

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name Doctors Hospital at Deer Creek, LLC

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

3. Debtor's federal Employer Identification Number (EIN) 20-5173569

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
<u>815 S. 10th Street</u> <u>Leesville, LA 71446</u> Number, Street, City, State & ZIP Code	_____ P.O. Box, Number, Street, City, State & ZIP Code
<u>Vernon</u> County	Location of principal assets, if different from principal place of business _____ Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

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

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

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

No

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

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

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

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

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

Other _____

Where is the property?

**815 S. 10th Street
Leesville, LA, 71446-0000**

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

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

14. Estimated number of creditors

1-49

50-99

100-199

200-999

1,000-5,000

5001-10,000

10,001-25,000

25,001-50,000

50,001-100,000

More than 100,000

15. Estimated Assets

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

Debtor Doctors Hospital at Deer Creek, LLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 18, 2018
MM / DD / YYYY

/s/ Dr. Gregory D. Lord
Signature of authorized representative of debtor
Title Authorized Representative

Dr. Gregory D. Lord
Printed name

18. Signature of attorney

/s/ Bradley L. Drell
Signature of attorney for debtor

Date October 18, 2018
MM / DD / YYYY

Bradley L. Drell 24387
Printed name

Gold, Weems, Bruser, Sues & Rundell
Firm name

POB 6118
Alexandria, LA 71307-6118
Number, Street, City, State & ZIP Code

Contact phone (318)445-6471 Email address _____

24387 LA
Bar number and State

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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



Declaration and signature

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

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

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

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

Executed on October 18, 2018

X /s/ Dr. Gregory D. Lord
Signature of individual signing on behalf of debtor

Dr. Gregory D. Lord
Printed name

Authorized Representative
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC
 United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ACC Real Estate, LLC 301 West Fertitta Blvd. Leesville, LA 71446						\$184,000.00
AFLAC 1932 Wynnton Rd. Columbus, GA 31993						\$13,342.28
Beauregard Memorial Hospital P.O. Box 730 Deridder, LA 70634						\$83,579.47
Canon Medical Systems USA, Inc. PO BOX 775220 Chicago, IL 60677						\$37,948.71
Cardinal Health P.O. Box 402586 Atlanta, GA 30384-2586						\$15,018.04
Cintas Corporation P.O. Box 1472 Lake Charles, LA 70602						\$11,759.60
CPSI / Evident P.O. Box 850309 Mobile, AL 36695						\$113,294.28
Depuy Synthes Sales Inc. P.O. Box 406663 Atlanta, GA 30384						\$95,990.29
HUB International Gulf South 300 Concourse Blvd., Ste. 300 Ridgeland, MS 39157						\$26,212.50

Debtor **Doctors Hospital at Deer Creek, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Johnson & Johnsonn Healthcare P.O. Box 406663 Atlanta, GA 30384						\$14,972.30
Lester, Miller & Wells P.O. Box 8758 Alexandria, LA 71306						\$12,388.00
Lifeshare Blood Centers 8910 Linwood Ave Shreveport, LA 71106						\$14,229.20
McKesson P.O. Box 740215 Cincinnati, OH 45274-0215						\$16,128.05
Performance Medical Group 103 Deer Tree Drive Lafayette, LA 70507						\$14,505.52
Smith & Nephew Orthopedics P.O. Box 951605 Dallas, TX 75395-1605						\$228,810.26
Stryker Endoscopy P.O. Box 93276 Chicago, IL 60673						\$22,967.88
Synthes USA P.O. Box 8538-662 Philadelphia, PA 19171-0662						\$32,849.42
The Woodlands Healthcare Center 8422 Kurthwood Rd. Leesville, LA 71446						\$19,054.00
US Dept of Heath and Human Ser Centers for Medicare & Medicaid 7500 Security Boulevard Baltimore, MD 21244						\$7,000,000.00

Debtor **Doctors Hospital at Deer Creek, LLC**
 Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Willis-Knighton 300 Knight St., Bldg 5, Ste. 220 Community Reference Lab Shreveport, LA 71105						\$17,381.87

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>7,650,691.11</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>7,650,691.11</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>1,739,963.65</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>8,193,624.69</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>9,933,588.34</u>

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest
Unknown

2. **Cash on hand**

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. Sabine State Bank & Trust checking 1996 **Unknown**

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes Fill in the information below.

11. **Accounts receivable**

Debtor Doctors Hospital at Deer Creek, LLC
Name

Case number (If known) _____

11a. 90 days old or less: 3,243,855.00 - 0.00 = \$3,243,855.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 618,105.00 - 0.00 = \$618,105.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,861,960.00

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale Pharmacy		\$0.00		\$102,068.72

22. Other inventory or supplies

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$102,068.72

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Furniture and fixtures	\$0.00		\$38,656.70

40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Equipment and Software	\$0.00		\$144,137.34

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$182,794.04
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44. Is a depreciation schedule available for any of the property listed in Part 7?
 No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2015 Ford Transit XL Van VIN # NM0LS7E74F1177138	\$0.00		\$14,567.54

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor Doctors Hospital at Deer Creek, LLC
Name

Case number (If known) _____

Pharmacy Equipment \$0.00 \$949,875.97

Medical Equipment \$0.00 \$2,539,424.84

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$3,503,868.35

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>www.dhdc.md</u>	<u>\$0.00</u>		<u>\$0.00</u>
62. Licenses, franchises, and royalties <u>LDH Hospital License</u>	<u>\$0.00</u>		<u>Unknown</u>

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- No
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- No

Debtor Doctors Hospital at Deer Creek, LLC
Name

Case number (If known) _____

Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

No

Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes Fill in the information below.

