B1 (Official Form 1)(04/13)

United States Bankruptcy Court
Southern District of Indiana

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Meridian Health Group, P.C.	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) 58-2513794	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): 12772 Hamilton Crossing Blvd. Carmel, IN ZIP Code 46032	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Hamilton	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box)

- ☐ Individual (includes Joint Debtors) *See Exhibit D on page 2 of this form.*
- ■ Corporation (includes LLC and LLP)
- ☐ Partnership
- ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

Nature of Business (Check one box)

- ■ Health Care Business
- ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
- ☐ Railroad
- ☐ Stockbroker
- ☐ Commodity Broker
- ☐ Clearing Bank
- ☐ Other

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)

- ☐ Chapter 7
- ☐ Chapter 9
- ■ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- ☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

Chapter 15 Debtors

Country of debtor's center of main interests:

Each country in which a foreign proceeding by, regarding, or against debtor is pending:

Tax-Exempt Entity (Check box, if applicable)

- ☐ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

Nature of Debts (Check one box)

- ☐ 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."
- ■ Debts are primarily business debts.

Filing Fee (Check one box)

- ■ Full Filing Fee attached
- ☐ 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.
- ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Chapter 11 Debtors

Check one box:

- ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
- ■ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

- ☐ 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:

- ☐ 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).

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.

THIS SPACE IS FOR COURT USE ONLY

Estimated Number of Creditors

☐ 1-49	☐ 50-99	☐ 100-199	☐ 200-999	■ 1,000-5,000	☐ 5,001-10,000	☐ 10,001-25,000	☐ 25,001-50,000	☐ 50,001-100,000	☐ OVER 100,000

Estimated Assets

☐ $0 to $50,000	☐ $50,001 to $100,000	■ $100,001 to $500,000	☐ $500,001 to $1 million	☐ $1,000,001 to $10 million	☐ $10,000,001 to $50 million	☐ $50,000,001 to $100 million	☐ $100,000,001 to $500 million	☐ $500,000,001 to $1 billion	☐ More than $1 billion

Estimated Liabilities

☐ $0 to $50,000	☐ $50,001 to $100,000	☐ $100,001 to $500,000	☐ $500,001 to $1 million	■ $1,000,001 to $10 million	☐ $10,000,001 to $50 million	☐ $50,000,001 to $100 million	☐ $100,000,001 to $500 million	☐ $500,000,001 to $1 billion	☐ More than $1 billion

Voluntary Petition *(This page must be completed and filed in every case)*	Name of Debtor(s): Meridian Health Group, P.C.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: - None -	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: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(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.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

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).

X_____

Signature of Attorney for Debtor(s) (Date)

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):
Meridian Health Group, P.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 Attorney*

X /s/ Niccole R. Sadowski
Signature of Attorney for Debtor(s)

Niccole R. Sadowski 21811-29
Printed Name of Attorney for Debtor(s)

Tucker, Hester, Baker & Krebs, LLC
Firm Name

One Indiana Square, Suite 1600
Indianapolis, IN 46204

Address

(317) 833-3030 Fax: (317) 833-3031
Telephone Number

November 1, 2013
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 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/ William J. Tucker, President of Receiver Services, Inc.
Signature of Authorized Individual

William J. Tucker, President of Receiver Services, Inc.
Printed Name of Authorized Individual

Court Appointed Receiver of Meridian Health Group, P.C.
Title of Authorized Individual

November 1, 2013
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 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 bankrutpcy 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.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.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) *Name of creditor and complete mailing address including zip code*	(2) *Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted*	(3) *Nature of claim (trade debt, bank loan, government contract, etc.)*	(4) *Indicate if claim is contingent, unliquidated, disputed, or subject to setoff*	(5) *Amount of claim [if secured, also state value of security]*
Devrek, Inc. c/o Jeffrey Nickloy 5540 Pebble Village Ln., Ste. 300 Noblesville, IN 46062	Devrek, Inc. c/o Jeffrey Nickloy 5540 Pebble Village Ln., Ste. 300 Noblesville, IN 46062		Disputed	3,322,537.98 (0.00 secured)
Devrek, Inc. c/o Jeffrey Nickloy 5540 Pebble Village Ln., Ste 300 Noblesville, IN 46062	Devrek, Inc. c/o Jeffrey Nickloy 5540 Pebble Village Ln., Ste. 300 Noblesville, IN 46062	Promissory notes and leases	Disputed	3,322,537.98
Dmitry M. Arbuck, M.D. c/o George Hopper 111 Monument Circle #452 Indianapolis, IN 46204	Dmitry M. Arbuck, M.D. c/o George Hopper 111 Monument Circle #452 Indianapolis, IN 46204		Disputed	1,506,592.18 (0.00 secured)
Dmitry M. Arbuck, MD 9828 Oak Crest Ct. Fishers, IN 46037	Dmitry M. Arbuck, MD c/o George Hopper 111 Monument Circle #452 Indianapolis, IN 46204	Loans and deferred compensation	Disputed	1,506,592.18
Gary Wright, MD c/o Michael Walsh 11805 N. Pennsylvania St. Carmel, IN 46032	Gary Wright, MD c/o Michael Walsh 11805 N. Pennsylvania St. Carmel, IN 46032	Expense reimbursements	Disputed	267,403.78
Medical Informatics Engineering c/o Douglas Horner 6302 Constitution Dr. Fort Wayne, IN 46804	Medical Informatics Engineering c/o Douglas Horner 6302 Constitution Dr. Fort Wayne, IN 46804	Business Trade Debt		35,233.16
Cura Script, Inc 255 Technology Park Lake Mary, FL 32746	Cura Script, Inc 255 Technology Park Lake Mary, FL 32746	Business Trade Debt		22,826.63
Bruce Durell 6614 Captiva Pass Plainfield, IN 46168	Bruce Durell 6614 Captiva Pass Plainfield, IN 46168	Employee wage claim - $12,972.94 Paid time off claim - $6,000 Expense reimbursement - $770		19,742.94

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

In re Meridian Health Group, P.C. Case No.

