406.00
3.141	Nonpriority creditor's name and mailing address The Harford POB 660916 Dallas, TX 75266-0916 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid insurance premium(s)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,170.00
3.142	Nonpriority creditor's name and mailing address The Phia Group POB 850755 Braintree, MA 02185-0755 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LAB INC (any and all accts)</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for overpayment of medical claims to TC3 (case # 150915-00165)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.00

Debtor Name	Case number (if known)
CM Lab, Inc Name	
3.143 Nonpriority creditor's name and mailing address Toll-By-Plate POB 105477 Atlanta, GA 30348-5477 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5393</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$48.58</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Toll plaza</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144 Nonpriority creditor's name and mailing address Total Lab USA, Inc. 8686 Brookvale Dr Windermere, FL 34786 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM LAB INC</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,797.70</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145 Nonpriority creditor's name and mailing address Toyota POB 991817 Mobile, AL 36691-8817 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>5686</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Deficiency balance of repossessed 2013 Toyota Corolla with last six VIN 178621</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146 Nonpriority creditor's name and mailing address Toyota POB 991817 Mobile, AL 36691-8817 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>8521</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$642.42</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential Deficiency balance of repossessed 2013 Toyota Corolla with last six VIN 140662</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147 Nonpriority creditor's name and mailing address Translational Software Incorporated 7683 SE 27 St # 461 Mercer Island, WA 98040 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>CM Lab, Inc</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148 Nonpriority creditor's name and mailing address U.S. Arkray, Inc. 5198 W 76 St Minneapolis, MN 55439 Date(s) debt was incurred <u>9/30/2015</u> Last 4 digits of account number <u>0641</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>Unknown</u> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Potential deficiency on lease of 1 Aution Hybrid AU-4050 Analyzer, part no. 14601, pursuant to the Master Reagent Rental Agreement # P145.1 0815 dated 9/1/2015 and the Supplement of even date</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149 Nonpriority creditor's name and mailing address United Clinical Laboratory, LLC 2257 Vista Pkwy # 2 West Palm Beach, FL 33411-2724 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>MLAB</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$49,295.32</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>lab services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **CM Lab, Inc** Case number (if known) _____
Name

3.150 Nonpriority creditor's name and mailing address **United Collection Bureau, Inc.** As of the petition filing date, the claim is: *Check all that apply.* **\$1,057.38**
5620 SouthWyck Blvd # 206
Toledo, OH 43614
 Date(s) debt was incurred Prior to 2017
 Last 4 digits of account number 6968

Contingent
 Unliquidated
 Disputed

Basis for the claim: collections for Citibank/Home Depot xxx-6723

Is the claim subject to offset? No Yes

3.151 Nonpriority creditor's name and mailing address **United Healthcare Community Plan** As of the petition filing date, the claim is: *Check all that apply.* **\$31.95**
Attn: Recovery Services
POB 101760
Atlanta, GA 30392-1760
 Date(s) debt was incurred Prior to 2017
 Last 4 digits of account number CM LABS INC (any & all accts)

Contingent
 Unliquidated
 Disputed

Basis for the claim: refund required for overpayment of medical claims

Is the claim subject to offset? No Yes

3.152 Nonpriority creditor's name and mailing address **United Healthcare Medicare Solutions** As of the petition filing date, the claim is: *Check all that apply.* **\$5,469.45**
Attn: Recovery Services
POB 101760
Atlanta, GA 30392-1760
 Date(s) debt was incurred Prior to 2017
 Last 4 digits of account number CM LABS INC (any & all accts)

Contingent
 Unliquidated
 Disputed

Basis for the claim: refund required for overpayment of medical claims

Is the claim subject to offset? No Yes

3.153 Nonpriority creditor's name and mailing address **United States Department of Homeland Sec** As of the petition filing date, the claim is: *Check all that apply.* **\$47,801.35**
Immigrations & Customs Enforcement
Financial Service Center Burlington
POB 5000
Williston, VT 05495-5000
 Date(s) debt was incurred Prior to 2017
 Last 4 digits of account number 0001

