

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 Meadowbrook Extended Care, 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) 45-3460037

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 700 Corporate Ridge Birmingham, AL 35242 PO Box 1277 Forsyth, GA 31029 Monroe 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 Meadowbrook Extended Care, 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 See Attachment	Relationship _____
District _____	When _____ Case number, if known _____

Debtor Meadowbrook Extended Care, LLC Case number (if known) _____
 Name

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 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 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

Debtor Meadowbrook Extended Care, 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 July 20, 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 July 20, 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

Debtor **Meadowbrook Extended Care, LLC** Case number (if known) _____
 Name

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

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	Chandler Health & Rehab Center, LLC	Relationship to you	Affiliate
District	Middle District of Georgia When _____	Case number, if known	_____
Debtor	Fairhope Health & Rehab, LLC	Relationship to you	Affiliate
District	Middle District of Georgia When _____	Case number, if known	_____
Debtor	Gordon Oaks at Greystoke, LLC	Relationship to you	Affiliate
District	Middle District of Georgia When 7/12/17	Case number, if known	17-51472
Debtor	Porter Field Health & Rehab Center, LLC	Relationship to you	Affiliate
District	Middle District of Georgia When 6/27/17	Case number, if known	17-51362
Debtor	Ridgeview Extended Care, LLC	Relationship to you	Affiliate
District	Middle District of Georgia When _____	Case number, if known	_____

Fill in this information to identify the case:

Debtor name Meadowbrook Extended Care, 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 July 20, 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 Meadowbrook Extended Care, 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
Alabama Department of Revenue Sales and Use Tax Division PO Box 327790 Montgomery, AL 36132-7790						\$11,811.52
Alabaman Power PO Box 242 Birmingham, AL 35292						\$5,720.57
C. Ross Insurance (BCBS)						\$39,850.10
C. Ross SunLife						\$4,985.86
Don Armstrong Property Tax Commissioner PO Box _____ Columbiana, AL 35051						\$79,893.06
Farmer's		941				\$520,865.29
First Choice Medical Supply PO Box 3608 Jackson, MS 39207						\$33,531.34
Management Fee (C. Ross)						\$35,000.00
McKesson Medical Surgical Minnesota Supp PO Box 634404 Cincinnati, OH 45263-4404						\$9,206.92

Debtor **Meadowbrook Extended Care, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
McKesson Medical-Surgical PO Box 630693 Cincinnati, OH 45263-0693						\$5,969.86
Meadow Brook Corporate Park North Onwers Association, Inc. 3660 Grandview Parkway, Suite 100 Birmingham, AL 35243						\$28,035.24
Merchants Foodservice Attn: Charles Owens PO Box 1351 Hattiesburg, MS 39403-1351						\$20,375.79
Northstar EMS, Inc. PO Box 2788 Tuscaloosa, AL 35403						\$6,277.52
Omnicare, Inc. Dept. 781668 PO box 78000 Detroit, MI 48278-1668						\$7,336.27
PharMerica PO box 409251 Atlanta, GA 30384-9251						\$97,960.15
Regional Paramedical Services PO Box 11407 Dept. 1683 Birmingham, AL 35246						\$4,541.70
Rivoli Mutual Insurance Company						\$11,390.01
Southern Generator PO Box 506 Cropwell, AL 35054						\$5,603.37
Stericycle, Inc. PO Box 6582 Carol Stream, IL 60197-6582						\$6,051.19

Debtor **Meadowbrook Extended Care, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
University of Alabama Hospital PO Box 11407 Birmingham, AL 35246						\$6,899.16

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

In re **Meadowbrook Extended Care, 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: **July 20, 2017**

/s/ Michael E. Winget, Sr.

Michael E. Winget, Sr./Managing Member

Signer/Title

Alabama Department of Revenue
Sales and Use Tax Division
PO Box 327790
Montgomery, AL 36132-7790

Alabama Geriatrics Specialists
1280 Columbiana Road, Suite 120
Birmingham, AL 35216