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) *Name of creditor and complete mailing address including zip code*	(2) *Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted*	(3) *Nature of claim (trade debt, bank loan, government contract, etc.)*	(4) *Indicate if claim is contingent, unliquidated, disputed, or subject to setoff*	(5) *Amount of claim [if secured, also state value of security]*
Paul Adams 312 Brookside Lane Plainfield, IN 46168	Paul Adams 312 Brookside Lane Plainfield, IN 46168	Employee paid time off claim		14,026.40
Bauerfeind USA, Inc 3005 Chastain Meadows Pkwy. Suite 700 Marietta, GA 30066	Bauerfeind USA, Inc 3005 Chastain Meadows Pkwy. Suite 700 Marietta, GA 30066	Business Trade Debt		10,690.50
Ari Dean Gleckman, Ph.D. 10359 Briar Creek Pl. Carmel, IN 46033	Ari Dean Gleckman, Ph.D. 10359 Briar Creek Pl. Carmel, IN 46033	Employee paid time off claim		9,900.00
Lexi-Comp. Inc c/o Briggs & Morgan 2200 IDS Center, 80 S. 8th St. Minneapolis, MN 55402	Lexi-Comp. Inc c/o Briggs & Morgan 2200 IDS Center, 80 S. 8th St. Minneapolis, MN 55402	Business Trade Debt		9,732.50
Karin Clary 656 Burgess Hill Pass Westfield, IN 46074	Karin Clary 656 Burgess Hill Pass Westfield, IN 46074	Employee paid time off claim - $6,079.65 Expense reimbursement - $2,608.26		8,687.91
John Wiedelman 12515-11 Timbercreek Dr. Carmel, IN 46032	John Wiedelman c/o George Hopper 111 Monument Circle, Ste 452 Indianapolis, IN 46204	Employee wage claim - $283.50 Paid time off claim - $8,091.49		8,374.99
TransText, LLC c/o Tera Fredrickson 4860 W. 900 S-90 Montpelier, IN 47359	TransText, LLC c/o Tera Fredrickson 4860 W. 900 S-90 Montpelier, IN 47359	Business Trade Debt		7,279.36
Nicole Curl 1644 Carrollton Ave. Indianapolis, IN 46202	Nicole Curl 1644 Carrollton Ave. Indianapolis, IN 46202	Employee paid time off claim		7,275.00
Katina McKain P.O. Box 874 Peru, IN 46970	Katina McKain P.O. Box 874 Peru, IN 46970	Employee paid time off claim - $4,375 Expense reimbursement - $2,149		6,524.00
Cardinal Health 200, LLC Attn: Debra Willet 7000 Cardinal Pl. Dublin, OH 43017	Cardinal Health 200, LLC Attn: Debra Willet 7000 Cardinal Pl. Dublin, OH 43017	Business Trade Debt		4,911.77
Cardinal Health 110, Inc Attn: Deba Willet 7000 Cardinal Pl. Dublin, OH 43017	Cardinal Health 110, Inc Attn: Deba Willet 7000 Cardinal Pl. Dublin, OH 43017	Business Trade Debt		4,827.54
Teresa Hall 5049 Doe Circle Indianapolis, IN 46254	Teresa Hall 5049 Doe Circle Indianapolis, IN 46254	Employee paid time off claim		4,804.55

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

In re Meridian Health Group, P.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 Court Appointed Receiver of Meridian Health Group, P.C. 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 November 1, 2013 Signature /s/ William J. Tucker, President of Receiver Services, Inc.

William J. Tucker, President of Receiver Services, Inc.
Court Appointed Receiver of Meridian Health Group, P.C.

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.

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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.C., Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	1,134,776.95		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		4,829,130.16	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	10		98,973.84	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		5,213,235.33	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		33			
		Total Assets	1,134,776.95		
			Total Liabilities	10,141,339.33	

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.C., Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

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B6A (Official Form 6A) (12/07)

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
None				

Sub-Total > 0.00 (Total of this page)

Total > 0.00

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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 and Fed. R. Bankr. P. 1007(m).

	Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	X			
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		JPMorgan Chase Bank, N.A. Checking account (x3322)	-	27,381.07
			JPMorgan Chase Bank, N.A. Savings account (x 0799)	-	2.05
			Associated Bank N.A. Receivership Checking account (x4662)	-	19,786.69
			Indiana Business Bank Checking account (x5882)	-	8,982.92
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.	X			
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books and Art work on wall	-	Unknown
6.	Wearing apparel.	X			
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Commercial Property and Commercial General Liability Zurich Maryland Casualty Company	-	0.00

Sub-Total > 56,152.73
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Accounts Receivable (estimated collectible amount is $25,000.00)	-	1,013,189.41
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Workers Compensation Insuarance premiums withdrawn after Meridian Health Group, P.C. closed.	-	Unknown
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > 1,013,189.41
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Clearbridge Software	-	2.00
		Logos/Trademarks/Tag Lines. (See attached Schedule B - Exhibit 2)	-	2.00
		Telephone Numbers	-	Unknown
		Goodwill	-	Unknown
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Equipment, including office equipment and furnishings. (See attached SCHEDULE B - EXHIBIT 1)	-	32,450.00
		Property in the possession of Devrek, Inc., subject to final Court determination of ownership (See attached SCHEDULE B- Exhibit 4)	-	20,000.00
30. Inventory.		Consumable Items. (See attached Schedule B - Exhibit 3)	-	12,980.81
31. Animals.	X			
			Sub-Total > (Total of this page)	65,434.81

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	NONE	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > 0.00
(Total of this page)
Total > 1,134,776.95

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6D (Official Form 6D) (12/07)

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. Devrek, Inc. c/o Jeffrey Nickloy 5540 Pebble Village Ln., Ste. 300 Noblesville, IN 46062		-	Unknown Promissory notes and leases Value $ 0.00			X	3,322,537.98	3,322,537.98
Account No. Dmitry M. Arbuck, M.D. c/o George Hopper 111 Monument Circle #452 Indianapolis, IN 46204		-	Unknown Loans and deferred compensation Value $ 0.00			X	1,506,592.18	1,506,592.18
Account No. Konica Minolta Leasing 1111 Old Eagle School Road Wayne, PA 19087		-	Unknown promissory notes and leases Value $ Unknown			X	0.00	Unknown
Account No.			Value $					
0 continuation sheets attached			Subtotal (Total of this page)				4,829,130.16	4,829,130.16
			Total (Report on Summary of Schedules)				4,829,130.16	4,829,130.16

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B6E (Official Form 6E) (4/13)

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

■ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to $12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to $6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to $2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

■ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

** Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

9 continuation sheets attached

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B6E (Official Form 6E) (4/13) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

TYPE OF PRIORITY: Wages, salaries, and commissions

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Aaron Aaron 5203 Algonquin Trail Kokomo, IN 46902		-	DATE: 3/2013 Employee paid time off claim				866.68	0.00	866.68
Account No. Amber Fleming 4039 Fir Court Indianapolis, IN 46250		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Andrea Casavan 12640 Whisper Way Fishers, IN 46037		-	DATE: 1/2013 Employee paid time off claim				103.76	0.00	103.76
Account No. Ari Dean Gleckman, Ph.D. 10359 Briar Creek Pl. Carmel, IN 46033		-	DATE: 3/2013 Employee paid time off claim				9,900.00	0.00	9,900.00
Account No. Betty Rush 1530 S 8th St Noblesville, IN 46060		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
						Subtotal (Total of this page)	10,870.44	0.00	10,870.44

Sheet 1 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

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B6E (Official Form 6E) (4/13) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

TYPE OF PRIORITY: Wages, salaries, and commissions

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Briana Grinage 4420 Brookline Pl., Apt. D Indianapolis, IN 46220		-	DATE: 3/2013 Employee paid time off claim				320.56	0.00	320.56
Account No. Briane Paquette 1129 Aqueduct Way Indianapolis, IN 46280		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Bruce Durell 6614 Captiva Pass Plainfield, IN 46168		-	DATE: 3/2013 - 7/2013 Employee wage claim - $12,972.94 Paid time off claim - $6,000 Expense reimbursement - $770				19,742.94	7,267.94	12,475.00
Account No. Carolyn Spector 7338 N. Meridian Hills Ct., Apt. A Indianapolis, IN 46260		-	DATE: 2/2013 Employee paid time off claim				3,450.00	0.00	3,450.00
Account No. Cheryl Adams 312 Brookside Lane Plainfield, IN 46168		-	DATE: 3/2013 Employee paid time off claim				962.50	0.00	962.50
						Subtotal (Total of this page)	24,476.00	7,267.94	17,208.06

Sheet 2 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

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B6E (Official Form 6E) (4/13) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Chris Trowbridge 1317 44th Ave Southwest Seattle, WA 98116		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Dr. Kanwaldeep Sidhu 23829 Little Mack Ave Suite 100 Saint Clair Shores, MI 48080		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Gus Hammerly 4300 Tally Ho Circle Zionsville, IN 46077		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Heather Ibey 11720 Westwood Dr Carmel, IN 46033		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. James Adams 312 Brookside Lane Plainfield, IN 46168		-	DATE: 3/2013 Employee wage claim				Unknown	Unknown	Unknown
Sheet 3 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims							Subtotal (Total of this page) 0.00	0.00	0.00

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B6E (Official Form 6E) (4/13) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