Debtor Doctors Hospital at Deer Creek, LLC
 Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$3,861,960.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$102,068.72</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$182,794.04</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$3,503,868.35</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$7,650,691.11</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$7,650,691.11</u>

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	
2.1	Sabine State Bank& Trust <small>Creditor's Name</small> P.O. Box 670 Many, LA 71449 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien UCC security interest granted by Debtor in all inventory, chattel paper, accounts, account receivables, equipment, general intangibles, all proceeds, all insurance proceeds, and specifically including an MRI machine and related building <hr/> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,739,963.65	\$2,000,000.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$1,739,963.65**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
John Whitehead Attorney at Law P.O. Box 1127 Natchitoches, LA 71458-1127	Line <u>2.1</u>	

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address A-1 Refrigeration & AC, LLC 5220 Hwy 399 Pitkin, LA 70656 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$300.00
		As of the petition filing date, the claim is: <i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Ability Network, Inc. P.O. Box 856015 Minneapolis, MN 55485-6015 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$1,738.80
		As of the petition filing date, the claim is: <i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address ACA Commercial Services, LLC P.O. Drawer 6176 Alexandria, LA 71307 Date(s) debt was incurred _____ Last 4 digits of account number _____	\$2,721.49
		As of the petition filing date, the claim is: <i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address ACC Real Estate, LLC 301 West Fertitta Blvd. Leesville, LA 71446 Date(s) debt was incurred <u>May 2018</u> Last 4 digits of account number _____	\$184,000.00
		As of the petition filing date, the claim is: <i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known) _____

3.5 Nonpriority creditor's name and mailing address **Acumed LLC**
7995 Collection Center Drive
Chicago, IL 60693
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$39.52**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address **Aesculap, Inc.**
P.O. Box 780426
Philadelphia, PA 19178-0426
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$1,887.91**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **AFLAC**
1932 Wynnton Rd.
Columbus, GA 31993
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$13,342.28**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address **AHRMM**
P.O. Box 75315
Chicago, IL 60675
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$165.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address **Alcon Laboratories, Inc.**
P.O. Box 677775
Dallas, TX 75267
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$471.38**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.10 Nonpriority creditor's name and mailing address **Alimed, Inc.**
P.O. Box 9135
Dedham, MA 02027-9135
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$297.76**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.11 Nonpriority creditor's name and mailing address **Allen Medical Systems, Inc.**
100 Discovery Way
Acton, MA 01720
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$3,712.96**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.12	Nonpriority creditor's name and mailing address Allometrics 2500 Bayport Blvd. Seabrook, TX 77586 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,320.48
3.13	Nonpriority creditor's name and mailing address American Proficiency Institute DEPARTMENT 9526 PO BOX 30516 Lansing, MI 48909 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,155.98
3.14	Nonpriority creditor's name and mailing address American United Life Ins. Attn Acct/Control 5761 RELIABLE PARKWAY Chicago, IL 60686 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.50
3.15	Nonpriority creditor's name and mailing address Anderson Fire Protection 204 SUNSHINE DRIVE Alexandria, LA 71303 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.16	Nonpriority creditor's name and mailing address Ansell Sandel Medical Solution DEPT CH 16992 Palatine, IL 60055 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.85
3.17	Nonpriority creditor's name and mailing address Applied Medical P.O. Box 3511 Carol Stream, IL 60132-3511 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,432.07
3.18	Nonpriority creditor's name and mailing address Aqua Springs P.O. Box 235 New Llano, LA 71461 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.00

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.19	Nonpriority creditor's name and mailing address Arthrex Quest Medical P.O. Box 403511 Atlanta, GA 30384 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,890.59
3.20	Nonpriority creditor's name and mailing address Aspen Surgical 3998 Reliable Pkwy Chicago, IL 60686-0039 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$634.93
3.21	Nonpriority creditor's name and mailing address AT&T POB 105262 Atlanta, GA 30348 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.08
3.22	Nonpriority creditor's name and mailing address Beauregard Daily News P.O. Box 698 Deridder, LA 70634 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	Nonpriority creditor's name and mailing address Beauregard Memorial Hospital P.O. Box 730 Deridder, LA 70634 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83,579.47
3.24	Nonpriority creditor's name and mailing address Beckman Coulter Dept. CH 10164 Palatine, IL 60055 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,176.05
3.25	Nonpriority creditor's name and mailing address Belimed Inc. P.O. Box 602447 Charlotte, NC 28260-2447 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known) _____