Contingent
 Unliquidated
 Disputed

Basis for the claim: worksite enforcement-verification violation

Is the claim subject to offset? No Yes

3.154 Nonpriority creditor's name and mailing address **US Bank** As of the petition filing date, the claim is: *Check all that apply.* **\$475.63**
POB 790408
Saint Louis, MO 63179-0408
 Date(s) debt was incurred Prior to 2017
 Last 4 digits of account number 7924

Contingent
 Unliquidated
 Disputed

Basis for the claim: credit card

Is the claim subject to offset? No Yes

3.155 Nonpriority creditor's name and mailing address **US Department of the Treasury** As of the petition filing date, the claim is: *Check all that apply.* **\$85.44**
POB 979101
Saint Louis, MO 63197-9000
 Date(s) debt was incurred Prior to 2017
 Last 4 digits of account number 290A

Contingent
 Unliquidated
 Disputed

Basis for the claim: collections for refunds of overpaid claims to Medicare and Medicaid

Is the claim subject to offset? No Yes

3.156 Nonpriority creditor's name and mailing address **US Department of the Treasury** As of the petition filing date, the claim is: *Check all that apply.* **\$351.78**
POB 979101
Saint Louis, MO 63197-9000
 Date(s) debt was incurred Prior to 2017
 Last 4 digits of account number 643A

Contingent
 Unliquidated
 Disputed

Basis for the claim: collections for refunds of overpaid claims to Medicare and Medicaid

Is the claim subject to offset? No Yes

Debtor	CM Lab, Inc Name	Case number (if known)
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3.157	Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>186A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158	Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>942A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.159	Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>279A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$294.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.160	Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>389A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$82.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.161	Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>286A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$106.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.162	Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000 Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>765A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$172.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	CM Lab, Inc	Case number (if known)
	Name	
3.163	<p>Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>152A</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$86.21</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.164	<p>Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>793A</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$45.25</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.165	<p>Nonpriority creditor's name and mailing address US Department of the Treasury POB 979101 Saint Louis, MO 63197-9000</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>035A</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,592.49</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>collections for refunds of overpaid claims to Medicare and Medicaid</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.166	<p>Nonpriority creditor's name and mailing address USAA Life Insurance Company POB 14601 Lexington, KY 40512</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$353.18</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Life insurance</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.167	<p>Nonpriority creditor's name and mailing address Verichem Laboratories Inc. 90 Narragansett Ave Providence, RI 02907</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u>1417</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,946.33</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>lab services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.168	<p>Nonpriority creditor's name and mailing address Wellcare Health Plan POB 31584 Tampa, FL 33631</p> <p>Date(s) debt was incurred <u>Prior to 2017</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$119.29</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Insurance plan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.169	<p>Nonpriority creditor's name and mailing address Wells Fargo Bank, N.A. Legal Order Processing D1111-01A POB 1416 Charlotte, NC 28262</p> <p>Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice only</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor CM Lab, Inc Case number (if known) _____
Name

3.170	Nonpriority creditor's name and mailing address Werfen USA, LLC POB 347934 Pittsburgh, PA 15251-4934 Date(s) debt was incurred <u>Prior to 2017</u> 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>laboratory supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,242.26
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Part 3: List Others to Be Notified About Unsecured Claims

