

United States Bankruptcy Court

Western District of Kentucky

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Morgan Haugh Medical Group, P.S.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) No./Complete EIN (if more than one, state all) 61-0705709	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): 1111 Medical Center Drive Mayfield, KY	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 42066	ZIP Code
County of Residence or of the Principal Place of Business: Graves	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):	

Type of Debtor (Form of Organization) (Check one box)	Nature of Business (Check one box)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
<input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
		Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> 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 <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>	<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" 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	
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" 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		
Estimated Assets <table style="width: 100%;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<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	
<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		
Estimated Liabilities <table style="width: 100%;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<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	
<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		

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Morgan Haugh Medical Group, P.S.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 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.
- ☐ 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):

Morgan Haugh Medical Group, P.S.C.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

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

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

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X /s/ Todd A. Farmer _____
Signature of Attorney for Debtor(s)

Todd A. Farmer 86214

Printed Name of Attorney for Debtor(s)

Stout, Farmer & King, PLLC

Firm Name

329 N. 5th St.

P. O. Box 7766

Paducah, KY 42002-7766

Address

Email: stephanie@sfk-law.com

270-443-4431 Fax: 270-443-4631

Telephone Number

March 6, 2009

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/ Marty Braaksma _____
Signature of Authorized Individual

Marty Braaksma

Printed Name of Authorized Individual

Corporate Representative

Title of Authorized Individual

March 6, 2009

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

Address

X _____

Date

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

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

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

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

United States Bankruptcy Court
Western District of Kentucky

In re **Morgan Haugh Medical Group, P.S.C.**

Debtor(s)

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Antek Healthware, Inc. 228 Business Center Drive Reisterstown, MD 21136	Antek Healthware, Inc. 228 Business Center Drive Reisterstown, MD 21136			22,705.00
Cardinal Health P. O. Box 905867 Charlotte, NC 28290	Cardinal Health P. O. Box 905867 Charlotte, NC 28290			9,907.69
De Lage Landen Financial Services 1111 Old Eagle School Road Wayne, PA 19087	De Lage Landen Financial Services 1111 Old Eagle School Road Wayne, PA 19087	Xoran Minicat		190,000.00 (60,000.00 secured)
Delta Pharmacy, Inc. 114 West Mulberry Street Ripley, MS 38663	Delta Pharmacy, Inc. 114 West Mulberry Street Ripley, MS 38663			10,000.00
Dr. Brian Gaw 3106 W. Lingard Street Lancaster, CA 93536	Dr. Brian Gaw 3106 W. Lingard Street Lancaster, CA 93536			29,441.00
Dr. Miranda Gaw 3106 Lingard Street Lancaster, CA 93536	Dr. Miranda Gaw 3106 Lingard Street Lancaster, CA 93536			9,060.00
Howard D. Happy, Co. 1393 State Route 45 North Mayfield, KY 42066	Howard D. Happy, Co. 1393 State Route 45 North Mayfield, KY 42066			11,836.91
Info Leasing National City Commission 995 Dalton Avenue Attn: Nina Taylor Cincinnati, OH 45203	Info Leasing National City Commission 995 Dalton Avenue Cincinnati, OH 45203	HP 4500 Sonos Ultra Sound; HP Probe		8,000.00 (0.00 secured)
Jackson Purchase Medical 1099 Medical Center Circle Mayfield, KY 42066	Jackson Purchase Medical 1099 Medical Center Circle Mayfield, KY 42066			168,129.49
Dr. Sandra McHenry 102 Mountain Lake Drive Covington, VA 24426	Dr. Sandra McHenry 102 Mountain Lake Drive Covington, VA 24426			8,919.00
Merck Human Health P. O. Box 5254 Carol Stream, IL 60197	Merck Human Health P. O. Box 5254 Carol Stream, IL 60197			7,978.62

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
National City Commercial Capital Corp 995 Dalton Avenue Cincinnati, OH 45203	National City Commercial Capital Corp 995 Dalton Avenue Cincinnati, OH 45203	Office Furnishings		154,719.00 (100,000.00 secured)
Sanofi Pasteur, Inc. 12458 Collections Center Drive Chicago, IL 60693	Sanofi Pasteur, Inc. 12458 Collections Center Drive Chicago, IL 60693			10,859.02
Siemens Healthcare P. O. Box 121102 Dallas, TX 75312	Siemens Healthcare P. O. Box 121102 Dallas, TX 75312			11,171.02
Siemens Hearing Ins Dept AT 40082 Atlanta, GA 31192	Siemens Hearing Ins Dept AT 40082 Atlanta, GA 31192			16,357.46
Dr. Majid Torabi P.O. Box 972 Rancho Mirage, CA 92270	Dr. Majid Torabi P.O. Box 972 Rancho Mirage, CA 92270			7,189.00
U.S. Bank 406 South 7th Street Mayfield, KY 42066	U.S. Bank 406 South 7th Street Mayfield, KY 42066			2,098,652.00 (17,667.00 secured)
US Bank P. O. Box 790401 Saint Louis, MO 63179	US Bank P. O. Box 790401 Saint Louis, MO 63179			8,711.80
Wyeth Pharmaceuticals Dept CH 14083 Palatine, IL 60055	Wyeth Pharmaceuticals Dept CH 14083 Palatine, IL 60055			6,275.20
x	See attached schedule			33,637.00

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

I, the Corporate Representative 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 **March 6, 2009**Signature **/s/ Marty Braaksma****Marty Braaksma****Corporate Representative**

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 Western District of Kentucky

In re Morgan Haugh Medical Group, P.S.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 owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

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
\$400,909.00	2009 - YTD
\$5,150,317.00	2008
\$6,411,689.00	2007

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

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 (*) 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 creditor 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 CREDITORDATES 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 \$5,475. 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 creditor 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
See Attached ScheduleDATES OF
PAYMENTS/
TRANSFERSAMOUNT
PAID OR
VALUE OF
TRANSFERS
\$0.00AMOUNT STILL
OWING
\$0.00

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
Pine Brook HospitalNATURE OF PROCEEDING
Eviction ProceedingCOURT OR AGENCY
AND LOCATION
**Graves County District Court
Mayfield, KY**STATUS OR
DISPOSITION
Pending**v.
Morgan Haugh**

- 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
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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
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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
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- 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
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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
Mayfield Rotary	none	4/21/08	\$250.00
Graves County Soccer	none	6/08	\$500.00
St. Joseph's School	none	9/2008	\$125.00

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
Vaccines and Injectables - \$20,036	power loss during ice storm	1/26/09

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 PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Stout, Farmer & King, PLLC 329 N. 5th Street P. O. Box 7766 Paducah, KY 42002-7766	3/9/2009	\$25,000 retainer

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
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- 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
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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
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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
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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
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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
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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
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- 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
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- 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
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- 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
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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
Coleman Bryan & Watts, CPAs
117 North 7th Street
Mayfield, KY 42066

DATES SERVICES RENDERED
Ongoing

- 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.