TYPE OF PRIORITY: Wages, salaries, and commissions

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Jennifer Russell 3904 Crest Pt. Dr. Westfield, IN 46062		-	DATE: 3/2013 Employee paid time off claim				1,895.16	0.00	1,895.16
Account No. Jim Gaither 6220 Lawrence Dr Indianapolis, IN 46226		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Jody Hollis 4099 Cheltonham Ct Plainfield, IN 46168		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. John Wiedelman 12515-11 Timbercreek Dr. Carmel, IN 46032		-	DATE: 3/2013 Employee wage claim - $283.50 Paid time off claim - $8,091.49				8,374.99	0.00	8,374.99
Account No. Josh Ayers 6540 Columbia Rd Olmsted Falls, OH 44138		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
						Subtotal (Total of this page)	10,270.15	0.00	10,270.15

Sheet 4 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

TYPE OF PRIORITY: Wages, salaries, and commissions

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Karin Clary 656 Burgess Hill Pass Westfield, IN 46074		-	DATE: 3/2013 Employee paid time off claim - $6,079.65 Expense reimbursement - $2,608.26				8,687.91	2,608.26	6,079.65
Account No. Katina McKain P.O. Box 874 Peru, IN 46970		-	DATE: 3/2013 Employee paid time off claim - $4,375 Expense reimbursement - $2,149				6,524.00	2,149.00	4,375.00
Account No. Ken Krueger 1319 Selkirk Lane Indianapolis, IN 46260		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Laurie Gardner 11437 Teal St. Apt 710 Fishers, IN 46038		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Laurie Kemplay 3864 N. New Jersey St. Indianapolis, IN 46205		-	DATE: 3/2013 Employee paid time off claim				4,435.56	0.00	4,435.56
						Subtotal (Total of this page)	19,647.47	4,757.26	14,890.21

Sheet 5 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

TYPE OF PRIORITY: Wages, salaries, and commissions

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Linda Prokai 140 West Greyhound Pass Carmel, IN 46032		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Meagan Rojas 5203 Algonquin Trail Kokomo, IN 46902		-	DATE: 3/2013 Employee paid time off claim				235.06	0.00	235.06
Account No. Melissa Heidelberger 3736 Meridee Dr. Indianapolis, IN 46237		-	DATE: 3/2013 Employee paid time off claim				504.65	0.00	504.65
Account No. Michael Allen 5165 E US 40 Plainfield, IN 46168		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Nicole Curl 1644 Carrollton Ave. Indianapolis, IN 46202		-	DATE: 3/2013 Employee paid time off claim				7,275.00	0.00	7,275.00
						Subtotal (Total of this page)	8,014.71	0.00	8,014.71

Sheet 6 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Paul Adams 312 Brookside Lane Plainfield, IN 46168		-	DATE: 3/2013 Employee paid time off claim				14,026.40	1,551.40	12,475.00
Account No. Raeshauna Jones 8066 Dowitch Lane Apt A Indianapolis, IN 46260		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Rebekah Zeller 15128 State Rd. 38 E. Noblesville, IN 46060		-	DATE: 3/2013 Employee paid time off claim				2,205.00	0.00	2,205.00
Account No. Robin Cummings 4813 Blackstone Dr Indianapolis, IN 46237		-	DATE: 3/2013 Employee paid time off claim				2,843.66	0.00	2,843.66
Account No. Sharon Fraze 807 Hickory Way Noblesville, IN 46062		-	DATE: 3/2013 Employee paid time off claim				498.13	0.00	498.13
						Subtotal (Total of this page)	19,573.19	1,551.40	18,021.79

Sheet 7 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Stephanie Gardner 6369 Hillview Cir Fishers, IN 46038		-	DATE: 3/2013 Employee wage claim and/or paid time off claim				Unknown	Unknown	Unknown
Account No. Teresa Hall 5049 Doe Circle Indianapolis, IN 46254		-	DATE: 3/2013 Employee paid time off claim				4,804.55	0.00	4,804.55
Account No. Tiffany El-Denny 8510 Woods Edge Dr., Apt. 1D Indianapolis, IN 46250		-	DATE: 3/2013 Employee paid time off claim				1,317.33	0.00	1,317.33
Account No.									
Account No.									
						Subtotal (Total of this page)	6,121.88	0.00	6,121.88

Sheet 8 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

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B6E (Official Form 6E) (4/13) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. Indiana Department of Revenue Bankruptcy Section, N-240 100 N. Senate St. Indianapolis, IN 46204		-	DATE: Unknown Tax obligation				Unknown	Unknown	Unknown
Account No. Indiana Dept. of Workforce Development 10 N. Senate Avenue Room SE106 Indianapolis, IN 46204-2277		-	DATE: Unknown Unemployment tax				Unknown	Unknown	Unknown
Account No. Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		-	DATE: Unknown Tax obligation				Unknown	Unknown	Unknown
Account No.									
Account No.									

Sheet 9 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

Subtotal (Total of this page)	0.00	0.00
Total (Report on Summary of Schedules)	98,973.84	13,576.60 85,397.24

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B6F (Official Form 6F) (12/07)