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

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

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AutoGenomics, Inc. 1600 Faraday Ave Carlsbad, CA 92008	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Bio-Rad Laboratories, Inc. c/o Sprechman & Fisher, P.A. 2775 Sunny Isles Blvd # 100 Miami, FL 33160-4007	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Bio-Rad Laboratories, Inc. POB 849740 Los Angeles, CA 90084	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	<u>4917</u>
4.4	Byline Financial Group 2801 Lakeside Dr # 212 Deerfield, IL 60015-1849	Line <u>3.25</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	CBE Group, Inc. 1309 Technology Pkwy Cedar Falls, IA 50613	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	CBE Group, Inc. 1309 Technology Pkwy Cedar Falls, IA 50613	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	CBE Group, Inc. 1309 Technology Pkwy Cedar Falls, IA 50613	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	CBE Group, Inc. 1309 Technology Pkwy Cedar Falls, IA 50613	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	CIT 21146 Network Place Chicago, IL 60673-1211	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	Coral Springs Service Center 3301 N University Drive, Suite 200 Coral Springs, FL 33065-4149	Line <u>2.5</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	CM Lab, Inc Name	Case number (if known)	
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.11	Credit Collection Services Commerical 725 Canton Street Norwood, MA 02062	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Diversified Consultants, Inc. POB 1391 Southgate, MI 48195-0391	Line <u>3.52</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	EBF Partners, LLC c/o Giuliano, McDonnell & Perrone, LLP 170 Old Country Rd # 608 Mineola, NY 11501	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	EBF Partners, LLC c/o Max Recovery Group LLC 1 World Trade Center # 8500 New York, NY 10007	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	EmlenHealth 55 Water St New York, NY 10041-8190	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	Everest Business Funding 5 W 37 St 2nd Fl New York, NY 10018	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	FDOT Toll by Plate POB 105477 Atlanta, GA 30348	Line <u>3.143</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	First Data Global Leasing POB 173845 Denver, CO 80217	Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	First Data Merchant Services c/o ARSI 555 St Charles Dr # 100 Thousand Oaks, CA 91360	Line <u>3.65</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	Fujirebio Diagnostics, Inc. 940 Crossroads Blvd Seguin, TX 78155	Line <u>3.75</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21	HGI technologies c/o Aron Sadowsky & Marks, Inc One Boca Commerce Center 551 NW 77th Street, Suite 200 Boca Raton, FL 33487	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	<u>0968</u>
4.22	Honda Financial Services POB 1027 Alpharetta, GA 30009-1027	Line <u>3.81</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	CM Lab, Inc 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
4.23	Hunter Warfield 4620 Woodland Corporate Blvd Tampa, FL 33614-2415	Line <u>3.66</u> 5181 <input type="checkbox"/> Not listed. Explain _____
4.24	IC System 444 Highway 96 East POB 64378 Saint Paul, MN 55164-0378	Line <u>3.86</u> — <input type="checkbox"/> Not listed. Explain _____
4.25	Linebarger Goggan Blair & Sampson, LLP 8130 Baymeadows Circle W # 203 Jacksonville, FL 32256	Line <u>3.72</u> 9753 <input type="checkbox"/> Not listed. Explain _____
4.26	Linebarger Goggan Blair & Sampson, LLP 8130 Baymeadows Circle W # 203 Jacksonville, FL 32256	Line <u>3.73</u> 1680 <input type="checkbox"/> Not listed. Explain _____
4.27	Linebarger Goggan Blair & Sampson, LLP 8130 Baymeadows Circle W # 203 Jacksonville, FL 32256	Line <u>3.74</u> 7658 <input type="checkbox"/> Not listed. Explain _____
4.28	Magellan Recoveries Lockbox POB 785346 Philadelphia, PA 19178	Line <u>3.93</u> — <input type="checkbox"/> Not listed. Explain _____
4.29	New England BioLabs, Inc. 240 County Rd Ipswich, MA 01938-2723	Line <u>3.113</u> — <input type="checkbox"/> Not listed. Explain _____
4.30	NYX Health Group, LLC 8440 Holcomb Bridge Rd # 560 Alpharetta, GA 30022	Line <u>3.45</u> — <input type="checkbox"/> Not listed. Explain _____
4.31	Performant Recovery Inc POB 9046 Pleasanton, CA 94566-9046	Line <u>3.156</u> 2764 <input type="checkbox"/> Not listed. Explain _____
4.32	Preferred Care Partners POB 56-5790 Attention: Claims Department Miami, FL 33256-5790	Line <u>3.116</u> — <input type="checkbox"/> Not listed. Explain _____
4.33	The Dye Law Firm, P.A. POB 4148 Tallahassee, FL 32315	Line <u>3.122</u> 6497 <input type="checkbox"/> Not listed. Explain _____
4.34	The Phia Group 163 Bay State Dr Braintree, MA 02184	Line <u>3.142</u> — <input type="checkbox"/> Not listed. Explain _____
4.35	United Healthcare POB 30755 Salt Lake City, UT 84130	Line <u>3.151</u> — <input type="checkbox"/> Not listed. Explain _____