3.26 Nonpriority creditor's name and mailing address **Boston Scientific**
P.O. Box 951653
Dallas, TX 75395
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$5,123.10**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.27 Nonpriority creditor's name and mailing address **Bracco Diagnostics**
P.O. Box 978952
Dallas, TX 75397
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$3,926.71**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.28 Nonpriority creditor's name and mailing address **Bright Consulting, LLC**
981 Stubbs Vinson
Monroe, LA 71203
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,562.36**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.29 Nonpriority creditor's name and mailing address **Brown Security Systems**
437 Hwy 3191
Natchitoches, LA 71457
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$150.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address **Canon Medical Systems USA, Inc.**
PO BOX 775220
Chicago, IL 60677
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$37,948.71**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.31 Nonpriority creditor's name and mailing address **Cardinal Health**
P.O. Box 402586
Atlanta, GA 30384-2586
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$15,018.04**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.32 Nonpriority creditor's name and mailing address **Cenia Interior Supply**
320 Jones Street
Pineville, LA 71360
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$156.55**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.33	Nonpriority creditor's name and mailing address Centurion Medical Products PO BOX 842816 Boston, MA 02284 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.07
3.34	Nonpriority creditor's name and mailing address Cintas Corporation P.O. Box 1472 Lake Charles, LA 70602 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,759.60
3.35	Nonpriority creditor's name and mailing address Concept Electronics 6243 Renoir Ave. Baton Rouge, LA 70806 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$878.00
3.36	Nonpriority creditor's name and mailing address Cook Medical Inc. 22988 Network Place Chicago, IL 60673-1229 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,008.00
3.37	Nonpriority creditor's name and mailing address Covidien P.O. Box 120823 Dallas, TX 75312-0823 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.00
3.38	Nonpriority creditor's name and mailing address CPS Telepharmacy P.O. Box 638318 Cincinnati, OH 45263-8318 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,229.54
3.39	Nonpriority creditor's name and mailing address CPSI / Evident P.O. Box 850309 Mobile, AL 36695 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113,294.28

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.40	Nonpriority creditor's name and mailing address Crothall Healthcare 13028 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,834.70
3.41	Nonpriority creditor's name and mailing address De Lage Landen Financial POB 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,423.25
3.42	Nonpriority creditor's name and mailing address Depuy Mitek Inc. P.O. Box 406663 Atlanta, GA 30384 Date(s) debt was incurred _ Last 4 digits of account number <u>1526</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$498.00
3.43	Nonpriority creditor's name and mailing address Depuy Synthes Sales Inc. P.O. Box 406663 Atlanta, GA 30384 Date(s) debt was incurred _ Last 4 digits of account number <u>1521</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,990.29
3.44	Nonpriority creditor's name and mailing address Depuy Synthes Sales Inc. P.O. Box 32639 West Palm Beach, FL 33420-2639 Date(s) debt was incurred _ Last 4 digits of account number <u>1565</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,703.73
3.45	Nonpriority creditor's name and mailing address DJO P.O. Box 650777 Dallas, TX 75265 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$994.60
3.46	Nonpriority creditor's name and mailing address Elliott Electric Supply PO BOX 206524 Dallas, TX 75320 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.84

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.47 Nonpriority creditor's name and mailing address **Evoqua Water Technologies, LLC**
28563 Network Place
Chicago, IL 60673-1285
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **\$4,051.94**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.48 Nonpriority creditor's name and mailing address **Filpro Corp.**
P.O. Box 374
West Point, PA 19486
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **\$215.76**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.49 Nonpriority creditor's name and mailing address **Fisher Healthcare**
P.O. Box 404705
Atlanta, GA 30384-4705
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **\$454.06**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.50 Nonpriority creditor's name and mailing address **Flynn Building Specialties**
P.O. Box 668
Alexandria, LA 71309
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **\$59.23**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.51 Nonpriority creditor's name and mailing address **Freeman Water Treatment of MS**
P.O. Drawer 1216
Clinton, MS 39060
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **\$459.11**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.52 Nonpriority creditor's name and mailing address **Gachassin Law Firm**
P.O. Box 80369
Lafayette, LA 70598
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **\$4,544.50**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.53 Nonpriority creditor's name and mailing address **Gatehouse Media Louisiana**
P.O. Box 698
Deridder, LA 70634
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **\$68.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

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3.54	Nonpriority creditor's name and mailing address Glaukos Corporation P.O. Box 741074 Los Angeles, CA 90074 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,665.00
3.55	Nonpriority creditor's name and mailing address Grainger P.O. Box 419267 Kansas City, MO 64141-6267 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.88
3.56	Nonpriority creditor's name and mailing address Halyard Health P.O. Box 732583 Dallas, TX 75373-2583 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,159.55
3.57	Nonpriority creditor's name and mailing address Healthcare Logistics P.O. Box 25 Oklahoma City, OK 73113 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$635.37
3.58	Nonpriority creditor's name and mailing address Horiba ABX Inc. P.O. Box 512936 Los Angeles, CA 90051 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,179.21
3.59	Nonpriority creditor's name and mailing address Hospira WorldWide Inc 75 Remittance Dr., Ste. 6136 Chicago, IL 60675-6136 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$559.33
3.60	Nonpriority creditor's name and mailing address HUB International Gulf South 300 Concourse Blvd., Ste. 300 Ridgeland, MS 39157 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,212.50

