

**United States Bankruptcy Court
Eastern District of Louisiana**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): On-Call Nursing Agency and Associates of New Orleans, Inc.	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) 72-1177972	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): 7900 Earhart Boulevard New Orleans, LA	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 70125	ZIP Code
County of Residence or of the Principal Place of Business: Orleans	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

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

<p>Type of Debtor (Form of Organization) (Check one box)</p> <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.)	<p>Nature of Business (Check one box)</p> <input 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 checked="" type="checkbox"/> Other	<p>Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)</p> <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
<p>Tax-Exempt Entity (Check box, if applicable)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<p>Nature of Debts (Check one box)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<p>Filing Fee (Check one box)</p> <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.	<p>Chapter 11 Debtors Check one box:</p> <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 checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. 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

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

Estimated Number of Creditors

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

Estimated Assets

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

Estimated Liabilities

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

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): On-Call Nursing Agency and Associates of New Orleans, Inc.
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: Eastern District of Louisiana	Case Number: 01-17682	Date Filed: 9/24/01
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:

<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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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):
On-Call Nursing Agency and Associates of New Orleans, Inc.

Signatures

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

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

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

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Paul Douglas Stewart, Jr.
Signature of Attorney for Debtor(s)

Paul Douglas Stewart, Jr. 24661
Printed Name of Attorney for Debtor(s)

Stewart Robbins LLC
Firm Name

247 Florida Street
Post Office Box 66498
Baton Rouge, LA 70896-6498

Address

Email: dstewart@stewartrobins.com
(225) 343-7288 Fax: (225) 709-9467

Telephone Number

April 24, 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 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.

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/ Robert J. Jemison
Signature of Authorized Individual

Robert J. Jemison
Printed Name of Authorized Individual

President
Title of Authorized Individual

April 24, 2009
Date

United States Bankruptcy Court
Eastern District of Louisiana

In re On-Call Nursing Agency and Associates of New Orleans, Inc.
Debtor(s)

Case No. _____
Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Abba Academy and Preschool 7900 Earhart Boulevard, Suite 100 New Orleans, LA 70125	Abba Academy and Preschool 7900 Earhart Boulevard, Suite 100 New Orleans, LA 70125	Office lease for 7900 Earhart Boulevard, New Orleans, Louisiana.	Contingent	13,700.00
Acadian Ambulance 298 Hopkins Street Lafayette, LA 70501	Acadian Ambulance 298 Hopkins Street Lafayette, LA 70501		Disputed	5,252.00
Advantage Nursing Services 3340 Severn Avenue, Suite 320 Metairie, LA 70002	Advantage Nursing Services 3340 Severn Avenue, Suite 320 Metairie, LA 70002			15,595.15
Answertek Inc. P. O. Box 31418 Charleston, SC 29417	Answertek Inc. P. O. Box 31418 Charleston, SC 29417			89.93
Barrasso Usdin Kupperman Freeman & Sarv 909 Poydras Street, Suite 1800 New Orleans, LA 70112	Barrasso Usdin Kupperman Freeman & Sarv 909 Poydras Street, Suite 1800 New Orleans, LA 70112			4,393.71
Chaff, McCall, Phillips 1100 Poydras Street, Suite 2300 New Orleans, LA 70163-2300	Chaff, McCall, Phillips 1100 Poydras Street, Suite 2300 New Orleans, LA 70163-2300			3,139.31
Colonial Life P. O. Box 903 Columbia, SC 29202-0903	Colonial Life P. O. Box 903 Columbia, SC 29202-0903			801.20
DeLage Landen Financial Services P. O. Box 41601 Philadelphia, PA 19101-1601	DeLage Landen Financial Services P. O. Box 41601 Philadelphia, PA 19101-1601			1,457.42
Fleetcor Technologies P. O. Box 105080 Atlanta, GA 30348-5080	Fleetcor Technologies P. O. Box 105080 Atlanta, GA 30348-5080			1,107.78