Debtor	CM Lab, Inc <small>Name</small>	Case number (if known) _____
4.36	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?
	US Department of the Treasury Bureau of the Fiscal Service POB 830794 Birmingham, AL 35283	Last 4 digits of account number, if any —
		Line <u>3.155</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.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>11,980.31</u>
5b. +	\$ <u>2,127,180.34</u>
5c.	\$ <u>2,139,160.65</u>

Fill in this information to identify the case:

Debtor name CM Lab, Inc

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
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<p>2.1. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="text-align: center;">State the term remaining</p> <p>List the contract number of any government contract _____</p>	<p>1 Abbott Immunoassay Architeck i2000 with iARM attachment</p> <p>(Debtor asserts ownership - disguised security interest)</p>	<p>Baytree Financial Group LLC 721 N Mickinley Rd Lake Forest, IL 60045</p>
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<p>2.2. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="text-align: center;">State the term remaining</p> <p>List the contract number of any government contract _____</p>	<p>1 Abbott Immunoassay Architeck i1000 SR Immunoassay Analyzer S/N: iISR54019 With Sinergy S2000XHU</p> <p>(Debtor asserts ownership - disguised security interest)</p>	<p>Baytree National Bank & Trust Company 664 Western Ave Lake Forest, IL 60045</p>
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<p>2.3. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="text-align: center;">State the term remaining</p> <p>List the contract number of any government contract _____</p>	<p>2 Abbott Cell-Dyn Ruby Hematology Analyzers</p> <p>(Debtor asserts ownership - disguised security interest)</p>	<p>BB&T Commercial Equipment Capital Corp. 2 Great Valley Pkwy # 300 Malvern, PA 19355</p>
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Debtor 1 **CM Lab, Inc**

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

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

Commercial Lease Agreement for 20861 Johnson St # 118, Pembroke Pines, FL 33029

State the term remaining

52 months

List the contract number of any government contract

N/A

**Change Within, Inc
5150 SW 48 Way # 604
Fort Lauderdale, FL 33314**

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

Lease # 900-0206704-000 and Lease # 900-0203185-000

State the term remaining

**CIT Finance LLC
c/o McCarthy, Burgess & Wolf
26000 Cannon Rd
Bedford, OH 44146**

List the contract number of any government contract

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

Acct # 052-1144852-000 leased equipment

State the term remaining

**First Data Global Leasing
POB 173845
Denver, CO 80217**

List the contract number of any government contract

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

Acct # 052-0785276-000 leased equipment

State the term remaining

**First Data Global Leasing
POB 173845
Denver, CO 80217**

List the contract number of any government contract

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

1 Cepheid GeneXpert XVI, 8 Testing Site System with UPS, 1 Black & White Printer and Shipping, including all attachments and accessories as provided by Laboratory Supply Company, under Lease No. 1061000

State the term remaining

(Debtor asserts ownership - disguised security interest)

**Leasing Associates of Barrington, Inc.
33 W Higgins Rd # 1030
Barrington, IL 60010**

Debtor 1 **CM Lab, Inc**
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 _____

Fill in this information to identify the case:

Debtor name CM Lab, Inc

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	Martha C Orozco	16337 NW 11 St Pembroke Pines, FL 33028	Henry Schein, Inc.	<input checked="" type="checkbox"/> D <u>2.12</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Martha C Orozco	16337 NW 11 St Pembroke Pines, FL 33028	BB&T Commercial Equipment Capital Corp	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____
2.3	Martha C Orozco	16337 NW 11 St Pembroke Pines, FL 33028	Florida Business Development Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.71</u> <input type="checkbox"/> G _____
2.4	Martha C Orozco	16337 NW 11 St Pembroke Pines, FL 33028	BankUnited, N.A.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Martha C Orozco	16337 NW 11 St Pembroke Pines, FL 33028	Newtek Small Business Finance LLC	<input checked="" type="checkbox"/> D <u>2.14</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **CM Lab, Inc**

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

2.6 **Martha C Orozco** 16337 NW 11 St
Pembroke Pines, FL 33028 **Wells Fargo
Equipment Finance,
Inc.** D 2.17
 E/F _____
 G _____

