

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

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 Chicago Surgical Clinic LTD

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) 36-4479531

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

129 W Rand Road
Arlington Heights, IL 60004

Number, Street, City, State & ZIP Code

Cook
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Chicago Surgical Clinic, Ltd.
129 W Rand Road, Suite 2 Arlington Heights, IL 60004

Number, Street, City, State & ZIP Code

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 **Chicago Surgical Clinic LTD** 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>.

6219

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 **Chicago Surgical Clinic LTD**
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 **Chicago Surgical Clinic LTD**
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 **October 25, 2018**
MM / DD / YYYY

X /s/ Yelena Levitin

Signature of authorized representative of debtor

Yelena Levitin

Printed name

Title **President**

18. Signature of attorney

X /s/ Jeffrey Strange

Signature of attorney for debtor

Date **October 25, 2018**

MM / DD / YYYY

Jeffrey Strange 3122923

Printed name

Jeffrey Strange & Associates

Firm name

**717 Ridge Road
Wilmette, IL 60091**

Number, Street, City, State & ZIP Code

Contact phone **847-256-7377**

Email address **jstrangelaw@aol.com**

3122923 IL

Bar number and State

Fill in this information to identify the case:

Debtor name **Chicago Surgical Clinic LTD**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**
 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
American Express PO Box 0001 Los Angeles, CA 90096						\$19,804.18
Chase Bank PO Box 15298 Wilmington, DE 19850						\$17,325.40
Chase Bank PO Box 15298 Wilmington, DE 19850						\$11,607.30
Chase Bank PO Box 15298 Wilmington, DE 19850						\$34,500.04
Chase Visa PO Box 15298 Wilmington, DE 19850						\$37,762.91
Chase Visa PO Box 15298 Wilmington, DE 19850						\$9,201.22
First Bank & Trust 820 Church Street Evanston, IL 60201		Commercial security agreement		\$2,788,230.70	\$0.00	\$2,788,230.70
GE Medical Equipment NEED ADDRESS						\$768.00
James Sulzer Sulzer & Shopiro 20 N Wacker Dr. Suite 2250 Chicago, IL 60606						\$51,975.00

Debtor **Chicago Surgical Clinic LTD**
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
Schindler Elevators 200 E Randolph St Suite 5400 Chicago, IL 60601						\$217.25
Steris Medical Equipment 5960 Heisley Road Mentor, OH 44060						\$1,289.75
Stoyan Kokochorov						\$726,427.10
Wells Fargo Bank N.A. 300 Tri-State International Suite 4 Lincolnshire, IL 60069		UCC File # 02181005		\$50,000.00	\$0.00	\$50,000.00
Wells Fargo Bank N.A. 300 Tri-State International Suite 4 Lincolnshire, IL 60069		UCC File # 020516437		\$50,000.00	\$0.00	\$50,000.00
Wells Fargo Practice Finance 2000 Powell Street 4th Floor Emeryville, CA 94608		Business line of credit				\$50,000.00
Westside Mechanical - HVAC 2007 Corporate Lane Naperville, IL 60563						\$1,083.00

Ailco Equipment Finance Group Inc.
W222N833 Cheaney Dr
Waukesha, WI 53186

American Express
PO Box 0001
Los Angeles, CA 90096

Chase Bank
PO Box 15298
Wilmington, DE 19850

Chase Visa
PO Box 15298
Wilmington, DE 19850

First Bank & Trust
Attn: Karen Hunt, Loan Officer
820 Church Street
Evanston, IL 60201

First Bank & Trust
820 Church Street
Evanston, IL 60201

Firstlease
1 Walnut Grove
Suite 300
Horsham, PA 19044

Firstlease Inc.
1 Walnut Grove Drive
Suite 300
Horsham, PA 19044

GE Capital
NEED ADDRESS

GE HFS LLC
PO Box 414, W-490
Milwaukee, WI 53201

GE Medical Equipment
NEED ADDRESS

James Sulzer
Sulzer & Shopiro
20 N Wacker Dr. Suite 2250
Chicago, IL 60606

Law Office of Christopher Kendall
190 S LaSalle, Suite 3850
Chicago, IL 60603

Marlin Equipment Finance
300 Fellowship Road
Mount Laurel, NJ 08054

Olympus America Inc.
3500 Corporate Parkway
Center Valley, PA 18034

Olympus Financial Services
3500 Corporate Parkway
Center Valley, PA 18034

PNC Bank National Assn.
249 Fifth Ave
Mailstop P1-POPP-L
Pittsburgh, PA 15222

Pravati SPV II LLC
4600 N Scottsdale Road
Scottsdale, AZ 85251

Schindler Elevators
200 E Randolph St
Suite 5400
Chicago, IL 60601

Steris Medical Equipment
5960 Heisley Road
Mentor, OH 44060

Stoyan Kokochorov

Wells Fargo Bank N.A.
300 Tri-State International
Suite 4
Lincolnshire, IL 60069

Wells Fargo Equipment Finance
300 Tri-State International
Suite 400
Lincolnshire, IL 60069

Wells Fargo Practice Finance
2000 Powell Street
4th Floor
Emeryville, CA 94608

Westside Mechanical - HVAC
2007 Corporate Lane
Naperville, IL 60563

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

In re **Chicago Surgical Clinic LTD**

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 **Chicago Surgical Clinic LTD** 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*]

October 25, 2018
Date

/s/ Jeffrey Strange

Jeffrey Strange 3122923

Signature of Attorney or Litigant

Counsel for **Chicago Surgical Clinic LTD**

Jeffrey Strange & Associates

717 Ridge Road

Wilmette, IL 60091

847-256-7377 Fax: 847-256-1681

jstrangelaw@aol.com