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.61	Nonpriority creditor's name and mailing address Hydrocision 267 Boston Rd., Ste. 28 North Billerica, MA 01862 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.62	Nonpriority creditor's name and mailing address Immucor, Inc. P.O. Box 102118 Atlanta, GA 30368 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,699.26
3.63	Nonpriority creditor's name and mailing address Integra Pain Management P.O. Box 100416 Atlanta, GA 30384-0416 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,052.50
3.64	Nonpriority creditor's name and mailing address J&J Exterminating P.O. Box 52685 Lafayette, LA 70505-2685 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.65	Nonpriority creditor's name and mailing address Jeri Odom Cavell, Pharm 4009 Mayflower Blvd. Alexandria, LA 71303 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352.00
3.66	Nonpriority creditor's name and mailing address Johnson & Johnson Healthcare P.O. Box 406663 Atlanta, GA 30384 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,972.30
3.67	Nonpriority creditor's name and mailing address Kinetix Technologies P.O. Box 8642 Alexandria, LA 71306 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,530.00

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.68	Nonpriority creditor's name and mailing address KLS Physics Group 124 Killgore Rd. Ruston, LA 71270 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,985.00
3.69	Nonpriority creditor's name and mailing address KVVP, The Big Dog 168 KVVP Drive Leesville, LA 71446 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298.65
3.70	Nonpriority creditor's name and mailing address Labor Law Compliance Center 23855 GOSLING ROAD Spring, TX 77389 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.71	Nonpriority creditor's name and mailing address Lake City Printing 1723 West Sale Rd. Lake Charles, LA 70605 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.18
3.72	Nonpriority creditor's name and mailing address Land's End Inc. P.O. Box 217 Dodgeville, WI 53533 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$464.57
3.73	Nonpriority creditor's name and mailing address Lane Regional Medical Center 6300 Main Street Zachary, LA 70791 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,562.00
3.74	Nonpriority creditor's name and mailing address Leesville Daily Leader P.O. Box 619 Leesville, LA 71446 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.75 Nonpriority creditor's name and mailing address **Lester, Miller & Wells**
P.O. Box 8758
Alexandria, LA 71306
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$12,388.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.76 Nonpriority creditor's name and mailing address **Liebel-Flarsheim Company LLC**
P.O. Box 3571
Carol Stream, IL 60132-3571
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$3,941.62**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.77 Nonpriority creditor's name and mailing address **Lifeshare Blood Centers**
8910 Linwood Ave
Shreveport, LA 71106
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$14,229.20**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.78 Nonpriority creditor's name and mailing address **Louisiana Health Care Qty Forum**
8550 UNITED PLAZA BLVD., SUITE 5
Baton Rouge, LA 70809
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$2,625.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.79 Nonpriority creditor's name and mailing address **Mass Medical Storage**
WS# 176
PO BOX 414378
Kansas City, MO 64141
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$4,620.17**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.80 Nonpriority creditor's name and mailing address **McKesson**
P.O. Box 740215
Cincinnati, OH 45274-0215
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$16,128.05**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.81 Nonpriority creditor's name and mailing address **Medi-Dose, Inc.**
Customer # 11 0015055
Lock Box 238
Jamison, PA 18929-0238
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$171.61**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.82 Nonpriority creditor's name and mailing address **Medivators, Inc.**
14605 28th Ave. North
Minneapolis, MN 55447-4822
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$179.28**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.83 Nonpriority creditor's name and mailing address **Medline Industries, Inc.**
Dept 1080
P.O. Box 121080
Dallas, TX 75312-1080
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$2,008.38**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.84 Nonpriority creditor's name and mailing address **Megadyne Medical Products, Inc.**
11506 S South Street
Draper, UT 84020
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$1,414.07**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.85 Nonpriority creditor's name and mailing address **Mindray DS USA, Inc.**
24312 Network Place
Chicago, IL 60673
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$1,037.96**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.86 Nonpriority creditor's name and mailing address **Mizuho Orthopedic Systems**
Dept CH 16977
Palatine, IL 60055-6977
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$1,029.08**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.87 Nonpriority creditor's name and mailing address **Mobile Instruments and Repair**
333 Water Ave
Bellefontaine, OH 43311
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$1,565.46**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.88 Nonpriority creditor's name and mailing address **Morgan Scientific, Inc.**
151 Essex Street
Haverhill, MA 01832
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$519.80**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.89	Nonpriority creditor's name and mailing address OHK Medical Devices, Inc. 2885 Sanford Ave. SW # 14751 Grandville, MI 49418 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.00
3.90	Nonpriority creditor's name and mailing address Omnnicell PO Box 204650 Dallas, TX 75320-4650 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,092.96
3.91	Nonpriority creditor's name and mailing address Operation Life Saver P.O. Box 77207 Baton Rouge, LA 70879 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,350.00
3.92	Nonpriority creditor's name and mailing address Orkin, Inc. 1106 Texas Ave. Alexandria, LA 71301 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.00
3.93	Nonpriority creditor's name and mailing address Owens & Minor P.O. Box 841420 Dallas, TX 75284-1420 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,884.27
3.94	Nonpriority creditor's name and mailing address Pat Williams Construction, Inc. P.O. Box 1508 Leesville, LA 71446 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.22
3.95	Nonpriority creditor's name and mailing address Patient Focus Attn: Karen Musacchio 616 Marriott Dr., Ste. 500 Nashville, TN 37214 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,338.21