NAME	ADDRESS	DATES SERVICES RENDERED
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- 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 Coleman Bryan & Watts	ADDRESS 117 North 7th Street Mayfield, KY 42066
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- 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
US Bank	6/2008
Mayfield, KY 42066	
1st Kentucky Bank	1/2007
223 S. 6th Street	
Mayfield, KY 42066	
Natioanl City Healthcare Finance	1/2007
Cincinnati, OH 45203	
DLL Financial Services	7/2008
1111 Old Eagle Road	
3rd Floor	
Wayne, PA 19087	

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

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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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
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- 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
Dr. Christopher Dobrose 720 Chapel Court Mayfield, KY 42066	President	20%
Dr. Bruce Rowland 230 Golf Cart Drive Mayfield, KY 42066		20%
Dr. Patricia Williams 4467 St. Rt. 58 East Mayfield, KY 42066		20%
Dr. Jeffrey Carrico 450 West Tucker Road Mayfield, KY 42066		20%
Dr. Mark Irvin 441 Stewart Road Wingo, KY 42088		20%

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
Dr. Tanya Woods 301 Canterbury Court Mayfield, KY 42066		6/2008
Dr. Melissa Whitson 2213 S. 10th Street Saint Louis, MO 63104		9/2008

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
See attached schedule	monthly - payroll	

shareholders

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)
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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)

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 March 6, 2009

Signature /s/ Marty Braaksma
Marty Braaksma
Corporate Representative

[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

MORGAN-HAUGH, PSC
1111 MEDICAL CENTER CIRCLE, MAYFIELD, KY 42066

Other Bank Items List

Cash - US Bank

User-Defined Detail - From 10/15/08 To 02/26/09 - Payments Only

*Debits, Credits,
Transfer, An. Inc
payments (40100)*

Date	Summary Description	User-Defined Detail Description	Detail Amount	Total
10/15/08	KY BOARD OF NURSING DEBIT CARD PYMT	KY BOARD OF NURSING DEBIT CARD PYMT	(90.00)	
		Total Other Bank Item		(90.00)
10/15/08	ATT ADV AND PUB DEBIT CARD PYMT	ATT ADV AND PUB DEBIT CARD PYMT	(3,855.47)	
		Total Other Bank Item		(3,855.47)
10/15/08	Bank Service Charges: 50163	Bank Service Charges: 50163	(362.57)	
		Total Other Bank Item		(362.57)
10/16/08	EFTPS PAYMENT	EFTPS PAYMENT	(26,472.60)	
		Total Other Bank Item		(26,472.60)
10/16/08	GE MONEY SALES	GE MONEY SALES	(637.20)	
		Total Other Bank Item		(637.20)
10/17/08	EFTPS PAYMENT	EFTPS PAYMENT	(11,827.39)	
		Total Other Bank Item		(11,827.39)
10/22/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:50156	(10,904.20)	
		Total Other Bank Item		(10,904.20)
10/22/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:50156	(2,898.77)	
		Total Other Bank Item		(2,898.77)
10/22/08	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(10,581.90)	
		Total Other Bank Item		(10,581.90)
10/22/08	WAL MART DEBIT CARD PYMT	WAL MART DEBIT CARD PYMT	(126.38)	
		Total Other Bank Item		(126.38)
10/26/08	LOS PINOS DEBIT CARD PYMT	LOS PINOS DEBIT CARD PYMT	(58.21)	
		Total Other Bank Item		(58.21)
10/29/08	MOORE MEDICAL DEBIT CARD PYMT	MOORE MEDICAL DEBIT CARD PYMT	(116.75)	
		Total Other Bank Item		(116.75)
10/29/08	CRUCIAL BUSINESS SYST DEBIT CARD PYMT	CRUCIAL BUSINESS SYST DEBIT CARD PYMT	(63.58)	
		Total Other Bank Item		(63.58)
10/30/08	EFTPS PAYMENT	EFTPS PAYMENT	(186.61)	
		Total Other Bank Item		(186.61)
10/30/08	MOORE MEDICAL DEBIT CARD PYMT	MOORE MEDICAL DEBIT CARD PYMT	(298.90)	
		Total Other Bank Item		(298.90)

MORGAN-HAUGH, PSC
1111 MEDICAL CENTER CIRCLE, MAYFIELD, KY 42066

Other Bank Items List

Cash - US Bank

User-Defined Detail - From 10/15/08 To 02/26/09 - Payments Only

Date	Summary Description	User-Defined Detail Description	Detail Amount	Total
10/31/08	EFTPS PAYMENT	EFTPS PAYMENT	(12,196.06)	
		Total Other Bank Item		(12,196.06)
10/31/08	CASH VENDING CK	CASH VENDING CK	(60.11)	
		Total Other Bank Item		(60.11)
11/03/08	CIT/LEASE FIN GRLEASE A/W :50126	CIT/LEASE FIN GRLEASE A/W :	(33.24)	
		Total Other Bank Item		(33.24)
11/03/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(2,886.28)	
		Total Other Bank Item		(2,886.28)
11/04/08	CREDIT CARD DEPOSIT: 40100-50150	CREDIT CARD DEPOSIT: 40100	(8.62)	
		Total Other Bank Item		(8.62)
11/05/08	EFTPS PAYMENT	EFTPS PAYMENT	(825.47)	
		Total Other Bank Item		(825.47)
11/06/08	RETURN CHECKS	RETURN CHECKS	(116.00)	
		Total Other Bank Item		(116.00)
11/07/08	MOORE MEDICAL DEBIT CARD PYMT	MOORE MEDICAL DEBIT CAR	(206.32)	
		Total Other Bank Item		(206.32)
11/14/08	EFTPS PAYMENT	EFTPS PAYMENT	(12,013.40)	
		Total Other Bank Item		(12,013.40)
11/15/08	EFTPS PAYMENT	EFTPS PAYMENT	(22,722.74)	
		Total Other Bank Item		(22,722.74)
11/17/08	TRANS TO MM ACCT	TRANS TO MM ACCT	(15,000.00)	
		Total Other Bank Item		(15,000.00)
11/17/08	Bank Service Charges: 50163	Bank Service Charges: 50163	(325.44)	
		Total Other Bank Item		(325.44)
11/21/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(2,916.02)	
		Total Other Bank Item		(2,916.02)
11/21/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(9,805.17)	
		Total Other Bank Item		(9,805.17)
11/21/08	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(10,063.30)	
		Total Other Bank Item		(10,063.30)

MORGAN-HAUGH, PSC
1111 MEDICAL CENTER CIRCLE, MAYFIELD, KY 42066

Other Bank Items List

Cash - US Bank

User-Defined Detail - From 10/15/08 To 02/26/09 - Payments Only

Date	Summary Description	User-Defined Detail Description	Detail Amount	Total
11/21/08	RETURN CHECKS	RETURN CHECKS	(92.80)	
		Total Other Bank Item		(92.80)
11/24/08	RESPIRONICS DEBIT CARD PMT	RESPIRONICS DEBIT CARD PM	(45.35)	
		Total Other Bank Item		(45.35)
11/28/08	EFTPS PAYMENT	EFTPS PAYMENT	(12,014.46)	
		Total Other Bank Item		(12,014.46)
11/28/08	CREDIT CARD DEPOSIT: 40100-50150	CREDIT CARD DEPOSIT: 40100	(13.77)	
		Total Other Bank Item		(13.77)
12/01/08	CIT/LEASE FIN GRLEASE A/W :50126	CIT/LEASE FIN GRLEASE A/W :	(33.24)	
		Total Other Bank Item		(33.24)
12/01/08	TRANS TO MM ACCT	TRANS TO MM ACCT	(10,000.00)	
		Total Other Bank Item		(10,000.00)
12/01/08	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(19,808.29)	
		Total Other Bank Item		(19,808.29)
12/02/08	CREDIT CARD DEPOSIT: 40100-50150	CREDIT CARD DEPOSIT: 40100	(15.73)	
		Total Other Bank Item		(15.73)
12/02/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(2,984.49)	
		Total Other Bank Item		(2,984.49)
12/02/08	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(15,774.12)	
		Total Other Bank Item		(15,774.12)
12/04/08	AT&T DEBIT CARD PAYMENT	AT&T DEBIT CARD PAYMENT	(307.97)	
		Total Other Bank Item		(307.97)
12/05/08	EFTPS PAYMENT	EFTPS PAYMENT	(178.00)	
		Total Other Bank Item		(178.00)
12/05/08	MOORE MEDICAL DEBIT CARD PYMT	MOORE MEDICAL DEBIT CAR	(235.27)	
		Total Other Bank Item		(235.27)
12/05/08	EFTPS PAYMENT	EFTPS PAYMENT	(12,579.86)	
		Total Other Bank Item		(12,579.86)
12/08/08	MAJESTIC DEBIT CARD PAYMENT	MAJESTIC DEBIT CARD PAYME	(75.11)	
		Total Other Bank Item		(75.11)

