

**United States Bankruptcy Court  
District of Kansas**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Doctors Hospital, LLC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>43-1940931</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>4901 College Blvd. Leawood, KS</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>66211</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Johnson</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

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

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check one box)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p>	<p align="center"><b>Nature of Business</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <hr/> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <hr/> <p align="center"><b>Nature of Debts</b> (Check one box)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p align="center"><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p align="center"><b>Chapter 11 Debtors</b></p> <p>Check one box:</p> <p><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p>Check if:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).</p> <p>Check all applicable boxes:</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p>
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**Statistical/Administrative Information**

Debtor estimates that funds will be available for distribution to unsecured creditors.

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

**Estimated Number of Creditors**

<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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**Estimated Assets**

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

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Doctors Hospital, LLC</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)</b>			
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)</b>			
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align:center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align:center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>		
<b>Exhibit C</b>			
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?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> 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. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> 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.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="margin-left: 40px;">_____</div> <div style="margin-left: 40px;">(Name of landlord that obtained judgment)</div>  <div style="margin-left: 40px;">_____</div> <div style="margin-left: 40px;">(Address of landlord)</div>			
<input type="checkbox"/> 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 <input type="checkbox"/> Debtor has included in 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. <input type="checkbox"/> 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):

**Doctors Hospital, LLC**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ John J. Cruciani KS  
Signature of Attorney for Debtor(s)

**John J. Cruciani KS 16883**  
Printed Name of Attorney for Debtor(s)

**Husch Blackwell, LLP**  
Firm Name  
**4801 Main Street**  
**Suite 1000**  
**Kansas City, MO 64112**

\_\_\_\_\_  
Address

**Email: john.cruciani@huschblackwell.com**  
**(816) 983-8000 Fax: (816) 983-8080**

\_\_\_\_\_  
Telephone Number

**December 31, 2010**  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

**X** /s/ Mauricio Garcia-Ramirez, M. D.  
Signature of Authorized Individual

**Mauricio Garcia-Ramirez, M. D.**  
Printed Name of Authorized Individual

**President**  
Title of Authorized Individual

**December 31, 2010**  
Date

\_\_\_\_\_  
Date

**United States Bankruptcy Court  
District of Kansas**

In re Doctors Hospital, LLC

Debtor(s)

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

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Adams-Carter Consulting, LLC 1000 E. Greenbridge Rd. Ozark, MO 65721</b>	<b>Adams-Carter Consulting, LLC 1000 E. Greenbridge Rd. Ozark, MO 65721</b>			<b>19,500.00</b>
<b>Aesculap Implant Systems, Inc. 3773 Corporate Pwy. P. O. Box 512439 Center Valley, PA 18034</b>	<b>Aesculap Implant Systems, Inc. 3773 Corporate Pwy. P. O. Box 512439 Center Valley, PA 18034</b>			<b>10,618.10</b>
<b>Biomet 75 Remittance Dr., Suite 3283 Chicago, IL 60675-3283</b>	<b>Biomet 75 Remittance Dr., Suite 3283 Chicago, IL 60675-3283</b>			<b>15,733.00</b>
<b>Boston Scientific Neuromodulation Corp. P. O. Box 951653 Dallas, TX 75395-1653</b>	<b>Boston Scientific Neuromodulation Corp. P. O. Box 951653 Dallas, TX 75395-1653</b>			<b>74,379.38</b>
<b>Controlled Environment Products P. O. Box 413633 Kansas City, MO 64141-3633</b>	<b>Controlled Environment Products P. O. Box 413633 Kansas City, MO 64141-3633</b>	<b>Trade payables and promissory notes</b>		<b>702,941.00</b>
<b>Depuy / J &amp; J Health Care System / Orthopaedics 5972 Collections Center Drive Chicago, IL 60693</b>	<b>Depuy / J &amp; J Health Care System / Orthopaedics 5972 Collections Center Drive Chicago, IL 60693</b>			<b>9,880.38</b>
<b>Exactech P. O. Box 917738 Orlando, FL 32891-7738</b>	<b>Exactech P. O. Box 917738 Orlando, FL 32891-7738</b>			<b>24,642.00</b>
<b>Faultless Linen Corp. P. O. Box 802786 Kansas City, MO 64180-2786</b>	<b>Faultless Linen Corp. P. O. Box 802786 Kansas City, MO 64180-2786</b>			<b>6,006.81</b>
<b>Hill &amp; Associates, Inc. 10055 Lakeview Ave. Lenexa, KS 66219</b>	<b>Hill &amp; Associates, Inc. 10055 Lakeview Ave. Lenexa, KS 66219</b>			<b>7,890.50</b>

