

B1 (Official Form 1)(04/13)

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

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Clinical Associates, S.C.</b>	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)/Complete EIN (if more than one, state all) <b>36-2680082</b>	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): <b>1460 Market Street Suite 300 Des Plaines, IL</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>60016</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Cook</b>	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):

<b>Type of Debtor</b> (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.)	<b>Nature of Business</b> (Check one box) <input 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 checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (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
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (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).	<b>Nature of Debts</b> (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.

<b>Filing Fee</b> (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.	<b>Chapter 11 Debtors</b> 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 type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 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**

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

<input type="checkbox"/> 1-49	<input checked="" 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
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Estimated Assets

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" 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
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Estimated Liabilities

<input 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 checked="" type="checkbox"/> \$1,000,001 to \$50 million	<input type="checkbox"/> \$10,000,001 to \$100 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
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THIS SPACE IS FOR COURT USE ONLY

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

Location Where Filed: <b>- None -</b>	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: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></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;"><b>Exhibit B</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><b>X</b> _____ 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 with 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):  
**Clinical Associates, S.C.**

**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 Attorney\***

**X** /s/ Joel A. Schechter  
Signature of Attorney for Debtor(s)

Joel A. Schechter 3122099  
Printed Name of Attorney for Debtor(s)

Law Offices of Joel A. Schechter  
Firm Name

53 West Jackson Blvd  
Suite 1522  
Chicago, IL 60604  
Address

**Email: joelschechter@covad.net**

312-332-0267 Fax: 312-939-4714  
Telephone Number

April 28, 2015  
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 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 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/ George L. Lagorio, M.D.  
Signature of Authorized Individual

George L. Lagorio, M.D.  
Printed Name of Authorized Individual

President  
Title of Authorized Individual

April 28, 2015  
Date

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p> <p style="text-align: center;"><b>Signatures</b></p> <p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><input checked="" type="checkbox"/> _____ Signature of Debtor</p> <p><input checked="" type="checkbox"/> _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p><b>Name of Debtor(s):</b> Clinical Associates, S.C.</p> <p style="text-align: center;"><b>Signature of a Foreign Representative</b></p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;"><b>Signature of Attorney*</b></p> <p><input checked="" type="checkbox"/> _____ Signature of Attorney for Debtor(s)</p> <p><u>Joel A. Schechter 3122099</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Law Offices of Joel A. Schechter</u> Firm Name</p> <p>53 West Jackson Blvd Suite 1622 Chicago, IL 60604</p> <p>_____ Address</p> <p style="text-align: right;">Email: joelschechter@covad.net</p> <p><u>312-332-0267 Fax: 312-938-4714</u> Telephone Number</p> <p><u>April 17, 2015</u> Date</p> <p><small>*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.</small></p>	<p style="text-align: center;"><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p><input checked="" type="checkbox"/> _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>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:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>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.</small></p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><input checked="" type="checkbox"/> _____ Signature of Authorized Individual</p> <p><u>George L. Lagorio, M.D.</u> Printed Name of Authorized Individual</p> <p><u>President</u> Title of Authorized Individual</p> <p><u>April 17, 2015</u> Date</p>	

B4 (Official Form 4) (12/07)

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

In re Clinical Associates, S.C.

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>
<b>Computants, Inc. 3845 East McCoy Drive Suite 101 Aurora, IL 60504</b>	<b>Computants, Inc. 3845 East McCoy Drive Suite 101 Aurora, IL 60504</b>	<b>dictation services</b>		<b>11,713.91</b>
<b>Critical Key, LLC 1415 West 22nd Street Oak Brook, IL 60523</b>	<b>Critical Key, LLC 1415 West 22nd Street Oak Brook, IL 60523</b>	<b>billing services</b>		<b>36,575.92</b>
<b>D.N. Ramarao, M.D. S.C. 475 Plum Creek Drive Suite 406 Wheeling, IL 60090</b>	<b>D.N. Ramarao, M.D. S.C. 475 Plum Creek Drive Suite 406 Wheeling, IL 60090</b>	<b>retired physician payout</b>		<b>56,588.11</b>
<b>Des Plaines Radiologists 100 North River Road Des Plaines, IL 60016</b>	<b>Des Plaines Radiologists 100 North River Road Des Plaines, IL 60016</b>	<b>radiology services</b>		<b>55,211.00</b>
<b>DEV Medical Associates, S.C. 5600 West Addison Street Suite 400 Chicago, IL 60634</b>	<b>DEV Medical Associates, S.C. 5600 West Addison Street Suite 400 Chicago, IL 60634</b>			<b>18,554.92</b>
<b>Elsa Hernandez-Outly 830 Pleasant Lane Glenview, IL 60025</b>	<b>Elsa Hernandez-Outly 830 Pleasant Lane Glenview, IL 60025</b>	<b>unpaid loans</b>		<b>38,000.00</b>
<b>Elsa Hernandez-Outly 830 Pleasant Lane Glenview, IL 60025</b>	<b>Elsa Hernandez-Outly 830 Pleasant Lane Glenview, IL 60025</b>	<b>unpaid wages, 2013-2015</b>		<b>350,000.00</b>
<b>Estate of Kiritkumar J.Pandya, M.D. 2001 Tower Drive Unit 339 Glenview, IL 60026</b>	<b>Estate of Kiritkumar J.Pandya, M.D. 2001 Tower Drive Unit 339 Glenview, IL 60026</b>	<b>unpaid physician death benefits amount is approximate</b>		<b>18,000.00</b>
<b>Fifth Third Bank P.O. Box 630337 Cincinnati, OH 45263-0337</b>	<b>Fifth Third Bank P.O. Box 630337 Cincinnati, OH 45263-0337</b>	<b>misc credit card charges</b>		<b>15,000.00</b>