MORGAN-HAUGH, PSC
1111 MEDICAL CENTER CIRCLE, MAYFIELD, KY 42066

Other Bank Items List
Cash - US Bank
User-Defined Detail - From 10/15/08 To 02/26/09 - Payments Only

Date	Summary Description	User-Defined Detail Description	Detail Amount	Total
12/09/08	RETURN CHECKS	RETURN CHECKS	(55.00)	
		Total Other Bank Item		(55.00)
12/12/08	Bank Service Charges: 50163	Bank Service Charges: 50163	(302.80)	
		Total Other Bank Item		(302.80)
12/12/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(3,014.73)	
		Total Other Bank Item		(3,014.73)
12/16/08	EFTPS PAYMENT	EFTPS PAYMENT	(23,135.71)	
		Total Other Bank Item		(23,135.71)
12/16/08	GE MONEY SALES	GE MONEY SALES	(491.80)	
		Total Other Bank Item		(491.80)
12/19/08	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(10,219.89)	
		Total Other Bank Item		(10,219.89)
12/19/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(10,277.51)	
		Total Other Bank Item		(10,277.51)
12/19/08	RETURN CHECKS	RETURN CHECKS	(43.62)	
		Total Other Bank Item		(43.62)
12/19/08	MOORE MEDICAL DEBIT CARD PYMT	MOORE MEDICAL DEBIT CAR	(477.67)	
		Total Other Bank Item		(477.67)
12/23/08	DEAF TALK AUTO PYMT	DEAF TALK AUTO PYMT	(64.53)	
		Total Other Bank Item		(64.53)
12/23/08	DEAF TALK AUTO PYMT	DEAF TALK AUTO PYMT	(37.19)	
		Total Other Bank Item		(37.19)
12/24/08	DEAF TALK AUTO PYMT	DEAF TALK AUTO PYMT	(40.72)	
		Total Other Bank Item		(40.72)
12/24/08	DEAF TALK AUTO PYMT	DEAF TALK AUTO PYMT	(15.29)	
		Total Other Bank Item		(15.29)
12/26/08	EFTPS PAYMENT	EFTPS PAYMENT	(11,546.84)	
		Total Other Bank Item		(11,546.84)
12/26/08	EFTPS PAYMENT	EFTPS PAYMENT	(808.66)	
		Total Other Bank Item		(808.66)

MORGAN-HAUGH, PSC
1111 MEDICAL CENTER CIRCLE, MAYFIELD, KY 42066

Other Bank Items List

Cash - US Bank

User-Defined Detail - From 10/15/08 To 02/26/09 - Payments Only

Date	Summary Description	User-Defined Detail Description	Detail Amount	Total
12/30/08	CREDIT CARD DEPOSIT: 40100-50150	CREDIT CARD DEPOSIT: 40100	(13.77)	
		Total Other Bank Item		(13.77)
12/30/08	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(2,873.24)	
		Total Other Bank Item		(2,873.24)
01/02/09	CIT/LEASE FIN GRLEASE A/W :50126	CIT/LEASE FIN GRLEASE A/W :	(33.24)	
		Total Other Bank Item		(33.24)
01/05/09	CREDIT CARD DEPOSIT: 40100-50150	CREDIT CARD DEPOSIT: 40100	(2.28)	
		Total Other Bank Item		(2.28)
01/07/09	RETURN CHECKS	RETURN CHECKS	(25.00)	
		Total Other Bank Item		(25.00)
01/09/09	EFTPS PAYMENT	EFTPS PAYMENT	(10,108.49)	
		Total Other Bank Item		(10,108.49)
01/09/09	EFTPS PAYMENT	EFTPS PAYMENT	(121.50)	
		Total Other Bank Item		(121.50)
01/13/09	MOORE MEDICAL DEBIT CARD PYMT	MOORE MEDICAL DEBIT CAR	(329.85)	
		Total Other Bank Item		(329.85)
01/13/09	HIGH SECURITY PAPER DEBIT CARD PYMT	HIGH SECURITY PAPER DEBIT	(82.18)	
		Total Other Bank Item		(82.18)
01/14/09	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(2,702.74)	
		Total Other Bank Item		(2,702.74)
01/14/09	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(3,755.05)	
		Total Other Bank Item		(3,755.05)
01/14/09	RETURN CHECKS	RETURN CHECKS	(8.50)	
		Total Other Bank Item		(8.50)
01/15/09	EFTPS PAYMENT	EFTPS PAYMENT	(34,381.20)	
		Total Other Bank Item		(34,381.20)
01/15/09	Bank Service Charges: 50163	Bank Service Charges: 50163	(399.72)	
		Total Other Bank Item		(399.72)
01/15/09	RETURN CHECKS	RETURN CHECKS	(20.00)	
		Total Other Bank Item		(20.00)

MORGAN-HAUGH, PSC
1111 MEDICAL CENTER CIRCLE, MAYFIELD, KY 42066

Other Bank Items List

Cash - US Bank

User-Defined Detail - From 10/15/08 To 02/26/09 - Payments Only

Date	Summary Description	User-Defined Detail Description	Detail Amount	Total
01/16/09	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(22,871.64)	
		Total Other Bank Item		(22,871.64)
01/19/09	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(188.36)	
		Total Other Bank Item		(188.36)
01/23/09	EFTPS PAYMENT	EFTPS PAYMENT	(11,758.62)	
		Total Other Bank Item		(11,758.62)
01/26/09	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:50156	(10,760.31)	
		Total Other Bank Item		(10,760.31)
01/26/09	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:50156	(3,031.30)	
		Total Other Bank Item		(3,031.30)
01/26/09	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(11,017.73)	
		Total Other Bank Item		(11,017.73)
01/27/09	RETURN CHECKS	RETURN CHECKS	(50.00)	
		Total Other Bank Item		(50.00)
02/02/09	CIT/LEASE FIN GRLEASE A/W :50126	CIT/LEASE FIN GRLEASE A/W :	(33.24)	
		Total Other Bank Item		(33.24)
02/02/09	EFTPS PAYMENT	EFTPS PAYMENT	(114.98)	
		Total Other Bank Item		(114.98)
02/02/09	EFTPS PAYMENT	EFTPS PAYMENT	(114.98)	
		Total Other Bank Item		(114.98)
02/03/09	CREDIT CARD DEPOSIT: 40100-50150	CREDIT CARD DEPOSIT: 40100	(8.21)	
		Total Other Bank Item		(8.21)
02/06/09	EFTPS PAYMENT	EFTPS PAYMENT	(8,960.48)	
		Total Other Bank Item		(8,960.48)
02/10/09	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:50156	(2,513.83)	
		Total Other Bank Item		(2,513.83)
02/10/09	KY MED. LICENSE RENEWALS	KY MED. LICENSE RENEWALS	(900.00)	
		Total Other Bank Item		(900.00)
02/13/09	Bank Service Charges: 50163	Bank Service Charges: 50163	(334.58)	
		Total Other Bank Item		(334.58)