2.7 **Martha C Orozco** 16337 NW 11 St
Pembroke Pines, FL 33028 **BB&T Commercial
Equipment Capital
Corp.** D 2.5
 E/F _____
 G _____

2.8 **Martha C Orozco** 16337 NW 11 St
Pembroke Pines, FL 33028 **Lexus Financial
Services** D _____
 E/F 3.90
 G _____

2.9 **Martha C Orozco** 16337 NW 11 St
Pembroke Pines, FL 33028 **Leasing Associates
of Barrington, Inc.** D 2.13
 E/F _____
 G _____

2.10 **MCO Group Inc** 16337 NW 11 St
Pembroke Pines, FL 33028 **BankUnited, N.A.** D 2.1
 E/F _____
 G _____

2.11 **MCO Group Inc** 16337 NW 11 St
Pembroke Pines, FL 33028 **Newtek Small
Business Finance
LLC** D 2.14
 E/F _____
 G _____

2.12 **MCO Group Inc** 16337 NW 11 St
Pembroke Pines, FL 33028 **Wells Fargo
Equipment Finance,
Inc.** D 2.17
 E/F _____
 G _____

Fill in this information to identify the case:

Debtor name CM Lab, Inc

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)

From the beginning of the fiscal year to filing date:
From **1/01/2018** to **Filing Date**

Operating a business
 Other _____

\$113,459.96

For prior year:
From **1/01/2017** to **12/31/2017**

Operating a business
 Other _____

\$1,058,800.00

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

Operating a business
 Other _____

\$4,624,108.00

2. Non-business revenue

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

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **CM Lab, Inc**

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. EBF Partners, LLC 5 West 37 St 2nd Fl New York, NY 10018	Various Dates	\$19,500.00	<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>Automatic Withdrawal from Debtor's bank account at SunTrust Bank, N.A.</u>

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
Lexus Financial Services POB 5236 Carol Stream, IL 60197-5236	2016 Lexus GS200T	Within last 1 year	Unknown
Lexus Financial Services POB 5236 Carol Stream, IL 60197-5236	2015 Lexus GX460	Within last 1 year	Unknown
Honda Financial Services DBA AHFC POB 105027 Atlanta, GA 30348-5027	2013 Honda Civic	Within last 1 year	Unknown
Toyota POB 991817 Mobile, AL 36691-8817	2013 Toyota Corolla	Within last 1 year	Unknown
Toyota POB 991817 Mobile, AL 36691-8817	2013 Toyota Corolla	Within last 1 year	Unknown
Toyota POB 991817 Mobile, AL 36691-8817	2014 Toyota Corolla	Within last 1 year	Unknown
Toyota POB 991817 Mobile, AL 36691-8817	2014 Toyota Siena	Within last 1 year	Unknown

6. Setoffs

Debtor **CM Lab, Inc**

Case number (if known)

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. Wells Fargo Equipment Finance, Inc. vs. CM Lab, Inc, et al 17-6053-CACE-08	Damages/Replevin	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Specialty Laboratories, Inc. vs. CM Lab, Inc, et al CACE-17-06497	Damages	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3. Broward County Tax Collector vs. CM Lab, Inc, et al. CACE-15-013295-14	Petition for Nonpayment of Personal Property Taxes	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4. Leasing Associates of Barrington, Inc. vs. CM Lab, Inc, et al 2017-L-000031	Contract	Sangamon County Court 200 S 9 St # 105 Springfield, IL 62701	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5. LVNV Funding, LLC vs Sharon Wallace and CM Lab, Inc., et al. 07870 COCO (61)	Garnishment	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6. Newtek Small Business Finance LLC vs. CM Lab, Inc. 17-18915-CACE-18	Foreclosure Proceeding	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7. BGF Corporation d/b/a Byline Financial Group, as successor in interest to Baytree National Bank & Trustee Company, v. CM Lab, Inc and Martha C. Orozco 17 L 645	Breach of Contract	19th Judicial Circuit Court 18 N County St Waukegan, IL 60085-4359	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8. Henry Schein, Inc. vs. CM Lab, Inc, et al CACE17-014541	Breach of Contract	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **CM Lab, Inc**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.9.	EBF Partners, LLC vs. CM Lab, Inc. 69610/2016	Breach of Contract	Supreme Court of the State of New York 60 Centre St New York, NY 10007	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	BB&T Commercial Equipment Captial Corp vs. CM Lab, Inc CACE-17-019708	Breach of Contract	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.11	Bio-Rad Laboratories vs. CM Lab, Inc 17-15601-CACE-02	Breach of Contract	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	BankUnited, N.A vs. CM Lab, Inc, et al 18-00382-CACE-02	Foreclosure Proceeding	Broward County Courthouse 201 SE 6 St Fort Lauderdale, FL 33301	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" 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 **CM Lab, Inc**