B4 (Official Form 4) (12/07) - Cont.  
 In re **Clinical Associates, S.C.**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

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

(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>
George L. Lagorio, M.D. 3851 North Mission Hills Road Apt. 401 Northbrook, IL 60062	George L. Lagorio, M.D. 3851 North Mission Hills Road Apt. 401 Northbrook, IL 60062	unpaid loans		38,000.00
George L. Lagorio, M.D. 3851 North Mission Hills Road Apt. 401 Northbrook, IL 60062	George L. Lagorio, M.D. 3851 North Mission Hills Road Apt. 401 Northbrook, IL 60062	unpaid wages, 2013-2015		350,000.00
Internal Revenue Service Dept. of the Treasury Cincinnati, OH 45999-0030	Internal Revenue Service Dept. of the Treasury Cincinnati, OH 45999-0030	941 payroll tax, 1st qtr, 2015, estimate combined with IDR		40,000.00
Logan & Associates, Ltd. 1866 Sheridan Road Suite 317 Highland Park, IL 60035	Logan & Associates, Ltd. 1866 Sheridan Road Suite 317 Highland Park, IL 60035	accounting services		64,090.90
Loretta Wright 1020 North Harlem Apt. 2D River Forest, IL 60305	Loretta Wright 1020 North Harlem Apt. 2D River Forest, IL 60305	unpaid wages, 2014-2015		134,000.00
Loretta Wright 1020 North Harlem Apt. 2D River Forest, IL 60305	Loretta Wright 1020 North Harlem Apt. 2D River Forest, IL 60305	unpaid loans		33,000.00
McGuire Woods LLP 901 East Cary Street Richmond, VA 23286-0645	McGuire Woods LLP 901 East Cary Street Richmond, VA 23286-0645	legal services		28,336.15
Stanley Tomczyk, M.D. 728 South Delphia Avenue Park Ridge, IL 60068	Stanley Tomczyk, M.D. 728 South Delphia Avenue Park Ridge, IL 60068	claim under Illinois Wage Payment and Collection Act		63,363.00
Valeria Levitin, M.D. 740 Creekside Drive Suite 510 Mount Prospect, IL 60056	Valeria Levitin, M.D. 740 Creekside Drive Suite 510 Mount Prospect, IL 60056	unpaid wages, 2013-2015		350,000.00
Valeria Levitin, M.D. 740 Creekside Drive Suite 510 Mount Prospect, IL 60056	Valeria Levitin, M.D. 740 Creekside Drive Suite 510 Mount Prospect, IL 60056	unpaid loans		38,000.00
WC Metropolitan Square, LLC 401 Congress Avenue 33rd Floor Austin, TX 78701	WC Metropolitan Square, LLC 401 Congress Avenue 33rd Floor Austin, TX 78701	past due rent	Disputed	851,144.84

B4 (Official Form 4) (12/07) - Cont.

In re **Clinical Associates, S.C.**

Case No. \_\_\_\_\_

Debtor(s)

**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 **April 28, 2015**

Signature **/s/ George L. Lagorio, M.D.**

**George L. Lagorio, M.D.**  
**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.

B4 (Official Form 4) (12/07) - Cont.  
In re Clinical Associates, S.C.

Case No. \_\_\_\_\_

Debtor(s)

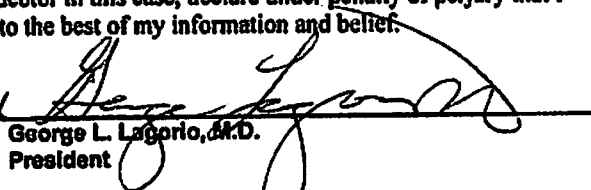
**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**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 April 17, 2015

Signature

  
George L. Lagerio, M.D.  
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.