MORGAN-HAUGH, PSC
1111 MEDICAL CENTER CIRCLE, MAYFIELD, KY 42066

Other Bank Items List

Cash - US Bank

User-Defined Detail - From 10/15/08 To 02/26/09 - Payments Only

Date	Summary Description	User-Defined Detail Description	Detail Amount	Total
02/16/09	EFTPS PAYMENT	EFTPS PAYMENT	(36,195.46)	
		Total Other Bank Item		(36,195.46)
02/16/09	CREDIT CARD DEPOSIT: 40100-50150	CREDIT CARD DEPOSIT: 40100	(2.72)	
		Total Other Bank Item		(2.72)
02/17/09	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(1,107.87)	
		Total Other Bank Item		(1,107.87)
02/19/09	MOORE MEDICAL DEBIT CARD PYMT	MOORE MEDICAL DEBIT CAR	(424.56)	
		Total Other Bank Item		(424.56)
02/20/09	EFTPS PAYMENT	EFTPS PAYMENT	(11,555.64)	
		Total Other Bank Item		(11,555.64)
02/20/09	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(10,027.38)	
		Total Other Bank Item		(10,027.38)
02/24/09	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(41,554.18)	
		Total Other Bank Item		(41,554.18)
02/25/09	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(8,586.09)	
		Total Other Bank Item		(8,586.09)
02/25/09	401K W/H: 20129 & MATCH:50156	401K W/H: 20129 & MATCH:501:	(2,889.50)	
		Total Other Bank Item		(2,889.50)
02/25/09	TRANS TO HEALTH ACCT	TRANS TO HEALTH ACCT	(42,111.70)	
		Total Other Bank Item		(42,111.70)
		Total Of All Other Bank Items		(574,319.24)

Shareholders Gross Wages
2/27/2009

	Dr. Carrico	Dr. Dobrose	Dr. Irvin	Dr. Rowland	Dr. Williams
Jan-08	\$ 10,000.00	\$ 12,000.00	\$ 9,333.33	\$ -	\$ 34,212.18
Feb-08	\$ 10,000.00	\$ 12,000.00	\$ 9,333.33	\$ -	\$ 20,000.00
Mar-08	\$ 10,000.00	\$ 12,000.00	\$ 19,333.33	\$ 10,000.00	\$ 17,500.00
Apr-08	\$ 10,000.00	\$ 12,000.00	\$ 30,000.00	\$ 5,000.00	\$ 17,500.00
May-08	\$ 10,000.00	\$ 12,000.00	\$ 30,000.00	\$ 15,000.00	\$ 17,500.00
Jun-08	\$ 10,000.00	\$ 12,000.00	\$ 10,000.00	\$ 15,000.00	\$ 17,500.00
Jul-08	\$ 10,000.00	\$ 12,000.00	\$ 10,000.00	\$ 15,000.00	\$ 17,500.00
Aug-08	\$ 10,000.00	\$ 15,000.00	\$ 20,000.00	\$ 10,000.00	\$ 27,500.00
Sep-08	\$ 14,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 27,500.00
Oct-08	\$ 12,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 17,000.00
Nov-08	\$ 12,000.00	\$ 15,000.00	\$ 15,000.00	\$ 13,000.00	\$ 14,000.00
Dec-08	\$ 12,000.00	\$ 15,000.00	\$ 15,000.00	\$ 13,000.00	\$ 17,000.00
Jan-09	\$ 12,000.00	\$ 15,000.00	\$ 15,000.00	\$ 13,000.00	\$ 20,000.00

In re Morgan Haugh Medical Group, P.S.C.

Case No. _____

Debtor

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
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None

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

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	N O N E	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.		US Bank Checking Account Mayfield KY	-	17,667.00
		1st Kentucky Bank	-	17,000.00
		US Bank xxxx8417	-	97,000.00
		US Bank	-	14,500.00
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.	X			
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.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **146,167.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	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
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 (Book Value - Amount Collectable unknown)	-	2,098,652.00
		Note Receivable	-	39,814.00
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.	X			
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 > **2,138,466.00**
(Total of this page)

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

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	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.		Insurance Claim - business interruption	-	10,000.00
		Business Interruption Claim - biologicals	-	17,500.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
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.		1994 Ford Ranger	-	1,000.00
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.		Office Furnishings	-	100,000.00
		Office Computers and Medical Billing Software	-	25,000.00
		Medical Equipment	-	200,000.00
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **353,500.00**
(Total of this page)

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

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	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
35. Other personal property of any kind not already listed. Itemize.	X			

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

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.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. De Lage Landen Financial Services 1111 Old Eagle School Road Wayne, PA 19087		Xoran Minicat Value \$ 60,000.00				190,000.00	130,000.00
Account No. Representing: De Lage Landen Financial Services		Diligenz Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 Value \$					
Account No. HP Financial Services Corp 420 Mountain Avenue New Providence, NJ 07974		Equipment - Computer Value \$ 3,000.00				1,800.00	0.00
Account No. Various Accounts Info Leasing National City Commission 995 Dalton Avenue Attn: Nina Taylor Cincinnati, OH 45203		HP 4500 Sonos Ultra Sound; HP Probe Value \$ 0.00				8,000.00	8,000.00
		Subtotal				199,800.00	138,000.00
				(Total of this page)			

3 continuation sheets attached

In re Morgan Haugh Medical Group, P.S.C.,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. Representing: Info Leasing			Information Leasing ATTN: Gisella Melendez 1023 W. 8th Street Cincinnati, OH 45203					
Account No. National City Commercial Capital Corp 995 Dalton Avenue Cincinnati, OH 45203		-	Office Furnishings Value \$ 100,000.00				154,719.00	54,719.00
Account No. Representing: National City Commercial Capital Corp			Diligenz Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275					
Account No. National City Commercial Capital Corp 995 Dalton Avenue Cincinnati, OH 45203		-	Equipment - computer Value \$ Unknown				Unknown	Unknown
Account No. Siemens Financial Services, Inc. 170 Wood Avenue South Iselin, NJ 08830		-	Equipment: Xpand Millipore System; Xpand Plus; Xpand Plus QCC; Upgrade Value \$ Unknown				12,000.00	Unknown
Sheet 1 of 3 continuation sheets attached to Schedule of Creditors Holding Secured Claims							Subtotal (Total of this page)	166,719.00 54,719.00

In re **Morgan Haugh Medical Group, P.S.C.**,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.								
Representing: Siemens Financial Services, Inc.			Siemens Diagnostics Finance Co. LLC 1717 Deerfield Road Deerfield, IL 60015					
			Value \$					
Account No.			US Bank xxxx8417 [cross collateralized]					
U.S. Bank 406 South 7th Street Mayfield, KY 42066		-						
			Value \$ 97,000.00				Unknown	Unknown
Account No.			Office Furnishings [cross collateralized]					
U.S. Bank 406 South 7th Street Mayfield, KY 42066		-						
			Value \$ 100,000.00				Unknown	Unknown
Account No.			Office Computers and Medical Billing Software [cross collateralized]					
U.S. Bank 406 South 7th Street Mayfield, KY 42066		-						
			Value \$ 25,000.00				14,000.00	0.00
Account No.			U.S. Bank NA P. O. Box 3427 Oshkosh, WI 54903-3427					
Representing: U.S. Bank								
			Value \$					
Subtotal							14,000.00	0.00
(Total of this page)								

Sheet **2** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re Morgan Haugh Medical Group, P.S.C.,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.								
U.S. Bank 406 South 7th Street Mayfield, KY 42066		-						
			Value \$ 17,667.00				2,098,652.00	2,080,985.00
Account No.								
U.S. Bank 406 South 7th Street Mayfield, KY 42066		-	Accounts Receivable (Book Value - Amount Collectable unknown)					
			Value \$ 2,098,652.00				0.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal							2,098,652.00	2,080,985.00
(Total of this page)								
Total							2,479,171.00	2,273,704.00
(Report on Summary of Schedules)								

Sheet **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

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 \$10,950* 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 \$5,400* 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 \$2,425* 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).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee Benefits (Various Employees) To Be Amended					
x								
		-						22,687.00
							33,637.00	10,950.00
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)							33,637.00	22,687.00 10,950.00
Total (Report on Summary of Schedules)							33,637.00	22,687.00 10,950.00

