

**United States Bankruptcy Court
Middle District of Georgia**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Podiatric Medical Associates, LLC	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 54-2151461	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 770 Pine Street Suite 300 Macon, GA	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 31201	ZIP Code
County of Residence or of the Principal Place of Business: Bibb	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information *** Christopher W. Terry 702484 *** <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Podiatric Medical Associates, LLC
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, 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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
Podiatric Medical Associates, LLC

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Signature of Attorney*

X /s/ Christopher W. Terry
Signature of Attorney for Debtor(s)

Christopher W. Terry 702484
Printed Name of Attorney for Debtor(s)

Stone & Baxter, LLP
Firm Name

577 Mulberry Street
Suite 800
Macon, GA 31201

Address

478-750-9898 Fax: 478-750-9899
Telephone Number

May 14, 2010
Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

X /s/ Dr. Rondrick E. Williamson
Signature of Authorized Individual

Dr. Rondrick E. Williamson
Printed Name of Authorized Individual

President
Title of Authorized Individual

May 14, 2010
Date

**United States Bankruptcy Court
Middle District of Georgia**

In re Podiatric Medical Associates, LLC

Debtor(s)

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Advanced Biohealing 10933 N Torrey Pines Road La Jolla, CA 92037	Advanced Biohealing 10933 N Torrey Pines Road La Jolla, CA 92037			Unknown
AT&T P.O. Box 105262 Atlanta, GA 30348	AT&T P.O. Box 105262 Atlanta, GA 30348			Unknown
Atlantic Southern Bank PO Box 27150 Macon, GA 31221	Atlantic Southern Bank PO Box 27150 Macon, GA 31221			Unknown
BP P.O. Box 70887 Charlotte, NC 28272	BP P.O. Box 70887 Charlotte, NC 28272			Unknown
Cox Communications 6601 Hawkinsville Road Macon, GA 31216	Cox Communications 6601 Hawkinsville Road Macon, GA 31216			Unknown
David Pope, Esq. James Bates Pope & Spivey 231 Riverside Drive Macon, GA 31201	David Pope, Esq. James Bates Pope & Spivey 231 Riverside Drive Macon, GA 31201			Unknown
Dia Foot 3400 Fairlane Road West Palm Beach, FL 33414	Dia Foot 3400 Fairlane Road West Palm Beach, FL 33414			Unknown
Federal Express P.O. Box 1140 Memphis, TN 38101	Federal Express P.O. Box 1140 Memphis, TN 38101			Unknown
Georgia Department of Revenue Taxpayer Services Division P. O. Box 105499 Atlanta, GA 30348-5499	Georgia Department of Revenue Taxpayer Services Division P. O. Box 105499 Atlanta, GA 30348-5499			Unknown
Internal Revenue Service Insolvency P.O. Box 21126 Philadelphia, PA 19114-0326	Internal Revenue Service Insolvency P.O. Box 21126 Philadelphia, PA 19114-0326			Unknown

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Langer 2905 Veterans Memorial Parkway Ronkonkoma, NY 11779	Langer 2905 Veterans Memorial Parkway Ronkonkoma, NY 11779			Unknown
Medco Supply Company 500 Fillmore Avenue Tonawanda, NY 14150	Medco Supply Company 500 Fillmore Avenue Tonawanda, NY 14150			Unknown
Medical Arts Press 100 Schelter Road Lincolnshire, IL 60069	Medical Arts Press 100 Schelter Road Lincolnshire, IL 60069			Unknown
Medicare c/o Office of General Counsel U.S. Dept. of Health and Human Services 61 Forsyth Street SW, Suite 5M60 Atlanta, GA 30303	Medicare c/o Office of General Counsel U.S. Dept. of Health and Human Services Atlanta, GA 30303			Unknown
Moore Medical PO Box 4066 Farmington, CT 06032	Moore Medical PO Box 4066 Farmington, CT 06032			Unknown
Pitney Bowes P.O. Box 856460 Louisville, KY 40285	Pitney Bowes P.O. Box 856460 Louisville, KY 40285			Unknown
Staples Business Advantage PO Box 405386 Atlanta, GA 30384	Staples Business Advantage PO Box 405386 Atlanta, GA 30384			Unknown
State Bank & Trust Company 4219 Forsyth Road Macon, GA 31210	State Bank & Trust Company 4219 Forsyth Road Macon, GA 31210			Unknown
Stone Podiatry 135 Duryea Road Melville, NY 11747	Stone Podiatry 135 Duryea Road Melville, NY 11747			Unknown
The Medical Center of Central Georgia 691 Cherry Street Macon, GA 31201	The Medical Center of Central Georgia 691 Cherry Street Macon, GA 31201			Unknown

In re Podiatric Medical Associates, LLC
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

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

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date May 14, 2010

Signature /s/ Dr. Rondrick E. Williamson
Dr. Rondrick E. Williamson
President

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

Advanced Biohealing
10933 N Torrey Pines Road
La Jolla, CA 92037

AT&T
P.O. Box 105262
Atlanta, GA 30348

Atlantic Southern Bank
PO Box 27150
Macon, GA 31221

BP
P.O. Box 70887
Charlotte, NC 28272

Cox Communications
6601 Hawkinsville Road
Macon, GA 31216

David Pope, Esq.
James Bates Pope & Spivey
231 Riverside Drive
Macon, GA 31201

Dia Foot
3400 Fairlane Road
West Palm Beach, FL 33414

Federal Express
P.O. Box 1140
Memphis, TN 38101

Georgia Department of Revenue
Taxpayer Services Division
P. O. Box 105499
Atlanta, GA 30348-5499

Internal Revenue Service
Insolvency
P.O. Box 21126
Philadelphia, PA 19114-0326

Langer
2905 Veterans Memorial Parkway
Ronkonkoma, NY 11779

Medco Supply Company
500 Fillmore Avenue
Tonawanda, NY 14150

Medical Arts Press
100 Schelster Road
Lincolnshire, IL 60069

Medicare
c/o Office of General Counsel
U.S. Dept. of Health and Human Services
61 Forsyth Street SW, Suite 5M60
Atlanta, GA 30303

Moore Medical
PO Box 4066
Farmington, CT 06032

Office of General Counsel
U.S. Dept. of Health and Human Services
61 Forsyth Street SW
Suite 5M60
Atlanta, GA 30303

Pitney Bowes
P.O. Box 856460
Louisville, KY 40285

Staples Business Advantage
PO Box 405386
Atlanta, GA 30384

State Bank & Trust Company
4219 Forsyth Road
Macon, GA 31210

Stone Podiatry
135 Duryea Road
Melville, NY 11747

The Medical Center of Central Georgia
691 Cherry Street
Macon, GA 31201

United Parcel Service
P.O. Box 7247-0244
Philadelphia, PA 19170

US Advertising
3773 Northside Drive
Macon, GA 31210