Ambius, Inc.  
P.O. Box 14086  
Reading, PA 19612

Apollo Imaging Service, Inc.  
1460 Market Street  
Des Plaines, IL 60016

Birch/Cbeyond  
P.O. Box 105066  
Atlanta, GA 30348-5066

Burr E. Anderson  
Anderson Law Offices  
223 W. Jackson Blvd., Suite 1016  
Chicago, IL 60606

ClearVision Ltd., Inc.  
1533 Market Street  
Des Plaines, IL 60016

Comcast  
P.O. Box 3001  
Southeastern, PA 19398-3001

CompuCount, Inc.  
4215 Haman Avenue  
Hoffman Estates, IL 60192

Computants, Inc.  
3845 East McCoy Drive  
Suite 101  
Aurora, IL 60504

Critical Key, LLC  
1415 West 22nd Street  
Oak Brook, IL 60523

D.N. Ramarao, M.D. S.C.  
475 Plum Creek Drive  
Suite 406  
Wheeling, IL 60090

David Apple & Associates, Ltd.  
P.O. Box 666  
Wood Dale, IL 60191-0666

Des Plaines Radiologists  
100 North River Road  
Des Plaines, IL 60016

DEV Medical Associates, S.C.  
5600 West Addison Street  
Suite 400  
Chicago, IL 60634

Diagnostic Solutions, Inc.  
1730 Avalon Court  
Glendale Heights, IL 60139

Diagnostic Solutions, Inc.-Reading  
1730 Avalon Court  
Glendale Heights, IL 60139

Elsa Hernandez-Outly  
830 Pleasant Lane  
Glenview, IL 60025

Estate of Kiritkumar J.Pandya, M.D.  
2001 Tower Drive  
Unit 339  
Glenview, IL 60026

Fifth Third Bank  
P.O. Box 630337  
Cincinnati, OH 45263-0337

G.E. Healthcare  
P.O. Box 96483  
Pittsburgh, PA 15264-0200

Generic PC Medical Solutions  
P.O.Box 1208  
Paulden, AZ 86334

George L. Lagorio, M.D.  
3851 North Mission Hills Road  
Apt. 401  
Northbrook, IL 60062

Gerotec, Inc.  
P.O. Box 43  
Highland Park, IL 60035-0043

Illinois Department of Revenue  
P.O. Box 19045  
Springfield, IL 62794-9045

Illinois Dept of Employment Securit  
P.O. Box 3637  
Springfield, IL 62708-3637

Impact  
75 Remittance Drive  
Suite 1076  
Chicago, IL 60675-1076

Internal Revenue Service  
Dept. of the Treasury  
Cincinnati, OH 45999-0030

Internal Revenue Service  
Centralized Insolvency Operations  
P.O. Box 21126, M/S N781  
Philadelphia, PA 19114

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Highland Park, IL 60035

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1020 North Harlem  
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River Forest, IL 60305

Loyola University Physicians Founda  
Two Westbrook Corporate Center  
Suite 600  
Westchester, IL 60154

Maine Communications  
733 Lee Street  
Suite 202  
Des Plaines, IL 60016

Maria Powell, M.D.  
1838 Norman  
Park Ridge, IL 60068

McGuire Woods LLP  
901 East Cary Street  
Richmond, VA 23286-0645

MedClean  
P.O. Box 5789  
Villa Park, IL 60181-5309

Millenium Bank  
2077 Miner Street  
Des Plaines, IL 60016

NCSI  
738 East Dundee Road  
Suite 344  
Palatine, IL 60074

Panacea Computer Solutions, Inc.  
159 North Marion Street  
Suite 216  
Oak Park, IL 60301

Paper Tiger Document Solutions  
1101 North Estes Avenue  
Gurnee, IL 60031

PSS World Medical  
1450 North McLean Boulevard  
Elgin, IL 60123-1235

PSS World Medical, Inc.  
300-2 Airport Road  
Elgin, IL 60123-1600

Radiation Protection Specialists  
4757 Oregon Trail  
McHenry, IL 60050

Radiology Reports Online  
2200 South Main Street  
Suite 210  
Lombard, IL 60148

Ray-Tech, Inc.  
650 Wheat Lane  
Wheeling, IL 60090

Stanley Tomczyk, M.D.  
728 South Delphia Avenue  
Park Ridge, IL 60068

U-Haul  
P.O. Box 52128  
Phoenix, AZ 85072-2128

Unique Medical Imaging, S.C.  
840 South Waukegan Road  
Suite 214  
Lake Forest, IL 60045

Valeria Levitin, M.D.  
740 Creekside Drive  
Suite 510  
Mount Prospect, IL 60056

Walker Herman  
1919 Emerson  
Evanston, IL 60201

WC Metropolitan Square, LLC  
401 Congress Avenue  
33rd Floor  
Austin, TX 78701

WC Metropolitan Square, LLC  
P.O. Box 4857  
Portland, OR 97208-4857

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

In re **Clinical Associates, S.C.**

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 **Clinical Associates, S.C.** 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*]

**April 28, 2015**

Date

**/s/ Joel A. Schechter**

**Joel A. Schechter 3122099**

Signature of Attorney or Litigant

Counsel for **Clinical Associates, S.C.**

**Law Offices of Joel A. Schechter**

**53 West Jackson Blvd**

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