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known) _____

3.96 Nonpriority creditor's name and mailing address **Performance Medical Group**
103 Deer Tree Drive
Lafayette, LA 70507
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$14,505.52**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.97 Nonpriority creditor's name and mailing address **Phillips Medical Systems**
P.O. Box 100355
Atlanta, GA 30384
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$208.29**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.98 Nonpriority creditor's name and mailing address **Phoenix Home Medical #9377 MM**
P.O. Box 172
Leesville, LA 71446
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$361.25**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.99 Nonpriority creditor's name and mailing address **Physical Therapy Services**
301 West Fertitta, Ste. 3
Leesville, LA 71446
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$1,330.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.100 Nonpriority creditor's name and mailing address **Positive Promotions, Inc.**
P.O. Box 11537
Newark, NJ 07101-4537
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$225.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.101 Nonpriority creditor's name and mailing address **Precision Dynamics Corporation**
P.O. Box 71549
Chicago, IL 60694-1995
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$587.56**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.102 Nonpriority creditor's name and mailing address **Press Ganey Associates, Inc.**
Box 88335
Milwaukee, WI 53288-0335
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$3,776.62**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

Debtor Doctors Hospital at Deer Creek, LLC
Name

Case number (if known) _____

3.103 Nonpriority creditor's name and mailing address **Purchase Power**
PO Box 371874
Pittsburgh, PA 15250-7874
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$498.66**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.104 Nonpriority creditor's name and mailing address **Quidel Corporation**
File 50177
Los Angeles, CA 90074-0177
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$741.50**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.105 Nonpriority creditor's name and mailing address **Red Ball Oxygen**
1014 South 6th Street
Leesville, LA 71446
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$7,211.19**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.106 Nonpriority creditor's name and mailing address **Regional Radiology, LLC**
P.O. Box 2189
Chalmette, LA 70044-2189
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$56.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.107 Nonpriority creditor's name and mailing address **Relias Learning, LLC**
Dept CH 16894
Palatine, IL 60055-6894
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,040.32**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.108 Nonpriority creditor's name and mailing address **RPH Staffing Solutions**
366 LEIGH LANE
Stonewall, LA 71078
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$1,630.41**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.109 Nonpriority creditor's name and mailing address **Sabine State Bank & Trust**
P.O. Box 4512
Carol Stream, IL 60197
Date(s) debt was incurred 2010
Last 4 digits of account number 5325

As of the petition filing date, the claim is: *Check all that apply.* **\$2,081.87**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: **Visa Card - paid monthly**
Is the claim subject to offset? No Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known) _____

3.110 Nonpriority creditor's name and mailing address **Sabine State Bank& Trust**
P.O. Box 670
Many, LA 71449
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: **Guarantees of ACC Real Estate, LLC debt**
Is the claim subject to offset? No Yes

3.111 Nonpriority creditor's name and mailing address **Sayes Office Supply**
7603 Hwy 71 S
Alexandria, LA 71302
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$3,029.59**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.112 Nonpriority creditor's name and mailing address **Scanlan International**
One Scanlan Plaza
Saint Paul, MN 55107-1681
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$170.47**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.113 Nonpriority creditor's name and mailing address **Sequel Electric Supply**
3008 Broadway Ave
Alexandria, LA 71302
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$456.69**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.114 Nonpriority creditor's name and mailing address **Shred-It USA**
28883 Network Place
Chicago, IL 60673-1288
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$429.96**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.115 Nonpriority creditor's name and mailing address **Sightpath Medical, Inc.**
5775 W Old Shakopee Rd.
Minneapolis, MN 55437
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$7,396.87**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.116 Nonpriority creditor's name and mailing address **Smith & Nephew Orthopedics**
P.O. Box 951605
Dallas, TX 75395-1605
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$228,810.26**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.117	Nonpriority creditor's name and mailing address Solar Supply Inc. 2502 McRae Leesville, LA 71446 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$482.78
3.118	Nonpriority creditor's name and mailing address Southern National Life PO BOX 98044 Baton Rouge, LA 70898 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,174.19
3.119	Nonpriority creditor's name and mailing address SSI Specialty Surgical 3034 Owen Drive Antioch, TN 37013 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$610.83
3.120	Nonpriority creditor's name and mailing address Staples Inc. P.O. Box 83689 Dept LA 1368 Chicago, IL 60696 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,510.13
3.121	Nonpriority creditor's name and mailing address Starvision Satellite Technology 14425 Penrose Place, Ste. 100B Chantilly, VA 20151 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.00
3.122	Nonpriority creditor's name and mailing address Steris P.O. Box 676548 Dallas, TX 75267-6548 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,298.09
3.123	Nonpriority creditor's name and mailing address Stryker Endoscopy P.O. Box 93276 Chicago, IL 60673 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,967.88