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

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Hitachi Medical Systems America, Inc. P. O. Box 714228 Columbus, OH 43271-4228</b>	<b>Hitachi Medical Systems America, Inc. P. O. Box 714228 Columbus, OH 43271-4228</b>			<b>42,269.56</b>
<b>Joint Restoration Foundation P. O. Box 5084 Denver, CO 80217-5084</b>	<b>Joint Restoration Foundation P. O. Box 5084 Denver, CO 80217-5084</b>			<b>4,633.00</b>
<b>K2M 751 Miller Dr. SE, Suite F-1 Leesburg, VA 20175</b>	<b>K2M 751 Miller Dr. SE, Suite F-1 Leesburg, VA 20175</b>			<b>15,440.00</b>
<b>Kansas Division of Health Policy &amp; Fin 900 SW Jackson St., Suite 900N Topeka, KS 66612</b>	<b>Kansas Division of Health Policy &amp; Fin 900 SW Jackson St., Suite 900N Topeka, KS 66612</b>			<b>33,542.50</b>
<b>LANX, Inc. 310 Interlocken Parkway Broomfield, CO 80021</b>	<b>LANX, Inc. 310 Interlocken Parkway Broomfield, CO 80021</b>			<b>16,000.00</b>
<b>Medtronic Sofamor Danek USA, Inc. 4642 Collections Center Drive Chicago, IL 60693</b>	<b>Medtronic Sofamor Danek USA, Inc. 4642 Collections Center Drive Chicago, IL 60693</b>			<b>10,000.00</b>
<b>Palo Verde Group, LP P. O. Box 7228 Overland Park, KS 66207</b>	<b>Palo Verde Group, LP P. O. Box 7228 Overland Park, KS 66207</b>	<b>Rents owed; Steve Waldman entity.</b>	<b>Contingent Unliquidated Disputed</b>	<b>52,500.00</b>
<b>Pinnacle Peak, LLC c/o Pain Consortium, LLC, General Partne c/o Steven D. Waldman 8519 Ensley Place Leawood, KS 66206</b>	<b>Pinnacle Peak, LLC c/o Pain Consortium, LLC, General Partne c/o Steven D. Waldman Leawood, KS 66206</b>	<b>Principal amount owed on Promissory Note for past due rent payments; Steve Waldman entity.</b>	<b>Contingent Unliquidated Disputed</b>	<b>664,504.62</b>
<b>Smith &amp; Nephew-Endoscopy, Inc. P. O. Box 60333 Charlotte, NC 28260-0333</b>	<b>Smith &amp; Nephew-Endoscopy, Inc. P. O. Box 60333 Charlotte, NC 28260-0333</b>			<b>17,030.16</b>
<b>St. Jude Medical S. C., Inc. P. O. Box 915002 Dallas, TX 75391-5002</b>	<b>St. Jude Medical S. C., Inc. P. O. Box 915002 Dallas, TX 75391-5002</b>			<b>48,762.49</b>
<b>Stryker Instruments P. O. Box 70119 Chicago, IL 60673-0119</b>	<b>Stryker Instruments P. O. Box 70119 Chicago, IL 60673-0119</b>			<b>3,546.46</b>

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

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

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **December 31, 2010** \_\_\_\_\_

Signature **/s/ Mauricio Garcia-Ramirez, M. D.** \_\_\_\_\_  
**Mauricio Garcia-Ramirez, M. D.**  
**President**

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

**United States Bankruptcy Court  
District of Kansas**

In re Doctors Hospital, LLC  
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
<b>PatientFirst Healthcare Alliance, PA 4801 College Blvd. Leawood, KS 66211-1602</b>			<b>100% Member</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 31, 2010

Signature /s/ Mauricio Garcia-Ramirez, M. D.  
**Mauricio Garcia-Ramirez, M. D.**  
**President**

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

0 continuation sheets attached to List of Equity Security Holders

**United States Bankruptcy Court  
District of Kansas**

In re Doctors Hospital, LLC

Debtor(s)

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

Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

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

**PatientFirst Healthcare Alliance, PA  
4801 College Blvd.  
Leawood, KS 66211-1602**

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None [Check if applicable]

