

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF INDIANA

Case number (if known)

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Nightingale Home Healthcare, Inc.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 35-1985793

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 1036 S. Rangeline Road Carmel, IN 46032 Hamilton County

5. Debtor's website (URL) www.homecareforyou.com

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership Other. Specify:

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

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

B. Check all that apply

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

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

\_\_\_\_\_

8. Under which chapter of the Bankruptcy Code is the Debtor filing? Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
  - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
  - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
  - A plan is being filed with this petition.
  - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
  - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
  - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?  No.  Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?  No.  Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship to you _____
District _____	When _____ Case number, if known _____

11. **Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. **Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. **Estimated Assets**

<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. **Estimated liabilities**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

**Request for Relief, Declaration, and Signature**

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

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

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

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

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

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

Executed on December 10, 2015  
MM / DD / YYYY

**X /s/ Dr. Dev A. Brar**  
Signature of authorized representative of debtor  
  
Title President

Dr. Dev A. Brar  
Printed name

**18. Signature of attorney**

**X /s/ Wendy D. Brewer**  
Signature of attorney for debtor

Date December 10, 2015  
MM / DD / YYYY

Wendy D. Brewer  
Printed name

Jefferson & Brewer, LLC  
Firm name

300 N. Meridian St., Ste. 220  
Indianapolis, IN 46204  
Number, Street, City, State & ZIP Code

Contact phone 317-215-6220 Email address wbrewer@jeffersonbrewer.com

22669-49  
Bar number and State

**List of Secured Creditors  
Nightingale Home Healthcare, Inc.**

Dell Financial Services, L.P.  
12234 N. IH-35, Bldg B  
Austin, TX 78753

Wells Fargo Bank, N.A.  
733 Marquette Avenue  
Minneapolis, MN 55479

Wells Fargo Financial Leasing, Inc.  
800 Walnut St.  
MC N0005-044  
Des Moines, IA 50309

Webbank  
6440 S. Wasatch Blvd., Suite 300  
Salt Lake City, UT 84121

**Fill in this information to identify the case:**

Debtor name Nightingale Home Healthcare, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

# Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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

## Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

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

Executed on December 10, 2015

X /s/ Dr. Dev A. Brar

Signature of individual signing on behalf of debtor

Dr. Dev A. Brar

Printed name

President

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Nightingale Home Healthcare, Inc.**  
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**  
 Case number (if known): \_\_\_\_\_

Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ability Network Inc. Dept CH 16577 Palatine, IL 60055		Services provided				\$1,952.48
Allied 200 West Adams Street, Suite 500 Chicago, IL 60606		Health insurance				\$43,658.97
Allscripts 24630 Network Place Chicago, IL 60673		Services provided				\$7,880.02
backgroundchecks. com PO Box 538453 Atlanta, GA 30353		Services provided				\$1,016.00
CDW 75 Remittance Drive Suite 151 Chicago, IL 60675		Equipment purchase				\$6,469.86
Concept Therapy 524 E McKinley Ave. Mishawaka, IN 46545		Services provided				\$4,195.00
Davis Vision PO Box 382038 Pittsburgh, PA 15215		Insurance				\$1,312.82
Delta Dental 161272 Collection Centre Drive Chicago, IL 60693		Insurance				\$8,000.00
Fazzi Associates, Inc. 11 Village Hill Road Suite 101 Northampton, MA 01060		Services provided				\$1,494.00

Debtor **Nightingale Home Healthcare, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Flatiron PO Box 712195 Denver, CO 80271		Insurance				\$6,409.32
Honeywell HomMed, LLC 23262 Network Place Chicago, IL 60673		Equipment for patients				\$1,080.70
Independence Medical PO Box 635864 Cincinnati, OH 45263		Medical supplies				\$35,217.24
Kightlinger Gray LLP One Indiana Square, Suite 300 211 N. Pennsylvania Street Indianapolis, IN 46204		Legal services provided				\$3,339.10
Lamar Companies PO Box 96030 Baton Rouge, LA 70896		Advertising expense				\$2,450.00
Pharmakon LTC Pharmacy 801 Congressional Blvd. 200A Carmel, IN 46032		Services provided				\$1,992.21
Playmaker CRM, Inc. 111 Southeast Parkway Court Franklin, TN 37064		Services provided				\$3,233.13
Priority Communications 3880 Pendleton Way Suite 300 Indianapolis, IN 46226		Services provided				\$2,450.00
Sprint PO Box 4181 Carol Stream, IL 60197		Services provided				\$4,156.96
St. John Therapy 2301 Cline Avenue Suite 105 Scherverville, IN 46375		Services provided				\$1,006.00
Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002		Services provided				\$1,588.43



Debtor **Nightingale Home Healthcare, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