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known) _____

3.124 Nonpriority creditor's name and mailing address **Stryker Instruments**
P.O. Box 70119
Chicago, IL 60673-0019
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$7,931.95**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.125 Nonpriority creditor's name and mailing address **Stryker Medical**
P.O. Box 93308
Chicago, IL 60673
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,181.59**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.126 Nonpriority creditor's name and mailing address **Synthes USA**
P.O. Box 8538-662
Philadelphia, PA 19171-0662
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$32,849.42**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.127 Nonpriority creditor's name and mailing address **Terminix Commercial**
P.O. Box 742592
Cincinnati, OH 45274
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$390.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.128 Nonpriority creditor's name and mailing address **The Lock Smith**
401 S 3rd Street
Leesville, LA 71446
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$27.48**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.129 Nonpriority creditor's name and mailing address **The Pathology Laboratory**
830 W Bayou Pines
Lake Charles, LA 70601
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,530.26**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

3.130 Nonpriority creditor's name and mailing address **The Woodlands Healthcare Center**
8422 Kurthwood Rd.
Leesville, LA 71446
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$19,054.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
Is the claim subject to offset? No Yes

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.131	Nonpriority creditor's name and mailing address Thermo Fisher Scientific P.O. Box 842339 Dallas, TX 75284 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.56
3.132	Nonpriority creditor's name and mailing address Tornier, Inc. P.O. Box 4631 Houston, TX 77210 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
3.133	Nonpriority creditor's name and mailing address U.S. Med-Equip. Inc. P.O. Box 41321 Houston, TX 77241 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.23
3.134	Nonpriority creditor's name and mailing address United Ad Label PO BOX 932721 Cleveland, OH 44193 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.06
3.135	Nonpriority creditor's name and mailing address UPS Lockbox 577 Carol Stream, IL 60132 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$268.85
3.136	Nonpriority creditor's name and mailing address US Dept of Heath and Human Ser Centers for Medicare & Medicaid 7500 Security Boulevard Baltimore, MD 21244 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000,000.00
3.137	Nonpriority creditor's name and mailing address Vernon Parish Chamber of Commerc PO Box 1228 Leesville, LA 71446 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$530.00

Debtor **Doctors Hospital at Deer Creek, LLC**
Name

Case number (if known)

3.138 Nonpriority creditor's name and mailing address **Wageworks, Inc.**
1100 PARK PLACE, 4TH FLOOR
San Mateo, CA 94403
Date(s) debt was incurred _
Last 4 digits of account number **3436**

As of the petition filing date, the claim is: *Check all that apply.* **\$896.40**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.139 Nonpriority creditor's name and mailing address **Wageworks, Inc.**
P.O. Box 8363
Pasadena, CA 91109
Date(s) debt was incurred _
Last 4 digits of account number **3470**

As of the petition filing date, the claim is: *Check all that apply.* **\$80.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.140 Nonpriority creditor's name and mailing address **Wal-Mart**
P O BOX 530934
Atlanta, GA 30353
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$30.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.141 Nonpriority creditor's name and mailing address **Watchguard Services**
215 ONeil Ave.
Belmont, CA 94002
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$650.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.142 Nonpriority creditor's name and mailing address **WC of Louisiana**
Leesville Hauling Division
P.O. Box 660177
Dallas, TX 75266-0177
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$2,364.11**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.143 Nonpriority creditor's name and mailing address **West Central Wholesale**
P.O. Box 657
Leesville, LA 71496
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$2,078.16**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

3.144 Nonpriority creditor's name and mailing address **Willis-Knighton**
300 Knight St., Bldg 5, Ste. 220
Community Reference Lab
Shreveport, LA 71105
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **\$17,381.87**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _
Is the claim subject to offset? No Yes

Debtor Doctors Hospital at Deer Creek, LLC
Name

Case number (if known) _____

3.145 Nonpriority creditor's name and mailing address **Wright Medical**
P.O. Box 503482
Saint Louis, MO 63150
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$4,625.87**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.146 Nonpriority creditor's name and mailing address **Zimmer**
P.O. Box 840166
Dallas, TX 75284-0166
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$4,655.24**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Office of U. S. Trustee 300 Fannin St., Suite 3196 Shreveport, LA 71101	Line <u>3.136</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	U.S. Attorney's Office Western District of LA 300 Fannin St., Ste. 3201 Shreveport, LA 71101-3120	Line <u>3.136</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	US Dept of Health and Human Svcs Chief Counsel Office of General Counsel 1200 Mail Tower Bldg, Ste 1330 Dallas, TX 75202	Line <u>3.136</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>0.00</u>
5b. Total claims from Part 2	5b. + \$ <u>8,193,624.69</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>8,193,624.69</u>

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* *Property*
 (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

**ACC Real Estate, LLC
 301 West Fertitta Blvd.
 Leesville, LA 71446**

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor *Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	ACC Real Estate, LLC	301 West Fertitta Blvd. Leesville, LA 71446	Sabine State Bank & Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Doctors Hospital at Deer Creek, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF LOUISIANA