In re **On-Call Nursing Agency and Associates of New Orleans, Inc.**

Case No. _____

Debtor(s) _____

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Internal Revenue Service 1555 Poydras Street Suite 220; Stop 31 New Orleans, LA 70112	Internal Revenue Service 1555 Poydras Street Suite 220; Stop 31 New Orleans, LA 70112			35,532.18 (Unknown secured)
Internal Revenue Service 1555 Poydras Street Suite 220; Stop 47 New Orleans, LA 70112	Internal Revenue Service 1555 Poydras Street Suite 220; Stop 47 New Orleans, LA 70112			585,894.05
Kentwood Springs P. O. Box 530578 Atlanta, GA 30353-0578	Kentwood Springs P. O. Box 530578 Atlanta, GA 30353-0578			815.14
La. Graphic Supply, Inc. 2323 Edenborn Avenue Metairie, LA 70001	La. Graphic Supply, Inc. 2323 Edenborn Avenue Metairie, LA 70001			40.48
Louisiana Department of Revenue P. O. Box 201 Baton Rouge, LA 70821-0201	Louisiana Department of Revenue P. O. Box 201 Baton Rouge, LA 70821-0201			95,941.02
Louisiana Office of Employment Security P.O. Box 44127 Baton Rouge, LA 70804-4127	Louisiana Office of Employment Security P.O. Box 44127 Baton Rouge, LA 70804-4127			7,423.00 (Unknown secured)
Louisiana Workers' Compensation Corp. c/o Chad S. Berry 2237 S. Acadian Thruway Baton Rouge, LA 70808	Louisiana Workers' Compensation Corp. c/o Chad S. Berry 2237 S. Acadian Thruway Baton Rouge, LA 70808	Chase/159-1754-28-6	Contingent Unliquidated Disputed	104,833.55 (7,664.80 secured)
Lucille Sharp 41554 Herwig Bluff Road Slidell, LA 70461	Lucille Sharp 41554 Herwig Bluff Road Slidell, LA 70461	Lease of Amite Bank, 505 NW Central Avenue, Amite, Louisiana 70422.		1,000.00
Pitney Bowes Credit Corp. 1 Elmcroft Road Stamford, CT 06926-0700	Pitney Bowes Credit Corp. 1 Elmcroft Road Stamford, CT 06926-0700		Disputed	1,173.55
RF Communications LLC P. O. Box 73836 Metairie, LA 70033	RF Communications LLC P. O. Box 73836 Metairie, LA 70033			1,683.01
Sewerage & Water Board of New Orleans 625 Saint Joseph Street New Orleans, LA 70165-6501	Sewerage & Water Board of New Orleans 625 Saint Joseph Street New Orleans, LA 70165-6501		Disputed	3,617.81

In re On-Call Nursing Agency and Associates of New Orleans,
Inc.
Debtor(s)

Case No. _____

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

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

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

Date April 24, 2009

Signature /s/ Robert J. Jemison
Robert J. Jemison
President

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

**United States Bankruptcy Court
Eastern District of Louisiana**

In re On-Call Nursing Agency and Associates of New Orleans, Inc.,
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
Robert Jemison 7506 Jonlee Drive New Orleans, LA 70128	Common	100	Stock

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date April 24, 2009

Signature /s/ Robert J. Jemison
Robert J. Jemison
President

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

**United States Bankruptcy Court
Eastern District of Louisiana**

In re On-Call Nursing Agency and Associates of New Orleans, Inc.
Debtor(s)

Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: April 24, 2009

/s/ Robert J. Jemison
Robert J. Jemison/President
Signer/Title

Office of the US Trustee
Texaco Ctr, Ste 2110
400 Poydras Street
New Orleans, LA 70130

Internal Revenue Service
1555 Poydras Street
Suite 220; Stop 31
New Orleans, LA 70112

District Counsel
Internal Revenue Service
Post Office Box 21126
Philadelphia, PA 19114-0326

Office of the US Attorney
501 Magazine St; Ste 210
New Orleans, LA 70130

Abba Academy and Preschool
7900 Earhart Boulevard, Suite 100
New Orleans, LA 70125

Abba Academy and Preschool
7900 Earhart Boulevard, Suite 100
New Orleans, LA 70125

Acadian Ambulance
298 Hopkins Street
Lafayette, LA 70501

Advantage Nursing Services
3340 Severn Avenue, Suite 320
Metairie, LA 70002

Alan Katz
Assistant General Counsel
639 Loyola Avenue
New Orleans, LA 70113

Ansertek
P. O. Box 21418
Charleston, SC 29417

Answertek Inc.
P. O. Box 31418
Charleston, SC 29417

Associate Med Director
Dr. Cleveland
16874 Highway 43 North
Greensburg, LA 70441

AT&T
P. O. Box 105262
Atlanta, GA 30348-5262

AT&T
P. O. Box 105262
Atlanta, GA 30348-5262

Barrasso Usdin Kupperman Freeman & Sarv
909 Poydras Street, Suite 1800
New Orleans, LA 70112