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. A O T A, Inc c/o The Corporation Trust Incorporated 351 W Camden St Baltimore, MD 21201		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Alere Toxicology c/o Corporation Service Company 84 State Street Boston, MA 02109		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Allied Collection Services of California c/o Robert Colclough III 7120 Hayvenhurst Ave.,Ste 111 Van Nuys, CA 91406		-	DATE: Unknown Business Trade Debt				Unknown
Account No. American Medical Association c/o Jon Ekdalh 515 N State St., Ste 14390 Chicago, IL 60610		-	DATE:Unknown Business Trade Debt				Unknown
14 continuation sheets attached						Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. American Pain Society c/o Scott Engle 4700 W Lake Ave Glenview, IL 60025		-	DATE: Unknown Business Trade Debt				Unknown
Account No. American Screening Corporation c/o Ron Kilgarlin, Jr. 7607 Fern Ave., Ste 703 Shreveport, LA 71105		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Barnes & Thornburg, LLP c/o Kenneth N Inskeep 11 S Meridian St Indianapolis, IN 46204		-	DATE: 7/2012 Attorneys fees				1,625.00
Account No. Bauerfeind USA, Inc 3005 Chastain Meadows Pkwy. Suite 700 Marietta, GA 30066		-	DATE: 10/2012 - 3/2013 Business Trade Debt				10,690.50
Account No. c/o Thomas Harrold, Jr. Miller & Martin 1170 Peachtree St., N.E., #800 Atlanta, GA 30309			Representing: Bauerfeind USA, Inc				Notice Only

Sheet no. 1 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 12,315.50

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Boston Scientific Corporation c/o Corporation Service Company 84 State Street Boston, MA 02109		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Cardinal Health 110, Inc Attn: Deba Willet 7000 Cardinal Pl. Dublin, OH 43017		-	DATE: 1/2013 - 3/2013 Business Trade Debt				4,827.54
Account No. Cardinal Health 110, Inc c/o CT Corporation System 1300 E Ninth St. Cleveland, OH 44114			Representing: Cardinal Health 110, Inc				Notice Only
Account No. Cardinal Health 200, LLC Attn: Debra Willet 7000 Cardinal Pl. Dublin, OH 43017		-	DATE: 12/2012 - 3/2013 Business Trade Debt				4,911.77
Account No. Cardinal Health 200, LLC c/o CT Corporation System 251 E. Ohio St, Ste. 1100 Indianapolis, IN 46204			Representing: Cardinal Health 200, LLC				Notice Only

Sheet no. 2 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 9,739.31

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Clark CPA Group, P.C. c/o David Clark 36 Blvd Motif Brownsburg, IN 46112		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Comfort Fit Labs, Inc 246 Columbus Ave Roselle, NJ 07203		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Community Health Network c/o Karen Ann Lloyd 7330 Shadeland Station, Ste 200 Indianapolis, IN 46256		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Creed Medical, Inc c/o D Craig Roberts 14074 Trade Center Dr., Ste 240 Fishers, IN 46060		-	DATE: 2/2013 Business Trade Debt				194.00
Account No. Cura Script, Inc 255 Technology Park Lake Mary, FL 32746		-	DATE: 8/2012 - 3/2013 Business Trade Debt				22,826.63

Sheet no. 3 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 23,020.63

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Cura Script, Inc c/o Corporation Service Company 1201 Hays St. Tallahassee, FL 32301			Representing: Cura Script, Inc				Notice Only
Account No. DD Education Services, LLC c/o Dennis Disney 7717 Donnehan Ct. Indianapolis, IN 46217		-	DATE: Unknown Business Trade Debt				Unknown
Account No. De Lage Landen Financial Services c/o Prentice-Hall Corporation System. In 251 E Ohio St., Ste 500 Indianapolis, IN 46204		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Dell Financial Services c/o DFS Customer Care Dept P.O. Box 81577 Austin, TX 78708		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Devrek, Inc. c/o Jeffrey Nickloy 5540 Pebble Village Ln., Ste 300 Noblesville, IN 46062		-	DATE: 2006 - 2008 Promissory notes and leases			X	3,322,537.98

Sheet no. 4 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 3,322,537.98

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Dmitry M. Arbuck, MD 9828 Oak Crest Ct. Fishers, IN 46037		-	DATE: 2005 - 7/2012 Loans and deferred compensation			X	1,506,592.18
Account No. George Hopper 111 Monument Circle, Suite 452 Indianapolis, IN 46204			Representing: Dmitry M. Arbuck, MD				Notice Only
Account No. Duke Realty Limited Partnership c/o Property Manager 600 E. 96th St., Ste 100 Indianapolis, IN 46240		-	DATE: 3/2013 Commercial lease				Unknown
Account No. Facts, Inc. c/o Roger Hildebrand 101 W. Main St., Suite 200 Crawfordsville, IN 47933		-	DATE: 1/2013 - 2/2013 Business Trade Debt				1,529.59
Account No. Gary Wright, MD c/o Michael Walsh 11805 N. Pennsylvania St. Carmel, IN 46032		-	DATE: 2005 - 2008 Expense reimbursements			X	267,403.78

Sheet no. 5 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 1,775,525.55

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Gill Podiatry Supply c/o Radebaugh Fetzer Company 22400 Ascoa Ct. Strongsville, OH 44149		-	DATE: 1/2013 - 4/2013 Business Trade Debt				306.65
Account No. Hamilton County Assessor's Office 33 N. 9th St., Ste 214 Noblesville, IN 46060		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Hamilton County Treasurer's Office 33 N. 9th St., Ste 112 Noblesville, IN 46060		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Indiana Spine Group c/o David Prechtel 2700 Market Tower 10 W Market St Indianapolis, IN 46204		-	DATE:Unknown Business Trade Debt				Unknown
Account No. Indianapolis Chamber of Commerce c/o Melissa Profitt Reese One American Square, Ste 2900 Indianapolis, IN 46282		-	DATE: Unknown Business Trade Debt				Unknown

