

**UNITED STATES BANKRUPTCY COURT  
Eastern District of Louisiana**

Gulf States Long Term Acute Care of Covington,  
LLC.

In re \_\_\_\_\_,  
Debtor

Case No. 09-11116

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 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Dr. Surendra Purohit 11 Whippoolwill Covington, LA 70433				25,000.00
Praxair, Inc. Attn: D. Rapole 2301 S.E. Creekview Akeny, IA 50021				25,328.44
Fairway Medical Center PO Box 1753 Mandeville, LA 70470				26,169.82

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

Advantage Nursing Services  
3340 Severn Avenue,  
Ste. 320  
Metairie, LA 70002

28,196.31

LA Acute Dialysis Svc.  
P.O. Box 4884  
Covington, LA 70434

35,139.52

Covington HealthCare Properties

40,224.82

Shreffler Recovery Services  
1645 Hennepin Avenue South, Ste. 222  
Minneapolis, MN 55403

44,740.87

Atlas Mobility, LLC  
7931 One Calais Drive  
Baton Rouge, LA 70809

44,971.28

United Blood Services  
P.O. Box 53022  
Phoenix, AZ 85072-3022

45,744.00

Acadian Ambulance  
P.O. Box 92970  
Lafayette, LA 70509-2970

57,583.06

KCI USA, Inc.  
P.O. Box 203086  
Houston, TX 77216-3086

65,761.98

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

Vascular Access Solutions  
P.O. Box 455  
Clinton, MS 39060 65,769.00

St. Tammany Parish Hospital  
1202 S. tyler Street  
Covington, LA 70433 96,988.02

Hill-Rom Company, Inc.  
1069 State Rte. 46 East  
Batesville, IN 47006 113,151.86

Medline  
Department 1080  
P.O. Box 121080  
Dallas, TX 75312-1080 116,991.43

Lakeview Regional Medical Center  
P.O. Box 402840  
Atlanta, GA 30384 150,988.68

Sodexho, Inc. & Affiliates  
PNC Recovery Mgt.  
Box No. 536922  
1669 Phoenix Parkway,  
Ste. 210  
College Park, GA 30349 165,414.69

MPT Operating Partnership  
1000 Urban Center Drive, Ste. 501  
Birmingham, AL 35242 222,700.90

North Oaks HS  
P.O. Box 2668  
Hammond, LA 70404 271,833.07

(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>
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Institutional  
Pharmacies  
106 Abigayle's Row  
Scott, LA 70583

927,372.45

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an authorized agent of the corporation] named as debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date 4-20-09

Signature /s/ Robert A. Maurin, III  
ROBERT A. MAURIN, III,  
Member