

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN 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

4/19

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	MCL Nursing, LLC	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA McLoud Nursing Center	
3. Debtor's federal Employer Identification Number (EIN)	32-0357141	
4. Debtor's address	Principal place of business 455 East Paces Ferry Road Suite 302 Atlanta, GA 30305 Number, Street, City, State & ZIP Code Fulton County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business 701 S. 8th Street McLoud, OK 74851 Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **MCL Nursing, LLC**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

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

B. Check all that apply

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

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

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 \$2,725,625 (amount subject to adjustment on 4/01/22 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 **MCL Nursing, 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

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **MCL Nursing, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

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

**17. Declaration and signature
of authorized
representative of debtor**

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

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

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

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

Executed on **November 1, 2019**
MM / DD / YYYY

X /s/ Christopher F. Brogdon
Signature of authorized representative of debtor

Title **Manager**

Christopher F. Brogdon
Printed name

18. Signature of attorney

X /s/ Theodore N. Stapleton
Signature of attorney for debtor

Date **November 1, 2019**
MM / DD / YYYY

Theodore N. Stapleton
Printed name

Theodore N. Stapleton, P.C.
Firm name

2802 Paces Ferry Road SE
Suite 100-B
Atlanta, GA 30339
Number, Street, City, State & ZIP Code

Contact phone **(770) 436-3334**

Email address **tstaple@tstaple.com**

675850 GA
Bar number and State

Debtor **MCL Nursing, LLC**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA

Case number (if known) Chapter **11**

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FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	Ban NH, LLC	Relationship to you	Affiliate
District	Northern District of Georgia	When 7/02/19	Case number, if known 19-60464
Debtor	Harrah Whites Meadows Nursing, LLC	Relationship to you	Affiliate
District	Northern District of Georgia	When 9/27/19	Case number, if known 19-65376
Debtor	Kenmetal, LLC	Relationship to you	Affiliate
District	Northern District of Georgia	When 9/21/18	Case number, if known 18-65903
Debtor	Meeker North Dawson Nursing, LLC	Relationship to you	Affiliate
District	Northern District of Georgia	When 4/24/18	Case number, if known 18-56883
Debtor	Senior NH, LLC	Relationship to you	Affiliate
District	Northern District of Georgia	When 9/21/18	Case number, if known 18-65904

Fill in this information to identify the case:

Debtor name **MCL Nursing, LLC**
 United States Bankruptcy Court for the: **NORTHERN 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
ALLCARE PHARMACY PO BOX 176 Arkadelphia, AR 71923		Account				\$62,567.27
APN HEALTHCARE INC P.O. Box 13060 Oklahoma City, OK 73113-1060		Account				\$11,962.67
CHERYL NICHOLS 900 E Ridge Dr. Tahlequah, OK 74464		Account				\$2,312.55
EMERGENCY PHYSICIANS OF MID PO BOX 638568 Cincinnati, OH 45263-8568		Account				\$807.73
GAMMA HEALTHCARE, INC. ATTN: ACCOUNTS RECEIVABLE 1717 WEST MAUD Poplar Bluff, MO 63901		Account				\$845.32
NEW LEGACY PROFESSIONAL SRVCS., LLC 915 MAIN STREET SUITE A Perry, GA 31069		Account				\$1,110.50
OMNICARE, INC. Dept 781668 P.O. Box 78000 Detroit, MI 48278-1668		Note Payable	Disputed			\$49,962.64

Debtor **MCL Nursing, 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
OMNICARE, INC. Dept 781668 P.O. Box 78000 Detroit, MI 48278-1668		Account	Disputed			\$63,407.64
ORTHOPAEDIC & RECONSTRUCTIVE 1044 SW 44th Street Oklahoma City, OK 73109-3611		Account				\$21,477.00
POINTCLICKCARE TECHNOLOGIES, INC. PO BOX 674802 Detroit, MI 48267-4802		Account				\$1,528.80
REACT EMS 2316 AIRPORT DRIVE Shawnee, OK 74802-2624		Account				\$3,269.66
RELIAS LEARNING 111 Corning Road Suite 250 Cary, NC 27518		Account				\$1,612.44
SAINT ANTHONY SHAWNEE HOSPITAL 1102 West Macarthur Shawnee, OK 74804		Account				\$2,402.37
Southern Bank 303 W. Market Street P.O. Box 574 Dexter, MO 63841		All inventory, equipment, accounts and other personal property.		\$1,749,807.79	\$81,606.00	\$1,668,201.79
SYNERGY CARE, INC. C/O Todd Broussard 127 West Broad Street Suite 800 Lake Charles, LA 70601		Note Payable	Disputed			\$35,232.09
THERAPY ZONE PO Box 13525 Maumelle, AR 72113		Account				\$8,776.78
TIMOTHY J. MCGAUGHEY, P.C. 3577 Chamblee Tucker Road Suite A #313 Atlanta, GA 30341		Account				\$928.86