Sheet no. 6 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 306.65

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Integrating Othotic Lab Inc c/o Corporation Service Company 251 E Ohio St, Ste 1100 Indianapolis, IN 46204		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Interpreting Services, Inc c/o Steve Boles 6942 Bladstone Indianapolis, IN 46240		-	DATE: 10/2012 - 3/2013 Business Trade Debt				770.00
Account No. Interpreting Services, Inc c/o Tamatha Stevens 3755 E. 82nd St., Ste 200 Indianapolis, IN 46240			Representing: Interpreting Services, Inc				Notice Only
Account No. Jackie Rowles 13896 Salsbury Creek Dr Carmel, IN 46032		-	DATE: 2/2013 Expense reimbursement				823.00
Account No. Jeff Hokanson Frost Brown & Todd 201 N. Illinois St, Ste 1900 Indianapolis, IN 46204		-	DATE: Unknown Attorneys fees				Unknown

Sheet no. 7 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 1,593.00

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. John Wilkowski Williams, Hewitt, Barrett, Wilkowski 600 N. Emerson Ave. Greenwood, IN 46143		-	DATE: Unknown Business Trade Debt				Unknown
Account No. JP Morgan Chase Bank, NA 111 Monument Circle Indianapolis, IN 46277		-	DATE: Unknown Business Trade Debt				Unknown
Account No. JP Morgan Chase Bank, NA P.O. Box 4660 Houston, TX 77210		-	DATE: Unknown Business Trade Debt				Unknown
Account No. JP Morgan Chase Bank, NA P.O. Box 33035 KY1-2514 Louisville, KY 40232		-	DATE: Unknown Business Trade Debt				Unknown
Account No. K & J Communications, Inc c/o Kendal Nagy 9084 Technology Dr., Ste 400 Fishers, IN 46038		-	DATE: Unknown Business Trade Debt				Unknown

Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 0.00

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Kevin Kaufman 636 S. Des Plaines River Rd. Des Plaines, IL 60016		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Konica Monolta Business Solutions 100 Williams Dr. Ramsey, NJ 07446		-	DATE: 1/2013 - 4/2013 Business Trade Debt				2,149.98
Account No. Konica Monolta Business Solutions c/o Corporation Service Company 251 E Ohio St Indianapolis, IN 46204			Representing: Konica Monolta Business Solutions				Notice Only
Account No. Krieg DeVault, LLP c/o Michael Williams One Indiana Square, Ste 2800 Indianapolis, IN 46204		-	DATE: Unknown Attorneys fees				Unknown
Account No. Landauer c/o CT Corporation System 208 LaSalle St., Ste 814 Chicago, IL 60604		-	DATE: Unknown Business Trade Debt				Unknown

Sheet no. 9 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 2,149.98

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Lexi-Comp. Inc c/o Briggs & Morgan 2200 IDS Center, 80 S. 8th St. Minneapolis, MN 55402		-	DATE: 10/2012 - 11/2012 Business Trade Debt				9,732.50
Account No. Lexicomp. Inc c/o CT Corporation System 208 LaSalle St, Ste 814 Chicago, IL 60604			Representing: Lexi-Comp. Inc				Notice Only
Account No. Medical Informatics Engineering c/o Douglas Horner 6302 Constitution Dr. Fort Wayne, IN 46804		-	DATE: 9/2012 - 4/2013 Business Trade Debt				35,233.16
Account No. Neopost USA, Inc c/o Corporation Service Company 1201 Hays St. Tallahassee, FL 32301		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Neurotherm, Inc. 30 Upton Dr., Suite 2 Wilmington, MA 01887		-	DATE: 12/2012 - 1/2013 Business Trade Debt				2,112.12

Sheet no. 10 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 47,077.78

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Neurotherm, Inc. c/o Corporation Service Company 84 State Street Boston, MA 02109			Representing: Neurotherm, Inc.				Notice Only
Account No. Orkin c/o Prentice-Hall Corporation System. In 251 Ohio St, Ste 500 Indianapolis, IN 46204		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Paul D. Moore, Ch. 11 Trustee Duane Morris LLP 100 High St., Suite 2400 Boston, MA 02110		-	DATE: 9/2012 - 10/2012 Business Trade Debt				2,045.00
Account No. Philips Medical Capital, LLC c/o Corporation Service Company 251 E Ohio St, Ste 500 Indianapolis, IN 46204		-	DATE: Unknown Equipment leases				Unknown
Account No. Praxair Distribution, Inc c/o Corporation Service Company 251 E. Ohio St., Ste 500 Indianapolis, IN 46204		-	DATE: Unknown Business Trade Debt				Unknown

Sheet no. 11 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 2,045.00

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Primus P.O. Box 3246 Milwaukee, WI 53201		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Professional Office Services P.O. Box 450 Waterloo, IA 50704		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Proscan Reading Services Attn: Legal Dept. 5400 Kennedy Ave. Cincinnati, OH 45213		-	DATE: 1/2013 - 4/2013 Business Trade Debt				3,138.00
Account No. Proscan Reading Services c/o CT Corporation System 251 E. Ohio St., Ste 1100 Indianapolis, IN 46204			Representing: Proscan Reading Services				Notice Only
Account No. Radiation Physics Consulting, Inc c/o Thomas Schumacher 7022 Warwick Rd. Indianapolis, IN 46220		-	DATE: 3/2013 Business Trade Debt				470.00

