

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF GEORGIA

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 Porter Field Health & Rehab Center, LLC

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

3. Debtor's federal Employer Identification Number (EIN) 26-1899922

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 3051 Whiteside Road Macon, GA 31206 PO Box 69 Bolingbroke, GA 31004 Bibb County

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 Porter Field Health & Rehab Center, LLC Case number (if known) _____
Name

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 **Porter Field Health & Rehab Center, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

No

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

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

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

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

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

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

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

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input 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 |

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 Porter Field Health & Rehab Center, LLC Case number (if known) _____
Name

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 27, 2017
MM / DD / YYYY

/s/ Michael E. Winget, Sr.
Signature of authorized representative of debtor
Title Managing Member

Michael E. Winget, Sr.
Printed name

18. Signature of attorney

/s/ Wesley J. Boyer
Signature of attorney for debtor

Date June 27, 2017
MM / DD / YYYY

Wesley J. Boyer
Printed name

Boyer Law Firm, L.L.C.
Firm name

348 Cotton Avenue, Suite 200
Macon, GA 31201
Number, Street, City, State & ZIP Code

Contact phone (478) 742-6481 Email address Wes@WesleyJBoyer.com

073126
Bar number and State

Fill in this information to identify the case:

Debtor name Porter Field Health & Rehab Center, LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

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 27, 2017

X /s/ Michael E. Winget, Sr.
Signature of individual signing on behalf of debtor

Michael E. Winget, Sr.
Printed name

Managing Member
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Porter Field Health & Rehab Center, LLC

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

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
Assist Healthcare Staffing PO Box 2530 Blue Ridge, GA 30513						\$15,872.50
Bibb County Tax Commissioner's Office PO Box 4503 Macon, GA 31208-4503						\$36,713.40
C. Ross Insurance						\$76,957.32
C. Ross SunLife						\$4,694.06
Colony Supply Attn: Russell PO Box 17 Scotland, GA 31083						\$5,773.40
Cox Communications Attn: Jessica Sears PO Box 9001086 Louisville, KY 40290-1086						\$52,745.00
Farmers Bank		state taxes				\$72,920.80
Farmers Bank		941 taxes				\$318,548.31
First Choice Medical Supply PO Box 3608 Jackson, MS 39207						\$6,662.18

Debtor **Porter Field Health & Rehab Center, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Georgia Department Community Health 2 Peachtree Street, NW 34th Floor Atlanta, GA 30303-3759						\$459,556.13
Greystoke Health Systems, BCBS						\$147,774.64
Management Fees						\$72,500.00
Mike Winget, Sr.						\$42,000.00
OmniCare, Inc. Dept. 781671 PO Box 78000 Detroit, MI 48278-1671						\$43,164.55
Pharmerica PO Box 409251 Atlanta, GA 30384-9251						\$32,605.99
Rivoli Mutual Insurance Company						\$65,803.46
Southern Medical Rehab 5402 New Forsyth Road, Suite C Macon, GA 31210						\$195,142.75
Spivey, Pope, Green & Greer, LLC PO Box 899 Macon, GA 31201						\$5,398.61
Sysco 2225 Riverdale Road College Park, GA 30337						\$4,870.12
Winget Properties						\$100,469.30

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

In re Porter Field Health & Rehab Center, LLC

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

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

Date: June 27, 2017

/s/ Michael E. Winget, Sr.