A1 PACKAGING STORE  
PREESE ENTERPRISES  
1048 B SAGAMORE PKWY  
WEST LAFAYETTE, IN 47906

ABILITY NETWORK INC.  
DEPT CH 16577  
PALATINE, IL 60055

ALLIED  
200 WEST ADAMS STREET, SUITE 500  
CHICAGO, IL 60606

ALLSCRIPTS  
24630 NETWORK PLACE  
CHICAGO, IL 60673

BACKGROUNDCHECKS.COM  
PO BOX 538453  
ATLANTA, GA 30353

BONNES AND ASSOCIATES  
6801 W 73RD STREET  
PMB#474  
BEDFORD PARK, IL 60499

CDW  
75 REMITTANCE DRIVE  
SUITE 151  
CHICAGO, IL 60675

COMCAST CABLE  
5330 E. 65TH STREET  
INDIANAPOLIS, IN 46220

CONCEPT THERAPY  
524 E MCKINLEY AVE.  
MISHAWAKA, IN 46545

DAVIS VISION  
PO BOX 382038  
PITTSBURGH, PA 15215

DELL FINANCIAL SERVICES, L. P.  
12234 N. IH-35, BLDG. B  
AUSTIN, TX 78753

DELTA DENTAL  
161272 COLLECTION CENTRE DRIVE  
CHICAGO, IL 60693

FAZZI ASSOCIATES, INC.  
11 VILLAGE HILL ROAD  
SUITE 101  
NORTHAMPTON, MA 01060

FLATIRON  
PO BOX 712195  
DENVER, CO 80271

HONEYWELL HOMMED, LLC  
23262 NETWORK PLACE  
CHICAGO, IL 60673

INDEPENDENCE MEDICAL  
PO BOX 635864  
CINCINNATI, OH 45263

INDIANA DEPARTMENT OF REVENUE  
P. O. BOX 7206  
INDIANAPOLIS, IN 46207-7206

INTERIM HEALTHCARE STAFFING  
8803 NORTH MERIDIAN STREET  
SUITE 325  
INDIANAPOLIS, IN 46260

INTERNAL REVENUE SERVICE  
CENTRALIZED INSOLVENCY OPERATION  
P. O. BOX 7346  
PHILADELPHIA, PA 19101-7346

KIGHTLINGER GRAY LLP  
ONE INDIANA SQUARE, SUITE 300  
211 N. PENNSYLVANIA STREET  
INDIANAPOLIS, IN 46204

LAMAR COMPANIES  
PO BOX 96030  
BATON ROUGE, LA 70896

LOGIC MONITOR, INC.  
DEPT. LA 24200  
CO 81185

MEDLINE  
DEPT CH 14400  
DEERFIELD, IL 60015

PHARMAKON LTC PHARMACY  
801 CONGRESSIONAL BLVD. 200A  
CARMEL, IN 46032

PLAYMAKER CRM, INC.  
111 SOUTHEAST PARKWAY COURT  
FRANKLIN, TN 37064

PRIORITY COMMUNICATIONS  
3880 PENDLETON WAY  
SUITE 300  
INDIANAPOLIS, IN 46226

REPUBLIC SERVICES #684  
PO BOX 9001099  
LOUISVILLE, KY 40290-1099

SPRINT  
PO BOX 4181  
CAROL STREAM, IL 60197

ST. JOHN THERAPY  
2301 CLINE AVENUE  
SUITE 105  
SCHERERVILLE, IN 46375

STAPLES BUSINESS ADVANTAGE  
DEPT DET  
PO BOX 83689  
CHICAGO, IL 60696

STARMEDIA  
PO BOX 677553  
DALLAS, TX 75267

UPS # 1097  
2043 SOUTH BEND AVENUE  
SOUTH BEND, IN 46637

UPS # 2382  
3129 TWENTY FIFTH STREET  
COLUMBUS, IN 47203

UPS # 2797  
899 S. COLLEGE MALL ROAD  
BLOOMINGTON, IN 47401

UPS # 4339  
1880 NORTHWOOD PLAZA DRIVE  
FRANKLIN, IN 46131-1037

UPS # 4451  
5105 S US HIGHWAY 41  
TERRE HAUTE, IN 47802

UPS # 5219  
417 W 81ST AVENUE  
MERRILLVILLE, IN 46410

VERIZON WIRELESS  
PO BOX 25505  
LEHIGH VALLEY, PA 18002

WEBBANK  
6440 S. WASATCH BLVD.  
SUITE 300  
SALT LAKE CITY, UT 84121

WELLS FARGO BANK, NATIONAL ASSOCIATION  
733 MARQUETTE AVENUE, SUITE 1000  
MINNEAPOLIS, MN 55479

WELLS FARGO FINANCIAL LEASING, INC.  
800 WALNUT ST. MAC N0005-044  
DES MOINES, IA 50309