Sheet no. 12 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) 3,608.00

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Ray's Trash Service, Inc c/o Donald Matthews 3859 E US HWY 40 Clayton, IN 46118		-	DATE: Unknown Business Trade Debt				Unknown
Account No. RPS Imaging 1815 Washington St. Michigan City, IN 46360		-	DATE: 2/2013 Business Trade Debt				475.00
Account No. RPS Imaging c/o David Price 14395 Windward Ct. Granger, IN 46350			Representing: RPS Imaging				Notice Only
Account No. Staples Dept DET P.O. Box 83689 Chicago, IL 60696		-	DATE: Unknown Business Trade Debt				Unknown
Account No. Stericycle, Inc c/o CT Corporation System 251 E. Ohio St., Ste 1100 Indianapolis, IN 46204		-	DATE: Unknown Business Trade Debt				Unknown
Sheet no. 13 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	475.00

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B6F (Official Form 6F) (12/07) - Cont.

In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community (H W J C)	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Superior Linen c/o Jon Williams 600 N. Emerson Ave. Greenwood, IN 46143		-	DATE: Unknown Business Trade Debt				Unknown
Account No. The Electric Store, Inc. c/o Timothy Cooke 159 W. Mason Ave. Buckley, WA 98321		-	DATE: Unknown Business Trade Debt				Unknown
Account No. TK Software, Inc c/o Paul Kurzendoerfer 2113 Brewster Rd. Indianapolis, IN 46260		-	DATE: 2/2013 - 8/2013 Business Trade Debt				4,494.50
Account No. Townsend Business Forms, Inc, c/o Jeffrey Townsend 1234 N. Pennsylvania St. Indianapolis, IN 46202		-	DATE: 2/2013 Business Trade Debt				1,067.09
Account No. TransText, LLC c/o Tera Fredrickson 4860 W. 900 S-90 Montpelier, IN 47359		-	DATE: 12/2012 - 3/2013 Business Trade Debt				7,279.36

Sheet no. 14 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page): 12,840.95

Total (Report on Summary of Schedules): 5,213,235.33

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B6G (Official Form 6G) (12/07)

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Duke Realty Limited Partnership 75 Remittance Drive Chicago, IL 60675	Commercial Office Building Lease. Lease commenced on December 15, 2009 with terms valid thru December 31, 2017. Description of real property located at 12772 Hamilton Crossing Blvd, Carmel Indiana 46032.
Konica Minolta Leasing 1111 Olad Eagle School Road Wayne, PA 19087	Office Equipment Lease. 36 Month Lease with auto renewal terms commenced on 09/02/10. Description of property: Konica Minolta Bizhub 362
Philips Medical Capital 1111 Old Eagle School Road Wayne, PA 19087	Medical Equipment Lease. 60 Month Lease commenced on 09/03/2010. Description of property: Philips Pulsera Demo w/ProPlus CustomerCare.
Philips Medical Capital 1111 Old Eagle School Road Wayne, PA 19087	Medical Equipment Lease. 60 Month Lease commenced on 09/27/12. Description of property: Philips Pulsera Demo w/Pro Plus Service.
Philips Medical Capital P.O. Box 3003 22100 Bothell Evertt Highway Bothell, WA 98041	Medical Equipment Lease. 60 Month Lease commenced on 09/21/2011. Description of property: CX50 POC Ultrasound System.

0 _____ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

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B6H (Official Form 6H) (12/07)

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In re Meridian Health Group, P.C., Debtor

Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, 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 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

0 _____ continuation sheets attached to Schedule of Codebtors

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.C. Debtor(s)

Case No.
Chapter 11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Court Appointed Receiver of Meridian Health Group, P.C. of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 35 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date November 1, 2013

Signature /s/ William J. Tucker, President of Receiver Services, Inc.
William J. Tucker, President of Receiver Services, Inc.
Court Appointed Receiver of Meridian Health Group, P.C.

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.

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United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.C. Debtor(s)

Case No.
Chapter 11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None ☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
$833,207.73	2013: Business Income (Thru September 2013)
$3,485,753.00	2012: Business Income
$3,690,849.00	2011: Business Income

2. Income other than from employment or operation of business

None ■

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE

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3. Payments to creditors

None ■

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than $600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

None ■

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than $6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING

None ■

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Gary H. Wright, M.D. v Dmitry M. Arbuck and Meridian Health Group, P.C.; Duke Realty Limited Partnership v Meridian Health Group, P.C. and Receiver Services, Inc. Cause No. 29C01-1207-PL-007892	Civil Plenary Complaint regarding dissolution of business and appointment of receivership	Hamilton County Circuit Court 1	Pending
Devrek, Inc. v MHG Holdings, LLC; Cause No. 29C01-1303-CC2268	Complaint on Promissory Notes	Hamilton County Circuit Court	Closed

None ■

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY

* *Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

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5. Repossessions, foreclosures and returns

None ■

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None ■

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT

None ☐

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
William J.Tucker, Receiver Services, Inc One Indiana Square, Ste. 1600 Indianapolis, IN 46204	Gary H. Wright, M.D. v Dmitry M. Arbuck, M.D. and Meridian Health Group, P.C. Case No. 29C01-1207-PL-007892 Hamilton County Circuit Court 1	March 6, 2013	All assets of Meridian Health Group, including any of its remaining business operations, books and records, real and personal property, wherever located.