Debtor **MCL Nursing, 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
UNITED STATES TREASURY INTERNAL REVENUE SERVICE PO BOX 80110 Cincinnati, OH 45280-0110			Disputed			\$106,000.00
US FOODS INC. P.O. Box 973118 Dallas, TX 75397-3118		Account				\$12,243.04
WENDY MAGNUS POTTAWATOMIE COUNTY TREASURER 325 N Broadway STE 203 Shawnee, OK 74801		Account	Disputed			\$70,063.46

ALLCARE PHARMACY
PO BOX 176
Arkadelphia, AR 71923

APN HEALTHCARE INC
P.O. Box 13060
Oklahoma City, OK 73113-1060

Ban NH, LLC

CHERYL NICHOLS
900 E Ridge Dr.
Tahlequah, OK 74464

EMERGENCY PHYSICIANS OF MID
PO BOX 638568
Cincinnati, OH 45263-8568

GAMMA HEALTHCARE, INC.
ATTN: ACCOUNTS RECEIVABLE
1717 WEST MAUD
Poplar Bluff, MO 63901

GENTELL
THE GENTELL BUILDING
2701 BARTRAM ROAD
Bristol, PA 19007

Harrah Whites Meadows Nursing

Joseph Burton
1050 Crown Pointe Parkway
Suite 1500
Atlanta, GA 30338

Kenmetal, LLC

Living Center, LLC

Marsh Pointe Managment, LLC

McLoud Property Holdings

Meeker North Dawson Nursing

MOBILEX USA
P.O. Box 17462
Baltimore, MD 21297-0518

NEW LEGACY PROFESSIONAL SRVCS., LLC
915 MAIN STREET
SUITE A
Perry, GA 31069

Oak Lake, LLC

OMINCARE, INC.
444 N. 44th Street
Mail Code 999-C
Phoenix, AZ 85008

OMINCARE, INC.
444 N. 44th Street
Mail Code 999-C
Phoenix, AZ 85008

OMNICARE, INC.
Dept 781668
P.O. Box 78000
Detroit, MI 48278-1668

ORTHOPAEDIC & RECONSTRUCTIVE
1044 SW 44th Street
Oklahoma City, OK 73109-3611

POINTCLICKCARE TECHNOLOGIES, INC.
PO BOX 674802
Detroit, MI 48267-4802

REACT EMS
2316 AIRPORT DRIVE
Shawnee, OK 74802-2624

RELIAS LEARNING
111 Corning Road
Suite 250
Cary, NC 27518

SAINT ANTHONY SHAWNEE HOSPITAL
1102 West Macarthur
Shawnee, OK 74804

Senior NH, LLC

Southern Bank
303 W. Market Street
P.O. Box 574
Dexter, MO 63841

SYNERGY CARE, INC.
C/O Todd Broussard
127 West Broad Street
Suite 800
Lake Charles, LA 70601

THERAPY ZONE
PO Box 13525
Maumelle, AR 72113

TIMOTHY J. MCGAUGHEY, P.C.
3577 Chamblee Tucker Road
Suite A #313
Atlanta, GA 30341

UNITED STATES TREASURY
INTERNAL REVENUE SERVICE
PO BOX 80110
Cincinnati, OH 45280-0110

US FOODS INC.
P.O. Box 973118
Dallas, TX 75397-3118

US FOODS, INC.
legal Department
9399 West Higging Rd.-Ste. 600
Rosemont, IL 60018

US FOODS, INC.
c/o Leah Fiorenza, Esq.
161 N. CLark St.-Ste. 4300
Chicago, IL 60601

WENDY MAGNUS
POTTAWATOMIE COUNTY TREASURER
325 N Broadway STE 203
Shawnee, OK 74801

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

In re **MCL Nursing, LLC**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **MCL Nursing, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

November 1, 2019
Date

/s/ Theodore N. Stapleton
Theodore N. Stapleton
Signature of Attorney or Litigant
Counsel for **MCL Nursing, LLC**
Theodore N. Stapleton, P.C.
2802 Paces Ferry Road SE
Suite 100-B
Atlanta, GA 30339
(770) 436-3334 Fax:(770) 935-5344
tstaple@tstaple.com