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

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.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. 926800150							
Abbott Laboratories P. O. Box 100997 Atlanta, GA 30384-0997		-					328.90
Account No. 16905							
Accurate Door and Hardware 305 Macarthur Park P. O. Box 3302 Paducah, KY 42002		-					374.94
Account No. 46636							
Acety Arc, Inc. P. O. Box 2446 Paducah, KY 42002		-					83.48
Account No. 90077337							
AGFA Corporation 100 Challenger Road Ridgefield Park, NJ 07660		-					4,755.89
Subtotal (Total of this page)							5,543.21

21 continuation sheets attached

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. 111804374			-					
Airgas Mid America P. O. Box 802615 Chicago, IL 60680								
							28.33	
Account No. 55163			-					
Alert Alarm Systems 3320 North Friendship Road Paducah, KY 42001								
							75.00	
Account No. 1063900656			-					
Allergan USA, Inc. 12975 Collections Center Drive Chicago, IL 60693								
							1,575.00	
Account No. 73431 & 73442			-					
Alta Diagnostics, Inc. 2555 Business Parkway Minden, NV 89423								
							1,685.78	
Account No. 9000492			-					
Antek Healthware, Inc. 228 Business Center Drive Reisterstown, MD 21136								
							22,705.00	
Sheet no. <u>1</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	26,069.11

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 56938						
Arizona AFO, Inc. Dept 3019 P. O. Box 52457 Phoenix, AZ 85072	-					391.24
Account No. 561667372						
AT&T Advertising & Publishing P. O. Box 105024 Atlanta, GA 30348	-					6,089.61
Account No. M4844294300482 & 2473488004048						
AT&T Atlanta Georgia P. O. Box 105262 Atlanta, GA 30348	-					2,408.14
Account No. 321/28198660 & 321-29004577						
BIO-RAD Laboratories Clinical Diagnostics Div. Dept 9740 Los Angeles, CA 90084	-					941.72
Account No. MICROSC SVC						
Burk's Microscope Service 7300 Hwy 641 North Puryear, TN 38251	-					120.00
Sheet no. 2 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						9,950.71

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1087404						
Cardiac Science Dept 0587 P. O. Box 120587 Dallas, TX 75312	-					175.00
Account No. Various Accounts						
Cardinal Health P. O. Box 905867 Charlotte, NC 28290	-					9,907.69
Account No. Various Accounts						
CDW Government, Inc. P. O. Box 75723 Chicago, IL 60675	-					2,710.98
Account No. Various Accounts						
CMI Heating & Air Conditioning P. O. Box 3374 Paducah, KY 42002	-					5,080.69
Account No. 1583488						
College of America P. O. Box 71698 Chicago, IL 60694	-					3,774.00
Sheet no. 3 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						21,648.36

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Various Accounts							
Commercial Waste, Inc. P. O. Box 7003 Mayfield, KY 42066		-					1,333.54
Account No. Various Accounts							
Computerland 300 Lone Oak Road Paducah, KY 42001		-					1,169.70
Account No.							
Cornman, Bryan & Watts P. O. Box 384 Mayfield, KY 42066		-					1,492.50
Account No. Various Accounts							
Delta Pharmacy, Inc. 114 West Mulberry Street Ripley, MS 38663		-					10,000.00
Account No.							
Denton & Keuler 555 Jefferson Street P. O. Box 929 Paducah, KY 42002-0929		-					3,800.00
Sheet no. <u>4</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							17,795.74

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
DLL Financial Services 1111 Old Eagle Road 3rd Floor Wayne, PA 19087	-					Unknown
Account No. 5548, 7327 & 7661						
DS Diagnostic 11 Knight Street, Building F-23 Warwick, RI 02886	-					374.50
Account No. 11172008 & 1218200812004970						
Duncan Prescription 315 West Broadway Mayfield, KY 42066	-					288.87
Account No. Various Accounts						
Electone, Inc. P. O. Box 521727 Longwood, FL 32752	-					2,533.00
Account No. 164755, 168016 & 204030						
Emtech Laboratories P. O. Box 12900 Roanoke, VA 24022	-					125.38
Sheet no. <u>5</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,321.75

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Joe Evanko 2630 Thoroughbred Circle West Paducah, KY 42086	-					451.57
Account No. 714269, 802865 & SC2121						
Expert-Med 821 Reliable Parkway Chicago, IL 60686	-					684.90
Account No. Various Accounts						
Fisher Scientific Co, Inc. Attn: 014592 13551 Collections Center Drive Chicago, IL 60693	-					1,679.88
Account No. Various Accounts						
Food Giant 300 West Farthing Mayfield, KY 42066	-					760.84
Account No.						
Dr. Brian Gaw 3106 W. Lingard Street Lancaster, CA 93536	-					29,441.00
Sheet no. <u>6</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						33,018.19

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Dr. Miranda Gaw 3106 Lingard Street Lancaster, CA 93536	-					9,060.00
Account No. 4377377						
GE Healthcare-Luna 726 Heartland Trail Madison, WI 53717	-					2,610.00
Account No.						
George Jirak 56 Dogwood Triadelphia, WV 26059	-					1,548.00
Account No. 0324						
GLA Collections Co., Inc. P. O. Box 991199 2630 Gleeson Lane Louisville, KY 40299	-					558.13
Account No. Ranger Tag/TA						
Graves County Clerk 101 E. South Street, Suite 2 Mayfield, KY 42066	-					50.64
Sheet no. <u>7</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						13,826.77

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 443924						
Greer Laboratories P. O. Box 800 Lenoir, NC 28645	-					127.20
Account No. Various Accounts						
Hartco of Kentucky P. O. Box 375 201 North 9th Street Mayfield, KY 42066	-					1,892.44
Account No. Various Accounts						
Healthlink, Inc. Attn: Lela 2443 Olive Boulevard Saint Louis, MO 63141	-					234.59
Account No. 7482917-01 & 45962489						
Henry Schein, Inc. P. O. Box 382060 Pittsburgh, PA 15250	-					145.64
Account No. 671232						
Hollister-Stier Lab 14110 Collections Center Drive Chicago, IL 60693	-					2,284.53
Sheet no. 8 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						4,684.40

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Various Accounts						
Howard D. Happy, Co. 1393 State Route 45 North Mayfield, KY 42066	-					11,836.91
Account No. Various Accounts						
HP Products 4220 Saguaro Trail P. O. Box 68310 Indianapolis, IN 46268	-					1,836.48
Account No. Reim Asrt Dues						
Brenda Humphrey	-					105.00
Account No. Various Accounts						
Info Lab, Inc. P. O. Box 1309 Clarksdale, MS 38614	-					4,904.62
Account No. 9050						
Jack Bilt Corporation 108 West 19th Street Kansas City, MO 64108	-					78.26
Sheet no. <u>9</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						18,761.27

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Various Accounts						
Jackson Purchase Medical 1099 Medical Center Circle Mayfield, KY 42066	-					168,129.49
Account No. Jan Rent						
K&E Real Estate P. O. Box 355 Mayfield, KY 42066	-					850.00
Account No. Various Accounts						
Laboratory Corporation of America P. O. Box 12140 Burlington, NC 27216	-					766.24
Account No. Various Accounts						
Laboratory Supply Co. 3782 Reliable Parkway Chicago, IL 60686	-					4,524.09
Account No. Various Accounts						
Lakeland Spring Water P. O. Box 1062 Murray, KY 42071	-					888.89
Sheet no. 10 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						175,158.71

In re	<u>Morgan Haugh Medical Group, P.S.C.</u>	Debtor
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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.)	C O D E B O R R O W E R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 3768525							
Landuaer, Inc. P. O. Box 809051 Chicago, IL 60680	-						533.31
Account No.							
Language Line Services P. O. Box	-						121.13
Account No.							
Martin Specialty Clinic 143 Kennedy Drive Martin, TN 38237	-						2,244.70
Account No. Various Accounts							
Mayfield Messenger P. O. Box 709 Mayfield, KY 42066	-						702.80
Account No. STAHR X-RAY							
Mayfield Radiology Services John Beasley, M.D. P. O. Box 918 Mayfield, KY 42066	-						35.00
Subtotal (Total of this page)							3,636.94