7. Gifts

None ■

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than $200 in value per individual family member and charitable contributions aggregating less than $100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

8. Losses

None ■

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS

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9. Payments related to debt counseling or bankruptcy

None ☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Tucker, Hester, Baker & Krebs, LLC One Indiana Square, Suite 1600 Indianapolis, IN 46204	To be paid by Court Order	

10. Other transfers

None ■

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None ■

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None ■

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None ■

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None ■

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

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14. Property held for another person

None ■

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

15. Prior address of debtor

None ■

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY

16. Spouses and Former Spouses

None ■

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ■

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

None ■

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

None ■

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION

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18 . Nature, location and name of business

None ☐

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Meridian Health Group, P.C.	58-2513794	12772 Hamilton Crossing Blvd. Carmel, IN 46032	Medical services	January 20, 2000 to March 8, 2013.

None ■

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None ☐

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Paul Adams 12772 Hamilton Crossing Blvd. Carmel, IN 46032	January 20, 2000 thru March 8, 2013
John Wiedelman 12772 Hamilton Crossing Blvd Carmel, IN 46032	January 20, 2000 thru March 8, 2013
David A Clark, CPA Clark CPA Group 36 Boulevard Motif Brownsburg, IN 46112	2011 - 2013

None ■

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

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NAME	ADDRESS	DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
William J. Tucker, Receiver Services	One Indiana Square, Ste. 1600 Indianapolis, IN 46204

None ■ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED

20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
October 26, 2012	Seth Seaton of Key Auctioneers	$32,450.00 cost (medical equipment and office inventory)

None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
October 26, 2012	William J. Tucker, Receiver Services One Indiana Square, Ste 1600 Indianapolis, IN 46204

21 . Current Partners, Officers, Directors and Shareholders

None ■ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Dmitry M. Arbuck, M.D. 12772 Hamilton Crossing Blvd. Carmel, IN 46032	President	58% Interest
Gary H. Wright 12772 Hamilton Crossing Blvd. Carmel, IN 46032	Chief Executive Officer	42% Interest

22 . Former partners, officers, directors and shareholders

None ■ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL

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None ■ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

None ■ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None ■ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
John Hancock	

* * * * * *

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9

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date November 1, 2013

Signature /s/ William J. Tucker, President of Receiver Services, Inc.
William J. Tucker, President of Receiver Services, Inc.
Court Appointed Receiver of Meridian Health Group, P.C.

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.C. Debtor(s)

Case No.
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	$	0.00
Prior to the filing of this statement I have received	$	0.00
Balance Due	$	0.00

2. $ 0.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

   ■ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

   ■ Debtor ☐ Other (specify):

5. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

   ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

   a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
   b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
   c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
   d. [Other provisions as needed]
   Total compensation shall be based upon total hours of legal services rendered at applicable attorney or legal assistant rates, plus expenses, less retainer paid, pursuant to a written engagement letter. No flat fee or flat rate is intended or implied.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
   Representation of the debtors in any dischargeability actions or any other adversary proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: November 1, 2013

/s/ Niccole R. Sadowski
Niccole R. Sadowski 21811-29
Tucker, Hester, Baker & Krebs, LLC
One Indiana Square, Suite 1600
Indianapolis, IN 46204
(317) 833-3030 Fax: (317) 833-3031

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United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.C., Debtor

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest

None

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Court Appointed Receiver of Meridian Health Group, P.C. of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date November 1, 2013

Signature /s/ William J. Tucker, President of Receiver Services, Inc.
William J. Tucker, President of Receiver Services, Inc.
Court Appointed Receiver of Meridian Health Group, P.C.

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.

0 continuation sheets attached to List of Equity Security Holders

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United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.C.
Debtor(s)

Case No.
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the Court Appointed Receiver of Meridian Health Group, P.C. 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: November 1, 2013

/s/ William J. Tucker, President of Receiver Services, Inc.
William J. Tucker, President of Receiver Services, Inc./Court Appointed Receiver of Meridian Health Group, P.C.
Signer/Title

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A O T A, INC
C/O THE CORPORATION TRUST INCORPORATED
351 W CAMDEN ST
BALTIMORE, MD 21201

AARON AARON
5263 ALGONQUIN TRAIL
KOKOMO, IN 46902

ALERE TOXICOLOGY
C/O CORPORATION SERVICE CO
84 STATE STREET
BOSTON, MA 02109

ALLIED COLLECTION SERVICES OF CALIFORNIA
C/O ROBERT COLCLOUGH III
7120 HAYVENHURST AVE.,STE 111
VAN NUYS, CA 91406

AMBER FLEMING
4039 FIR COURT
INDIANAPOLIS, IN 46250

AMERICAN MEDICAL ASSOCIATI
C/O JON EKDALH
515 N STATE ST., STE 14390
CHICAGO, IL 60610

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TRANSTEXT, LLC
C/O TERA FREDRICKSON
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United States Bankruptcy Court
Southern District of Indiana

In re Meridian Health Group, P.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 Meridian Health Group, P.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*]

November 1, 2013
Date

/s/ Niccole R. Sadowski
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