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.	LSAS Law Firm 2699 Stirling Rd # C401 Fort Lauderdale, FL 33312	(In addition, LSAS Law Firm is holding a fee advance/retainer of \$33,940.00, for future fees/costs by Debtor's counsel(s) in this case, as well as \$1,717.00 for the filing fee in this case)	4/26/2018 - \$11,545.00 6/5/2018 - \$2,947.50	\$14,492.50
	Email or website address zbs@lsaslaw.com			
	Who made the payment, if not debtor?			

11.2.	Rodriguez Law, P.L. 6600 Cow Pen Rd # 220 Hialeah, FL 33014	(In addition, Rodriguez Law, P.L. is holding a fee advance/retainer of \$18,935.00, for future fees/costs by Debtor's counsel(s) in this case)	4/26/2018 - \$8,405.50 6/5/2018 - \$1,114.50	\$9,520.00
	Email or website address ricardo@rdgzlaw.com			
	Who made the payment, if not debtor?			

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

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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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 **CM Lab, Inc**

Case number (if known) _____

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

Facility name and address 15.1. CM Lab, Inc 20861 Johnson St # 117 - 118 Pembroke Pines, FL 33029	Nature of the business operation, including type of services the debtor provides clinical laboratory	If debtor provides meals and housing, number of patients in debtor's care 0
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 20861 Johnson St # 117 - 118 Pembroke Pines, FL 33029	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input 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.

names, addresses, date of birth and insurance information

Does the debtor have a privacy policy about that information?

- No
- Yes

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

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

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

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
18.1. BankUnited, N.A. 17011 Miramar Pkwy Miramar, FL 33027	XXXX-0839	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	10/31/2017	\$0.00

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.

Debtor **CM Lab, Inc**

Case number (if known) _____

 None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Do you still
have it?**20. Off-premises storage**

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

 None

Facility name and address

Names of anyone with
access to it

Description of the contents

Do you still
have it?**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 numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law? No. Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material? No. Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

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

Debtor **CM Lab, Inc**

Case number (if known)

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

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

None

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**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. **Barinas & Associates Inc.**
5701 NW 36 St
Miami, FL 33166

2016 - present

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

None

Name and address**Date of service****From-To**

26b.1. **Barinas & Associates Inc.**
5701 NW 36 St
Miami, FL 33166

2016 - present

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

None

Name and address**If any books of account and records are unavailable, explain why**

26c.1. **Barinas & Associates Inc.**
5701 NW 36 St
Miami, FL 33166

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

None

Name and address**27. Inventories**

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

No

Yes. Give the details about the two most recent inventories.

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

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.

Debtor **CM Lab, Inc**

Case number (if known)

Name	Address	Position and nature of any interest	% of interest, if any
Michael Bogdan	12580 SW 20 St Fort Lauderdale, FL 33325	President 100% stock ownership interest	100% stock ownership interest

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
Martha C Orozco	16337 NW 11 St Pembroke Pines, FL 33028	Former President Former holder of 100% stock interest	2/14/2005 - 2/1/2017

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

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

- No
- Yes. Identify below.

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

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Debtor CM Lab, Inc

Case number (if known) _____

Part 14: Signature and Declaration

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

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

Executed on June 5, 2018

/s/ Michael Bogdan
Signature of individual signing on behalf of the debtor

Michael Bogdan
Printed name

Position or relationship to debtor Manager

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

- No
- Yes