Michael E. Winget, Sr./Managing Member

Signer/Title

Airgas South
PO box 532609
Atlanta, GA 30353

Alimed, Inc.
PO Box 9135
Dedham, MA 02027

American Healthtech
PO Box 936171
Atlanta, GA 31193-6171

Assist Healthcare Staffing
PO Box 2530
Blue Ridge, GA 30513

Averitt Express
PO Box 102197
Atlanta, GA 30368-2197

Bibb County Tax Commissioner's Office
PO Box 4503
Macon, GA 31208-4503

Borden Dairy Company
29862 Network Place
Chicago, IL 60673-1298

Briggs Healthcare
4900 University Avenue
West Des Moines, IA 50266

C. Ross Insurance

C. Ross SunLife

CareNow Services, LLC
401 Bombay Lane
Roswell, GA 30076

CareServ Technologies
4080 McGinnis Ferry Road, Suite 301
Alpharetta, GA 30005

Clean Cut Landscaping
925 Jenkins Road
Forsyth, GA 31029

Clinical Laboratory Services
189 Athens Street
Winder, GA 30680

Coliseum Medical Center
PO Box 406710
Atlanta, GA 30384-6710

Colony Supply
Attn: Russell
PO Box 17
Scotland, GA 31083

Connie Leverett
108 Shirley Drive, NE
Milledgeville, GA 31061

Cox Business
PO Box 919367
Dallas, TX 75391-9367

Cox Communications
Attn: Jessica Sears
PO Box 9001086
Louisville, KY 40290-1086

Earthlink Business
PO Box 2252
Birmingham, AL 35246-1058

Farmers Bank

First Choice Medical Supply
PO Box 3608
Jackson, MS 39207

Food Fitness First, Inc.
PO Box 980
Vidalia, GA 30475

Georgia Department Community Health
2 Peachtree Street, NW
34th Floor
Atlanta, GA 30303-3759

Georgia Health Care Association
Fred A. Watson Education Center
160 Country Club Drive
Stockbridge, GA 30281

Greystoke Health Systems, BCBS

Heartland Hospice
Attn: Holly Joyce
PO Box 10086
Toledo, OH 43699-0086

ITVantix
PO Box 7453
Warner Robins, GA 31095

Jean and Hall Florists
768 Cherry Street
Macon, GA 31216

Jeffrey A. Fried, MD PC
PO Box 5048
Macon, GA 31208-5048

Jointly Owned Natural Gas
200 Dunbar Road
Byron, GA 31008-7075

Just Medical, Inc.
1071 Jamestown Blvd., Unit D-6
Watkinsville, GA 30677

Knox Pest Control
PO Box 4124
Columbus, GA 31904

Macon Office Supplies
139-B Woodfield Drive
Macon, GA 31210

Management Fees

Medical Staffing Network
PO Box 840292
Dallas, TX 75284-0292

Mike Winget, Sr.

Omni Health Solutions, LLC
Attn: Dr. Clyde Greene
841 Mulberry Street
Macon, GA 31201

OmniCare, Inc.
Dept. 781671
PO Box 78000
Detroit, MI 48278-1671

Optima
PO Box 531734
Atlanta, GA 30353-1734

Palms Medical Transport, LLC
PO Box 843
Byron, GA 31008

Parker Financial Solutions, LLC
1166 Drewsbury Court
Smyrna, GA 30080

Patient Placement Systems
2655 Northwinds Parkway
Alpharetta, GA 30009

Patient Systems
2655 Northwinds Parkway
Alpharetta, GA 30009

Pharmerica
PO Box 409251
Atlanta, GA 30384-9251

Pickett Enterprises
PO Box 640
Scottsdale, AZ 85252

Porterfield Health & Rehab
3051 Whiteside Road
Macon, GA 31216

Positive Promotions, Inc.
15 Gilpin Avenue
Hauppauge, NY 11788

Pure Force
PO Box 100512
Pasadena, CA 91189-0512

Resident Trust Fund
3051 Whiteside Drive
Macon, GA 31216

Rivoli Mutual Insurance Company

Sea-Trans, Inc.
855 Sunset Drive, Suite 19
Athens, GA 30606

South Macon Family Physicians Clinic
3741 Houston Avenue
Macon, GA 31204

Southern Central Supply & Rental Eqpmnt
555 Old Popes Ferry Road
Juliette, GA 31046

Southern Medical Rehab
5402 New Forsyth Road, Suite C
Macon, GA 31210

SouthernLinc Wireless
PO Box 931581
Atlanta, GA 31193-1581

Spivey, Pope, Green & Greer, LLC
PO Box 899
Macon, GA 31201

Stericycle
PO Box 6581
Carol Stream, IL 60197-6582

Sysco
2225 Riverdale Road
College Park, GA 30337

The Telegraph
PO Box 4167
Macon, GA 31208-4167

Tri-State Technical
PO Box 1259
Waycross, GA 31502-1259

Tyco Integrated Security, LLC
PO Box 371967
Pittsburgh, PA 15250-7967

Wells Fargo Bank, N.A.
PO Box 105710
Atlanta, GA 30348-5710

Winget Properties