Alabaman Power
PO Box 242
Birmingham, AL 35292

AlaGasCo
PO Box 2224
Birmingham, AL 35246-0022

Alimed, Inc.
297 High Street
Dedham, MA 02026-9135

American Healthtech
PO Box 936171
Atlanta, GA 31193-6171

Biotech Limb and Brace
2421 4th Avenue South
Birmingham, AL 35233

Birmingham Hematology - Oncology
PO Box 2445
Columbus, GA 31902

Brookwood Medical Center
PO Box 741255
Atlanta, GA 30374

C. Ross Insurance (BCBS)

C. Ross SunLife

Caliber Care Transport
4183 Carmichael Road, Suite A
Montgomery, AL 36106

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

Carpro Solutions
PO Box 1707
Pelham, AL 35124

Central Fire Protection
PO Box 19309
Birmingham, AL 35219

Clinical Laboratory Services
189 W Athens St, Ste 2-5
Winder, GA 30608

Colony Supply
PO Box 17
Scotland, GA 31083

Commercial Services
2465 St. Johns Bluff Rd South
Jacksonville, FL 32246

Don Armstrong
Property Tax Commissioner
PO Box _____
Columbiana, AL 35051

Ecolab
PO Box 32027
New York, NY 10084-2027

Electro Medical Equipment
4371 Shallowford Parkway
Marietta, GA 30066

Esse
3235 Veterans Circle
Birmingham, AL 35235

Farmer's

First Choice Medical Supply
PO Box 3608
Jackson, MS 39207

Hoover Chamber of Commerce
PO Box 36005
Birmingham, AL 35236

ImageSouth Greystone
PO Box 93180
Atlanta, GA 31193

Information On Demand, Inc.
PO Box 757
Blairsville, GA 30514

Lifeguard Ambulance Service of Alabama
PO Box 11361
Birmingham, AL 35202-1361

Linde Gas North America, LLC
24963 Network Place
Chicago, IL 60673-1249

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

Management Fee (C. Ross)

McKesson Medical Surgical Minnesota Supp
PO Box 634404
Cincinnati, OH 45263-4404

McKesson Medical-Surgical
PO Box 630693
Cincinnati, OH 45263-0693

Meadow Brook Corporate Park North
Owners Association, Inc.
3660 Grandview Parkway, Suite 100
Birmingham, AL 35243

Medical Disposal Systems
PO box 161417
Altamonte Springs, FL 32716

Medicomp
600 Atlantis Road
Melbourne, FL 32904

Merchants Foodservice
Attn: Charles Owens
PO Box 1351
Hattiesburg, MS 39403-1351

Mitec
2445 Meadowbrook Parkway
Duluth, GA 30096

Mobilex USA
PO Box 17462
Baltimore, MD 21297-0518

Morrison Plumbing
17915 Highway 55
Sterrett, AL 35147

North Shelby County Library District
Dept. 7000
PO box 830770
Birmingham, AL 35283-0770

Northstar EMS, Inc.
PO Box 2788
Tuscaloosa, AL 35403

Ocelco Patient Aid Equipment
111 Industrial Park Road
Brainerd, MN 56401

Omnicare, Inc.
Dept. 781668
PO box 78000
Detroit, MI 48278-1668

Optima Healthcare Solutions
PO Box 531734
Atlanta, GA 30353-1734

Orthopaedic Sports Medicine
200 Montgomery Hwy, Ste 200
Birmingham, AL 35216-1896

OxyMed
92 East Main Street
Rainesville, AL 35336-4561

Perry Cash
700 Corporate Ridge Drive
Birmingham, AL 35242

PharMerica
PO box 409251
Atlanta, GA 30384-9251

Polar Bear Services
2126 Lakeview Trace
Trussville, AL 35173

Regional Paramedical Services
PO Box 11407
Dept. 1683
Birmingham, AL 35246

Retina Consultants
700 18th Street South 707
Birmingham, AL 35233

Rivoli Mutual Insurance Company

Shelby Baptist Medical
1000 First Street North
Alabaster, AL 35007

Shred-It
2883 Network Place
Chicago, IL 60673

SimplexGrinnell
Dept. CH 10320
Palatine, IL 60055-0320

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

Southern Generator
PO Box 506
Cropwell, AL 35054

Southlake Orthopaedics
4517 Southlake Parkway
Birmingham, AL 35244

Southview Medical Group
833 St. Vincents Drive, Suite 300
Birmingham, AL 35205-1612

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

Standard Heating and Air
520 8th Street South
Birmingham, AL 35233

Stericycle, Inc.
PO Box 6582
Carol Stream, IL 60197-6582

Thera Connection
3351 Montgomery Highway
Birmingham, AL 35209-9001

University of Alabama Hospital
PO Box 11407
Birmingham, AL 35246

Vascular Institute
PO Box 530604
Birmingham, AL 35238

W. W. Williams
1160 Bankhead Highway West
Birmingham, AL 35204-1398

Walker Backflow and Fire Protection
PO box 380384
Birmingham, AL 35238