**December 31, 2010**

Date

**/s/ John J. Cruciani KS**

**John J. Cruciani KS 16883**

Signature of Attorney or Litigant

Counsel for Doctors Hospital, LLC

**Husch Blackwell, LLP**

**4801 Main Street**

**Suite 1000**

**Kansas City, MO 64112**

**(816) 983-8000 Fax:(816) 983-8080**

**john.cruciani@huschblackwell.com**



**United States Bankruptcy Court  
District of Kansas**

In re Doctors Hospital, LLC Debtor(s) Case No. \_\_\_\_\_  
Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the President 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: December 31, 2010 /s/ Mauricio Garcia-Ramirez, M. D.  
Mauricio Garcia-Ramirez, M. D./President  
Signer/Title

Internal Revenue Service  
Insolvency Operations  
PO Box 21126  
Philadelphia PA 19114

Adams-Carter Consulting, LLC  
1000 E. Greenbridge Rd.  
Ozark MO 65721

ADOS  
15342 South Keeler  
Olathe KS 66062

Aesculap Implant Systems, Inc.  
3773 Corporate Pwy.  
P. O. Box 512439  
Center Valley PA 18034

Bacterin International, Inc.  
600 Cruiser Lane  
Belgrade MT 59714

Berman & Rabin, P. A.  
P. O. Box 24327  
Overland Park KS 66283-4327

Biomet  
75 Remittance Dr., Suite 3283  
Chicago IL 60675-3283

Bird & Cronin, Inc.  
1200 Trapp Road  
Eagan MN 55121

Boston Scientific Neuromodulation Corp.  
P. O. Box 951653  
Dallas TX 75395-1653

Citizens Bank, N. A.  
8101 W. 135th Street  
Overland Park KS 66223

Controlled Environment Products  
P. O. Box 413633  
Kansas City MO 64141-3633

Creative Technology Solutions  
P. O. 26092  
Overland Park KS 66225

Depuy / J & J Health Care System  
/ Orthopaedics  
5972 Collections Center Drive  
Chicago IL 60693

Epimed International, Inc.  
141 Sal Landrio Drive  
Crossroad Business Park  
Johnstown NY 12095

Exactech  
P. O. Box 917738  
Orlando FL 32891-7738

Faultless Linen Corp.  
P. O. Box 802786  
Kansas City MO 64180-2786

First BioMedical, Inc.  
878 N. Jan-Mar Court  
Olathe KS 66061

Heart of America Medical  
2108 Winding Woods Dr.  
Liberty MO 64068

HeartTraining, LLC  
P. O. Box 2056  
Overland Park KS 66201-1056

Hill & Associates, Inc.  
10055 Lakeview Ave.  
Lenexa KS 66219

Hitachi Medical Systems  
P. O. Box 714228  
Columbus OH 43271-4228

Hitachi Medical Systems America, Inc.  
P. O. Box 714228  
Columbus OH 43271-4228

Infusystem  
62089 Collections Center Drive  
Chicago IL 60693-0620

Integrity Home Care  
2960 N. Eastgate  
Springfield MO 65803

Internal Revenue Service  
Insolvency Operations  
P. O. Box 7346  
Philadelphia PA 19101-7346

IsoTis OrthoBiologics  
16386 Collections Center Drive  
Chicago IL 60693

Jade Alarm Company  
7636 Troost Avenue  
Kansas City MO 64131

JCW Offices  
11811 S. Sunset Drive, Suite 2500  
Olathe KS 66061-7061

Johnson County Wastewater  
P. O. Box 219948  
Kansas City MO 64121-9948

Joint Restoration Foundation  
P. O. Box 5084  
Denver CO 80217-5084

K2M  
751 Miller Dr. SE, Suite F-1  
Leesburg VA 20175

Kansas Division of Health Policy & Fin  
900 SW Jackson St., Suite 900N  
Topeka KS 66612

Lane's Cleaning, Inc.  
P. O. Box 3626  
Shawnee KS 66203-0626

LANX, Inc.  
310 Interlocken Parkway  
Broomfield CO 80021

LMA North America, Inc.  
P. O. Box 51275  
Los Angeles CA 90051-5575

Loricia L. Jenkins  
c/o Eric W. Smith  
Siro Smith Dickson PC  
1621 Baltimore Avenue  
Kansas City MO 64108

Margaret C. Price  
c/o Eric W. Smith  
Siro Smith Dickson PC  
1621 Baltimore Avenue  
Kansas City MO 64108