Sheet no. 11 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Dr. Sandra McHenry 102 Mountain Lake Drive Covington, VA 24426	-					8,919.00
Account No. Various Accounts						
McKesson Information Solutions P. O. Box 98347 Chicago, IL 60693	-				X	Unknown
Account No. Various Accounts						
Medical Arts Press 8500 Wyoming Avenue North Minneapolis, MN 55445	-					419.85
Account No. Various Accounts						
Medtox Laboratories 402 West Country Road Saint Paul, MN 55112	-					829.55
Account No. 2501481595						
Medtronic USA, Inc. 4642 Collections Center Drive Chicago, IL 60693	-					121.00
Sheet no. 12 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						10,289.40

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Various Accounts						
Merck Human Health P. O. Box 5254 Carol Stream, IL 60197	-					7,978.62
Account No. 279403, 281603 & 283451						
Midwest System, Inc. P. O. Box 15033 Evansville, IN 47716	-					120.00
Account No. 1065631						
Mobile Instrument Services 3333 Walter Avenue Bellefontaine, OH 43311	-					100.23
Account No. 16575						
Musiclab Recordings 185 Spring Valley Drive c/o Steve Shrewsberry Paducah, KY 42003	-					45.00
Account No. Various Accounts						
Neurometrix, Inc. 62 Fourth Avenue Waltham, MA 02451	-					2,148.51
Sheet no. 13 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						10,392.36

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Various Accounts						
Parkway Regional Hospital 13128 Collections Center Drive Chicago, IL 60693		-				764.00
Account No. Various Accounts						
Phonak Hearing Systems 35555 Eagle Way Chicago, IL 60678		-				532.73
Account No. Various Accounts						
Physician Sales & Service PSS Rivercities P. O. Box 280 Hillview, KY 40129		-				5,875.14
Account No. 0106975						
Pinnacle Publishing 4030 Technology Drive North West Bemidji, MN 56601		-				845.40
Account No. 8000900011074162						
Pitney Bowes Purchase Power P. O. Box 856042 Louisville, KY 40285		-				920.92
Sheet no. <u>15</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						8,938.19

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4867						
Primary Care Diagnostics 160 Deerwood Circle Mc Kenzie, TN 38201	-					238.36
Account No. 03786691						
Progressive Business Systems 370 Technology Drive P. O. Box 3019 Malvern, PA 19355	-					299.00
Account No. Various Accounts						
Purchase Records Destruction 9202 South Northshore Drive Suite 200 Knoxville, TN 37922	-					1,548.45
Account No. AUDIT 401-K						
Reed & Co of Mayfield 101 North 7th Street Suite 4 P. O. Box 468 Mayfield, KY 42066	-					2,000.00
Account No.						
Reed & Company 101 North Seventh Street Mayfield, KY 42066	-					2,000.00
Sheet no. <u>16</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,085.81

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 3165, 3190 & 3202						
Reed the Fine Print P. O. Box 155 Sedalia, KY 42079	-					1,409.83
Account No.						
Regal Answering Services P. O. Box 745 Mayfield, KY 42066	-					2,000.00
Account No. Various Accounts						
Sanofi Pasteur, Inc. 12458 Collections Center Drive Chicago, IL 60693	-					10,859.02
Account No. FC0901119870						
Siemens Diagnostics P. O. Box 121102 Dallas, TX 75312	-					154.57
Account No. 94709570 & 94743411						
Siemens Healthcare P. O. Box 121102 Dallas, TX 75312	-					11,171.02
Sheet no. <u>17</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						25,594.44

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Various Accounts						
Siemens Healthcare P. O. Box 642555 Attn: Property Taxes Pittsburgh, PA 15264	-					1,140.55
Account No. Various Accounts						
Siemens Hearing Ins Dept AT 40082 Atlanta, GA 31192	-					16,357.46
Account No. Various Accounts						
Silver Lining, Inc. 21 CR 408 Corinth, MS 38834	-					6,079.42
Account No. 3958278 & 3965650						
Smile Makers P. O. Box 2543 Spartanburg, SC 29304	-					131.71
Account No. 2008						
Specialty Health Care	-					1,500.00
Sheet no. 18 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						25,209.14

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 06891966						
St Johns P. O. Box 51263 Los Angeles, CA 90051	-					218.78
Account No. Various Accounts						
Starkey P. O. Box 9457 Minneapolis, MN 55440	-					1,981.92
Account No. 23172						
Gordon N. Stowe & Associates Attn: Accounts Receivable 586 Palwaukee Drive Wheeling, IL 60090	-					67.24
Account No. 334828						
Streck Laboratories P. O. Box 45625 Omaha, NE 68145	-					995.62
Account No.						
Dr. Majid Torabi P.O. Box 972 Rancho Mirage, CA 92270	-					7,189.00
Sheet no. 19 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						10,452.56

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Various Accounts						
UPS Lockbox 577 Carol Stream, IL 60132	-					140.11
Account No. Various Accounts						
US Bank P. O. Box 790401 Saint Louis, MO 63179	-					8,711.80
Account No. 1969572922						
Verizon Wireless P. O. Box 790406 Lehigh Valley, PA 18002	-					444.02
Account No.						
Henry Viles, M.D., FC 1029 Medical Center Circle Mayfield, KY 42066	-					500.00
Account No. Various Accounts						
Westone Laboratory P. O. Box 15100 Colorado Springs, CO 80935	-					636.95
Sheet no. 20 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						10,432.88

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 10316401		-					
Wood Communications P. O. Box 716 Union City, TN 38281							
							156.72
Account No. Various Accounts		-					
Wyeth Pharmaceuticals Dept CH 14083 Palatine, IL 60055							
							6,275.20
Account No. Various Accounts		-					
Youngblood's True Valu 1776 State Route 121 South Mayfield, KY 42066							
							55.41
Account No.							
Account No.							

Sheet no. **21** of **21** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)**6,487.33**Total
(Report on Summary of Schedules)**454,658.06**

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

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.
BellSouth Adv & Publishing P. O. Box 105024 Atlanta, GA 30348	Advertising
CBW (Cornman Bryan & Watts) P. O. Box 384 Mayfield, KY 42066	Annual Accounting Services
Commercial Marine & Industrial (CMI) P. O. Box 3374 Paducah, KY 42002	Maintenance Contract
CWI (Commercial Waste Inc) P. O. Box 7003 Mayfield, KY 42066	Commercial Waste Disposal
Karen Deckard 1111 Medical Center Circle Mayfield, KY 42066	Rental Agreement
DeLage Landen P. O. Box 41601 Philadelphia, PA 19101-1601	Xoran Minicat Lease
DTI Interpreting 14 East Main Street Carnegie, PA 15106	Lang Interpreting Service
Duncan's Pharmacy 315 West Broadway Mayfield, KY 42066	Lease Agreement
Energy Employees Occup Illiness Comp 125 Memorial Drive Paducah, KY 42001	Provider Enrollment
GE Healthcare P. O. Box 96483 Chicago, IL 60693	Dexascan Maintenance Agreement
Howard D. Happy, Co. 1393 State Route 45 North Mayfield, KY 42066	Office Equipment Leases
Jackson Purchase Pulmonary 1111 Medical Center Circle Mayfield, KY 42066	Rental Agreement

In re Morgan Haugh Medical Group, P.S.C.,
Debtor

Case No. _____

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
(Continuation Sheet)

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.
K&E Real Estate P. O. Box 355 Mayfield, KY 42066	Rental Agreement
KESA P. O. Box 931032 Cleveland, OH 44193	Workers Compensation Insurance
KY Commission for Children 982 Eastern Parkway Louisville, KY 40217	Provider Agreement
Medical Protective 23289 Network Place Chicago, IL 60673	Malpractice Insurance
Midwest Systems & Services P. O. Box 15033 Evansville, IN 47716	Life Insurance Contract
Millipore 2736 Paysphere Circle Chicago, IL 60674	Lab Service Contract
National City Healthcare Finance 995 Dalton Cincinnati, OH 45203	62565200 X-Ray equip. Expires 9/2010
National City Healthcare Finance 995 Dalton Cincinnati, OH 45203	6774900 Computers Expires 3/2011
PineBrook Regional Hospital, LLC Mayfield, KY 42066	The Debtor has 20 years remaining on its lease at a monthly rate of \$32,500.