Billiot Pest Control
201 Bark Drive
Harvey, LA 70058

Chaff, McCall, Phillips
1100 Poydras Street, Suite 2300
New Orleans, LA 70163-2300

Colonial Life
P. O. Box 903
Columbia, SC 29202-0903

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

Derrick Freeman
2818 Annunciation Street
New Orleans, LA 70115

Enserv
P. O. Box 671308
Dallas, TX 75267-1308

Entergy
c/o Jon Majewski
L-JEF-359
4809 Jeff Hwy
New Orleans, LA 70121

Entergy
PO Box 8108
Baton Rouge, LA 70891-8108

Entergy
PO Box 8108
Baton Rouge, LA 70891-8108

EPS
P. O. Box 791351
New Orleans, LA 70115

Erich Rudolph
190 Magnolia Boulevard
New Orleans, LA 70123

Fleetcor Technologies
P. O. Box 105080
Atlanta, GA 30348-5080

Imagistics
2323 Edenborn Ave.
Metairie, LA 70001

Internal Revenue Service
1555 Poydras Street
Suite 220; Stop 47
New Orleans, LA 70112

Internal Revenue Service
1555 Poydras Street
Suite 220; Stop 31
New Orleans, LA 70112

Ivan
P. O. Box 85001
Orlando, FL 32285

Jackson Accounting Services
185 Hedgeford Drive
Gray, LA 70359

Kentwood Springs
P. O. Box 530578
Atlanta, GA 30353-0578

La. Graphic Supply, Inc.
2323 Edenborn Avenue
Metairie, LA 70001

Lewis Computer Service
P. O. Box 2482
Baton Rouge, LA 70821

Louisiana Department of Revenue
P. O. Box 201
Baton Rouge, LA 70821-0201

Louisiana Office of Employment Security
P.O. Box 44127
Baton Rouge, LA 70804-4127

Louisiana Office of Regulatory Services
P.O. Box 44127
Baton Rouge, LA 70804-4127

Louisiana Workers' Compensation Corp.
c/o Chad S. Berry
2237 S. Acadian Thruway
Baton Rouge, LA 70808

Lucille Sharp
41554 Herwig Bluff Road
Slidell, LA 70461

Lucille Sharp
41554 Herwig Bluff Road
Slidell, LA 70461

Pitney Bowes Credit Corp.
1 Elmcroft Road
Stamford, CT 06926-0700

RF Communications LLC
P. O. Box 73836
Metairie, LA 70033

Robert Jemison
7506 Jonlee Drive
New Orleans, LA 70128

Sewerage & Water Board of New Orleans
625 Saint Joseph Street
New Orleans, LA 70165-6501

Sewerage & Water Board of New Orleans
625 St. Joseph Street
New Orleans, LA 70165-6581

Shirley and Travis Nugent
c/o Albert H. Haneman
601 Poyderas Street, Suite 2100
New Orleans, LA 70130

Shirley and Travis Nugent
c/o Daniel E. Broussard, Jr.
912 Fifth Street
P. O. Box 1311
Alexandria, LA 71309

Shontell Robinson
503 Hancock Street
Gretna, LA 70053

Thomas Systems
P. O. Box 23728
Columbia, SC 29224-3728

Town of Amite
212 East Oak Street
Amite, LA 70422

**United States Bankruptcy Court
Eastern District of Louisiana**

In re On-Call Nursing Agency and Associates of New Orleans, Inc.
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 On-Call Nursing Agency and Associates of New Orleans, Inc. 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*]

April 24, 2009

Date

/s/ Paul Douglas Stewart, Jr.

Paul Douglas Stewart, Jr.

Signature of Attorney or Litigant

Counsel for On-Call Nursing Agency and Associates of New Orleans, Inc.

Stewart Robbins LLC

247 Florida Street

Post Office Box 66498

Baton Rouge, LA 70896-6498

(225) 343-7288 Fax:(225) 709-9467

dstewart@stewartrobbins.com