Medline Industries, Inc.  
Dept. 1080  
P. O. Box 121080  
Dallas TX 75312-1080

Medtronic Sofamor Danek USA, Inc.  
4642 Collections Center Drive  
Chicago IL 60693

MMIC Leawood MOB, LLC,  
a Delaware limited liability company  
7785 Baymeadows Way, Suite 200  
Jacksonville FL 33256

Orthovita, Inc.  
P. O. Box 8500-1286  
Philadelphia PA 19178-1286

Palo Verde Group, LP  
P. O. Box 7228  
Overland Park KS 66207

PatientFirst Healthcare Alliance, PA  
4801 College Blvd.  
Leawood KS 66211-1602

PharMedium Services, LLC  
39797 Treasury Center  
Chicago IL 60694-3900

Phillips Medical Systems, Inc.  
P. O. Box 100355  
Atlanta GA 30384-0355

Pinnacle Peak, LLC  
c/o Pain Consortium, LLC, General Partne  
c/o Steven D. Waldman  
8519 Ensley Place  
Leawood KS 66206

Recall Secure Destruction Services, Inc.  
P. O. Box 841709  
Dallas TX 75284-1709

Roger Templin  
Payne & Jones Chartered - Law Offices  
11000 King St.  
Overland Park KS 66210

Roto Rooter  
5672 Collections Center Drive  
Chicago IL 60693

Seasonal Solutions  
6920 W. 153rd St., Suite A  
Overland Park KS 66223

Smith & Nephew-Endoscopy, Inc.  
P. O. Box 60333  
Charlotte NC 28260-0333

Smiths Medical ASD, Inc.  
Lockbox 5255  
P. O. Box 8500  
Philadelphia PA 19178-5155

Society for Pain Practice Management  
11600 Manor Rd.  
Leawood KS 66211

St. Jude Medical S. C., Inc.  
P. O. Box 915002  
Dallas TX 75391-5002

St. Jude Medical S. C., Inc.  
6901 Preston Rd.  
Plano TX 75024

Stryker Instruments  
P. O. Box 70119  
Chicago IL 60673-0119

Surgical Advantage  
P. O. Box 470584  
Tulsa OK 74147-0584

The Palo Verde Group, L. P.  
c/o Steven D. Waldman  
8519 Ensley Place  
Leawood KS 66206

The Zack Group, Inc.  
6335 W. 110th St.  
Overland Park KS 66211

**RESOLUTION OF THE BOARD OF MANAGERS OF  
DOCTORS HOSPITAL, LLC**

A specially convened meeting of the Board of Managers of Doctors Hospital, LLC ("Company") was held at 1:00 p.m. on the 27th day of December, 2010, at the Company offices. The meeting was called to order by the Chairman of the Board of Managers and it was noted that a quorum of the Board of Managers was present and participating. It was noted that one of the purposes of the meeting was to discuss the filing of a Chapter 11 Petition and retention of the firm, Husch Blackwell LLP, to file and represent Company in same. After due discussion and deliberation, the following resolution was presented.


"RESOLVED, that the Board of Managers of the Company authorizes and approves the filing of the Voluntary Petition for relief on behalf of the Company under Chapter 11 of Title 11 of United States Code in the United States Bankruptcy Court for the District Kansas.

FURTHER RESOLVED, that the President, and any Vice President and any Secretary or Assistant Secretary of the Company are hereby authorized to execute and file on the Company's behalf, a Petition for relief under Chapter 11, Title 11 of the United States Code in the United States Bankruptcy Court of the District of Kansas, and take any and all action in said proceedings and execute such agreements, documents and instruments as may be necessary or proper on behalf of the Company.


FURTHER RESOLVED, that the firm of Husch Blackwell LLP is hereby retained to act on behalf of the Company in connection with such proceedings."

The President then moved for the adoption of the Resolution, the motion was seconded, and was passed by a vote of 3 in favor of the Resolution and a vote of 0 against the Resolution.

The meeting was then adjourned.



Mauricio Garcia, Manager



Robert Trout, Manager



Mark Greenfield, Manager




Mauricio Garcia states that he is the duly elected and acting Chairman of the Board of Managers of Company, and that the foregoing is a true and correct copy of the minutes of the meeting of the Board of Managers of Company related to the business set forth herein, held at 1:00 p.m. on the 27th day of December, 2010.



\_\_\_\_\_  
Mauricio Garcia,  
Chairman/President of the Board of  
Managers

ATTEST:

  
\_\_\_\_\_  
Secretary