In re **Morgan Haugh Medical Group, P.S.C.**

Case No. _____

Debtor

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
Dr. Melissa Whitson 2214 South 10th Street Saint Louis, MO 63104	U.S. Bank Mayfield, KY 42066
Dr. Tonya Woods 301 Canterbury Court Mayfield, KY 42066	U.S. Bank 406 South 7th Street Mayfield, KY 42066

United States Bankruptcy Court
Western District of Kentucky

In re **Morgan Haugh Medical Group, P.S.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	2,638,133.00		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	4		2,479,171.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		33,637.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	22		454,658.06	
G - Executory Contracts and Unexpired Leases	Yes	2			
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		36			
Total Assets			2,638,133.00		
Total Liabilities				2,967,466.06	

United States Bankruptcy Court
Western District of Kentucky

In re **Morgan Haugh Medical Group, P.S.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)		

United States Bankruptcy Court
Western District of Kentucky

In re **Morgan Haugh Medical Group, P.S.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 Corporate Representative 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 **38** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 6, 2009**

Signature **/s/ Marty Braaksma**
Marty Braaksma
Corporate Representative

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
Western District of Kentucky**

In re **Morgan Haugh Medical Group, P.S.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.....	\$	<u>25,000.00</u>
Prior to the filing of this statement I have received.....	\$	<u>25,000.00</u>
Balance Due.....	\$	<u>0.00</u>

2. \$ **1,039.00** 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. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

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: **March 6, 2009**

/s/ Todd A. Farmer

**Todd A. Farmer 86214
Stout, Farmer & King, PLLC
329 N. 5th St.
P. O. Box 7766
Paducah, KY 42002-7766
270-443-4431 Fax: 270-443-4631
stephanie@sfk-law.com**

**United States Bankruptcy Court
Western District of Kentucky**

In re **Morgan Haugh Medical Group, P.S.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
Dr. Jeffrey Carrico 450 West Tucker Road Mayfield, KY 42066	Common	100	
Dr. Christopher Dobrose 720 Chapel Court Mayfield, KY 42066	Common	100	
Dr. Mark Irwin 441 Stewart Road Wingo, KY 42088	Common	100	
Cr. Bruce Rowland 230 Golf Cart Drive Mayfield, KY 42066	Common	100	
Dr. Patricia Williams 4467 St. Rt. 58 East Mayfield, KY 42066	Common	100	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Corporate Representative 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 **March 6, 2009**

Signature **/s/ Marty Braaksma**
Marty Braaksma
Corporate Representative

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
Western District of Kentucky**

In re **Morgan Haugh Medical Group, P.S.C.**

Debtor(s)

Case No. _____

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Corporate Representative 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: **March 6, 2009**

/s/ Marty Braaksma

Marty Braaksma/Corporate Representative

Signer/Title

Abbott Laboratories
P. O. Box 100997
Atlanta, GA 30384-0997

Accurate Door and Hardware
305 Macarthur Park
P. O. Box 3302
Paducah, KY 42002

Acety Arc, Inc.
P. O. Box 2446
Paducah, KY 42002

AGFA Corporation
100 Challenger Road
Ridgefield Park, NJ 07660

Airgas Mid America
P. O. Box 802615
Chicago, IL 60680

Alert Alarm Systems
3320 North Friendship Road
Paducah, KY 42001

Allergan USA, Inc.
12975 Collections Center Drive
Chicago, IL 60693

Alta Diagnostics, Inc.
2555 Business Parkway
Minden, NV 89423

Antek Healthware, Inc.
228 Business Center Drive
Reisterstown, MD 21136

Arizona AFO, Inc.
Dept 3019
P. O. Box 52457
Phoenix, AZ 85072

AT&T Advertising & Publishing
P. O. Box 105024
Atlanta, GA 30348

AT&T Atlanta Georgia
P. O. Box 105262
Atlanta, GA 30348

BellSouth Adv & Publishing
P. O. Box 105024
Atlanta, GA 30348

BIO-RAD Laboratories
Clinical Diagnostics Div.
Dept 9740
Los Angeles, CA 90084

Burk's Microscope Service
7300 Hwy 641 North
Puryear, TN 38251

Cardiac Science
Dept 0587
P. O. Box 120587
Dallas, TX 75312

Cardinal Health
P. O. Box 905867
Charlotte, NC 28290

CBW (Cornman Bryan & Watts)
P. O. Box 384
Mayfield, KY 42066

CDW Government, Inc.
P. O. Box 75723
Chicago, IL 60675

CMI Heating & Air Conditioning
P. O. Box 3374
Paducah, KY 42002

College of America
P. O. Box 71698
Chicago, IL 60694

Commercial Marine & Industrial (CMI)
P. O. Box 3374
Paducah, KY 42002

Commercial Waste, Inc.
P. O. Box 7003
Mayfield, KY 42066

Computerland
300 Lone Oak Road
Paducah, KY 42001

Cornman, Bryan & Watts
P. O. Box 384
Mayfield, KY 42066

CWI (Commercial Waste Inc)
P. O. Box 7003
Mayfield, KY 42066

De Lage Landen Financial Services
1111 Old Eagle School Road
Wayne, PA 19087

Karen Deckard
1111 Medical Center Circle
Mayfield, KY 42066

DeLage Landen
P. O. Box 41601
Philadelphia, PA 19101-1601

Delta Pharmacy, Inc.
114 West Mulberry Street
Ripley, MS 38663

Denton & Keuler
555 Jefferson Street
P. O. Box 929
Paducah, KY 42002-0929

Diligenz Inc.
6500 Harbour Heights Pkwy, Suite 400
Mukilteo, WA 98275

DLL Financial Services
1111 Old Eagle Road
3rd Floor
Wayne, PA 19087

DS Diagnostic
11 Knight Street, Building F-23
Warwick, RI 02886

DTI Interpreting
14 East Main Street
Carnegie, PA 15106

Duncan Prescription
315 West Broadway
Mayfield, KY 42066

Duncan's Pharmacy
315 West Broadway
Mayfield, KY 42066

Electone, Inc.
P. O. Box 521727
Longwood, FL 32752

Emtech Laboratories
P. O. Box 12900
Roanoke, VA 24022

Energy Employees Occup Illness Comp
125 Memorial Drive
Paducah, KY 42001

Joe Evanko
2630 Thoroughbred Circle
West Paducah, KY 42086

Expert-Med
821 Reliable Parkway
Chicago, IL 60686

Fisher Scientific Co, Inc.
Attn: 014592
13551 Collections Center Drive
Chicago, IL 60693

Food Giant
300 West Farthing
Mayfield, KY 42066

Dr. Brian Gaw
3106 W. Lingard Street
Lancaster, CA 93536

Dr. Miranda Gaw
3106 Lingard Street
Lancaster, CA 93536

GE Healthcare
P. O. Box 96483
Chicago, IL 60693

GE Healthcare-Luna
726 Heartland Trail
Madison, WI 53717

George Jirak
56 Dogwood
Triadelphia, WV 26059

GLA Collections Co., Inc.
P. O. Box 991199
2630 Gleeson Lane
Louisville, KY 40299