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2018** to **Filing Date**

Operating a business
 Other _____

\$26,123,570.01

For prior year:
From **1/01/2017** to **12/31/2017**

Operating a business
 Other _____

\$46,762,925.70

For year before that:
From **1/01/2016** to **12/31/2016**

Operating a business
 Other _____

\$41,072,971.78

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. * SEE ATTACHED LIST		\$1,083,468.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Gold Weems Bruser Sues & Rundell P.O. Box 6118 Alexandria, LA 71307		10/17/2018	\$35,000.00
Email or website address _____			
Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Doctors Hospital at Deer Creek 815 S. 10th Street Leesville, LA 71446	Hospital and Surgical Services	Varies - short term admissions
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
- Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

<input type="checkbox"/> No Go to Part 10.	
<input checked="" type="checkbox"/> Yes. Fill in below:	
Name of plan One America - American United	Employer identification number of the plan EIN: G34986
Has the plan been terminated?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Castle Storage, LLC 189 Ida Stephens Rd. Leesville, LA 71446	Paul Eaves		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
----------------------------------	---	---------------------------	-----------------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number <small>Do not include Social Security number or ITIN.</small>
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
26a.1. Jeffrey Morrow 374 Horseshoe Drive Many, LA 71449	1/2013 - 6/2017
26a.2. Beauregard Memorial Hospital P.O. Box 730 Deridder, LA 70634	6/2017 - 2018

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- None

Name and address	Date of service From-To
26b.1. Jeffrey Morrow 374 Horseshoe Drive Many, LA 71449	1/2013 - 6/2017
26b.2. Lester, Miller & Wells, CPA 3600 Bayou Rapides Rd Alexandria, LA 71303	6/2015 - current

Name and address	Date of service From-To
26b.3. Beauregard Memorial Hospital P.O. Box 730 Deridder, LA 70634	6/2017 - 2018

Name and address	Date of service From-To
26b.4. Sheffield & Sheffield P.O. Box 2189 Natchitoches, LA 71457	3/2017 - current

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Doctors Hospital Deer Creek 815 S. 10th Street Leesville, LA 71446	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Bridget Johnson	2016	102,068.72
	Name and address of the person who has possession of inventory records Facility		
27.2	Clay Johnson	2017	102,647.29
	Name and address of the person who has possession of inventory records Facility		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
* SEE ATTACHED			

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

In re Doctors Hospital at Deer Creek, LLC

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) 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>35,000.00</u>
Prior to the filing of this statement I have received	\$	<u>35,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. 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.

5. In return for the above-disclosed PER HOUR FEE, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

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.

October 18, 2018

Date

/s/ Bradley L. Drell

Bradley L. Drell 24387

Signature of Attorney

Gold, Weems, Bruser, Sues & Rundell

POB 6118

Alexandria, LA 71307-6118

(318)445-6471 Fax: (318)445-6476

Name of law firm

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

In re Doctors Hospital at Deer Creek, LLC

Debtor(s)

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
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Authorized 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 October 18, 2018

Signature /s/ Dr. Gregory D. Lord
Dr. Gregory D. Lord

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

A-1 Refrigeration & AC, LLC
5220 Hwy 399
Pitkin, LA 70656

Ability Network, Inc.
P.O. Box 856015
Minneapolis, MN 55485-6015

ACA Commercial Services, LLC
P.O. Drawer 6176
Alexandria, LA 71307

ACC Real Estate, LLC
301 West Fertitta Blvd.
Leesville, LA 71446

Acumed LLC
7995 Collection Center Drive
Chicago, IL 60693

Aesculap, Inc.
P.O. Box 780426
Philadelphia, PA 19178-0426

AFLAC
1932 Wynnton Rd.
Columbus, GA 31993

AHRMM
P.O. Box 75315
Chicago, IL 60675

Alcon Laboratories, Inc.
P.O. Box 677775
Dallas, TX 75267

Alimed, Inc.
P.O. Box 9135
Dedham, MA 02027-9135

Allen Medical Systems, Inc.
100 Discovery Way
Acton, MA 01720

Allometrics
2500 Bayport Blvd.
Seabrook, TX 77586

American Proficiency Institute
DEPARTMENT 9526
PO BOX 30516
Lansing, MI 48909

American United Life Ins.
Attn Acct/Control
5761 RELIABLE PARKWAY
Chicago, IL 60686