Graves County Clerk
101 E. South Street, Suite 2
Mayfield, KY 42066

Greer Laboratories
P. O. Box 800
Lenoir, NC 28645

Hartco of Kentucky
P. O. Box 375
201 North 9th Street
Mayfield, KY 42066

Healthlink, Inc.
Attn: Lela
2443 Olive Boulevard
Saint Louis, MO 63141

Henry Schein, Inc.
P. O. Box 382060
Pittsburgh, PA 15250

Hollister-Stier Lab
14110 Collections Center Drive
Chicago, IL 60693

Howard D. Happy, Co.
1393 State Route 45 North
Mayfield, KY 42066

HP Financial Services Corp
420 Mountain Avenue
New Providence, NJ 07974

HP Products
4220 Saguaro Trail
P. O. Box 68310
Indianapolis, IN 46268

Info Lab, Inc.
P. O. Box 1309
Clarksdale, MS 38614

Info Leasing
National City Commission
995 Dalton Avenue
Attn: Nina Taylor
Cincinnati, OH 45203

Information Leasing
ATTN: Gisella Melendez
1023 W. 8th Street
Cincinnati, OH 45203

Jack Bilt Corporation
108 West 19th Street
Kansas City, MO 64108

Jackson Purchase Medical
1099 Medical Center Circle
Mayfield, KY 42066

Jackson Purchase Pulmonary
1111 Medical Center Circle
Mayfield, KY 42066

K&E Real Estate
P. O. Box 355
Mayfield, KY 42066

KESA
P. O. Box 931032
Cleveland, OH 44193

KY Commission for Children
982 Eastern Parkway
Louisville, KY 40217

Laboratory Corporation of America
P. O. Box 12140
Burlington, NC 27216

Laboratory Supply Co.
3782 Reliable Parkway
Chicago, IL 60686

Lakeland Spring Water
P. O. Box 1062
Murray, KY 42071

Landuaer, Inc.
P. O. Box 809051
Chicago, IL 60680

Martin Specialty Clinic
143 Kennedy Drive
Martin, TN 38237

Mayfield Messenger
P. O. Box 709
Mayfield, KY 42066

Mayfield Radiology Services
John Beasley, M.D.
P. O. Box 918
Mayfield, KY 42066

Dr. Sandra McHenry
102 Mountain Lake Drive
Covington, VA 24426

McKesson Information Solutions
P. O. Box 98347
Chicago, IL 60693

Medical Arts Press
8500 Wyoming Avenue North
Minneapolis, MN 55445

Medical Protective
23289 Network Place
Chicago, IL 60673

Medtox Laboratories
402 West Country Road
Saint Paul, MN 55112

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

Merck Human Health
P. O. Box 5254
Carol Stream, IL 60197

Midwest System, Inc.
P. O. Box 15033
Evansville, IN 47716

Midwest Systems & Services
P. O. Box 15033
Evansville, IN 47716

Millipore
2736 Paysphere Circle
Chicago, IL 60674

Mobile Instrument Services
3333 Walter Avenue
Bellefontaine, OH 43311

Musiclab Recordings
185 Spring Valley Drive
c/o Steve Shrewsberry
Paducah, KY 42003

National City Commercial Capital Corp
995 Dalton Avenue
Cincinnati, OH 45203

National City Healthcare Finance
995 Dalton
Cincinnati, OH 45203

Neurometrix, Inc.
62 Fourth Avenue
Waltham, MA 02451

Norlights Guardian of Light
3701 Communications Way
Evansville, IN 47715

Oaktree Products, Inc.
716 J. Crown Industrial Court
Chesterfield, MO 63005

Ohio Casualty Insurance, Co.
P. O. Box 7906
Loveland, OH 45140

Otis Elevator Company
P. O. Box 73579
Chicago, IL 60673

Paducah Sun
408 Kentucky Avenue
P. O. Box 2300
Paducah, KY 42002

Parkway Regional Hospital
13128 Collections Center Drive
Chicago, IL 60693

Phonak Hearing Systems
35555 Eagle Way
Chicago, IL 60678

Physician Sales & Service
PSS Rivercities
P. O. Box 280
Hillview, KY 40129

PineBrook Regional Hospital, LLC
Mayfield, KY 42066

Pinnacle Publishing
4030 Technology Drive North West
Bemidji, MN 56601

Pitney Bowes Purchase Power
P. O. Box 856042
Louisville, KY 40285

Primary Care Diagnostics
160 Deerwood Circle
Mc Kenzie, TN 38201

Progressive Business Systems
370 Technology Drive
P. O. Box 3019
Malvern, PA 19355

Purchase Records Destruction
9202 South Northshore Drive
Suite 200
Knoxville, TN 37922

Reed & Co of Mayfield
101 North 7th Street Suite 4
P. O. Box 468
Mayfield, KY 42066

Reed & Company
101 North Seventh Street
Mayfield, KY 42066

Reed the Fine Print
P. O. Box 155
Sedalia, KY 42079

Regal Answering Services
P. O. Box 745
Mayfield, KY 42066

Sanofi Pasteur, Inc.
12458 Collections Center Drive
Chicago, IL 60693

Siemens Diagnostics
P. O. Box 121102
Dallas, TX 75312

Siemens Diagnostics Finance Co. LLC
1717 Deerfield Road
Deerfield, IL 60015

Siemens Financial Services, Inc.
170 Wood Avenue South
Iselin, NJ 08830

Siemens Healthcare
P. O. Box 121102
Dallas, TX 75312

Siemens Healthcare
P. O. Box 642555
Attn: Property Taxes
Pittsburgh, PA 15264

Siemens Hearing Ins
Dept AT 40082
Atlanta, GA 31192

Silver Lining, Inc.
21 CR 408
Corinth, MS 38834

Smile Makers
P. O. Box 2543
Spartanburg, SC 29304

St Johns
P. O. Box 51263
Los Angeles, CA 90051

Starkey
P. O. Box 9457
Minneapolis, MN 55440

Gordon N. Stowe & Associates
Attn: Accounts Receivable
586 Palwaukee Drive
Wheeling, IL 60090

Streck Laboratories
P. O. Box 45625
Omaha, NE 68145

Dr. Majid Torabi
P.O. Box 972
Rancho Mirage, CA 92270

U.S. Bank
406 South 7th Street
Mayfield, KY 42066

U.S. Bank NA
P. O. Box 3427
Oshkosh, WI 54903-3427

UPS
Lockbox 577
Carol Stream, IL 60132

US Bank
P. O. Box 790401
Saint Louis, MO 63179

Verizon Wireless
P. O. Box 790406
Lehigh Valley, PA 18002

Henry Viles, M.D., FC
1029 Medical Center Circle
Mayfield, KY 42066

Westone Laboratory
P. O. Box 15100
Colorado Springs, CO 80935

Dr. Melisssa Whitson
2214 South 10th Street
Saint Louis, MO 63104

Wood Communications
P. O. Box 716
Union City, TN 38281

Dr. Tonya Woods
301 Canterbury Court
Mayfield, KY 42066

Wyeth Pharmaceuticals
Dept CH 14083
Palatine, IL 60055

x

Youngblood's True Valu
1776 State Route 121 South
Mayfield, KY 42066

Internal Revenue Service
P. O. Box 21126
Philadelphia, PA 19114

**United States Bankruptcy Court
Western District of Kentucky**

In re **Morgan Haugh Medical Group, P.S.C.**

Debtor(s)

Case No. _____

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

☒ None [*Check if applicable*]

March 6, 2009

Date

/s/ Todd A. Farmer

Todd A. Farmer 86214

Signature of Attorney or Litigant

Counsel for **Morgan Haugh Medical Group, P.S.C.**

Stout, Farmer & King, PLLC

329 N. 5th St.

P. O. Box 7766

Paducah, KY 42002-7766

270-443-4431 Fax:270-443-4631

stephanie@sfk-law.com