Anderson Fire Protection
204 SUNSHINE DRIVE
Alexandria, LA 71303

Ansell Sandel Medical Solution
DEPT CH 16992
Palatine, IL 60055

Applied Medical
P.O. Box 3511
Carol Stream, IL 60132-3511

Aqua Springs
P.O. Box 235
New Llano, LA 71461

Arthrex Quest Medical
P.O. Box 403511
Atlanta, GA 30384

Aspen Surgical
3998 Reliable Pkwy
Chicago, IL 60686-0039

AT&T
POB 105262
Atlanta, GA 30348

Beauregard Daily News
P.O. Box 698
Deridder, LA 70634

Beauregard Memorial Hospital
P.O. Box 730
Deridder, LA 70634

Beckman Coulter
Dept. CH 10164
Palatine, IL 60055

Belimed Inc.
P.O. Box 602447
Charlotte, NC 28260-2447

Boston Scientific
P.O. Box 951653
Dallas, TX 75395

Bracco Diagnostics
P.O. Box 978952
Dallas, TX 75397

Bright Consulting, LLC
981 Stubbs Vinson
Monroe, LA 71203

Brown Security Systems
437 Hwy 3191
Natchitoches, LA 71457

Canon Medical Systems USA, Inc.
PO BOX 775220
Chicago, IL 60677

Cardinal Health
P.O. Box 402586
Atlanta, GA 30384-2586

Cenla Interior Supply
320 Jones Street
Pineville, LA 71360

Centurion Medical Products
PO BOX 842816
Boston, MA 02284

Cintas Corporation
P.O. Box 1472
Lake Charles, LA 70602

Concept Electronics
6243 Renoir Ave.
Baton Rouge, LA 70806

Cook Medical Inc.
22988 Network Place
Chicago, IL 60673-1229

Covidien
P.O. Box 120823
Dallas, TX 75312-0823

CPS Telepharmacy
P.O. Box 638318
Cincinnati, OH 45263-8318

CPSI / Evident
P.O. Box 850309
Mobile, AL 36695

Crothall Healthcare
13028 Collection Center Drive
Chicago, IL 60693

De Lage Landen Financial
POB 41602
Philadelphia, PA 19101-1602

Depuy Mitek Inc.
P.O. Box 406663
Atlanta, GA 30384

Depuy Synthes Sales Inc.
P.O. Box 406663
Atlanta, GA 30384

Depuy Synthes Sales Inc.
P.O. Box 32639
West Palm Beach, FL 33420-2639

DJO
P.O. Box 650777
Dallas, TX 75265

Elliott Electric Supply
PO BOX 206524
Dallas, TX 75320

Evoqua Water Technologies, LLC
28563 Network Place
Chicago, IL 60673-1285

Filpro Corp.
P.O. Box 374
West Point, PA 19486

Fisher Healthcare
P.O. Box 404705
Atlanta, GA 30384-4705

Flynn Building Specialties
P.O. Box 668
Alexandria, LA 71309

Freeman Water Treatment of MS
P.O. Drawer 1216
Clinton, MS 39060

Gachassin Law Firm
P.O. Box 80369
Lafayette, LA 70598

Gatehouse Media Louisiana
P.O. Box 698
Deridder, LA 70634

Glaukos Corporation
P.O. Box 741074
Los Angeles, CA 90074

Grainger
P.O. Box 419267
Kansas City, MO 64141-6267

Halyard Health
P.O. Box 732583
Dallas, TX 75373-2583

Healthcare Logistics
P.O. Box 25
Oklahoma City, OK 73113

Horiba ABX Inc.
P.O. Box 512936
Los Angeles, CA 90051

Hospira WorldWide Inc
75 Remittance Dr., Ste. 6136
Chicago, IL 60675-6136

HUB International Gulf South
300 Concourse Blvd., Ste. 300
Ridgeland, MS 39157

Hydrocision
267 Boston Rd., Ste. 28
North Billerica, MA 01862

Immucor, Inc.
P.O. Box 102118
Atlanta, GA 30368

Integra Pain Management
P.O. Box 100416
Atlanta, GA 30384-0416

J&J Exterminating
P.O. Box 52685
Lafayette, LA 70505-2685

Jeri Odom Cavell, Pharm
4009 Mayflower Blvd.
Alexandria, LA 71303

John Whitehead
Attorney at Law
P.O. Box 1127
Natchitoches, LA 71458-1127

Johnson & Johnsonn Healthcare
P.O. Box 406663
Atlanta, GA 30384

Kinetix Technologies
P.O. Box 8642
Alexandria, LA 71306

KLS Physics Group
124 Killgore Rd.
Ruston, LA 71270

KVVP, The Big Dog
168 KVVP Drive
Leesville, LA 71446

Labor Law Compliance Center
23855 GOSLING ROAD
Spring, TX 77389

Lake City Printing
1723 West Sale Rd.
Lake Charles, LA 70605

Land's End Inc.
P.O. Box 217
Dodgeville, WI 53533

Lane Regional Medical Center
6300 Main Street
Zachary, LA 70791

Leesville Daily Leader
P.O. Box 619
Leesville, LA 71446

Lester, Miller & Wells
P.O. Box 8758
Alexandria, LA 71306

Liebel-Flarsheim Company LLC
P.O. Box 3571
Carol Stream, IL 60132-3571

Lifeshare Blood Centers
8910 Linwood Ave
Shreveport, LA 71106

Louisiana Health Care Qty Forum
8550 UNITED PLAZA BLVD., SUITE 5
Baton Rouge, LA 70809

Mass Medical Storage
WS# 176
PO BOX 414378
Kansas City, MO 64141

McKesson
P.O. Box 740215
Cincinnati, OH 45274-0215

Medi-Dose, Inc.
Customer # 11 0015055
Lock Box 238
Jamison, PA 18929-0238

Medivators, Inc.
14605 28th Ave. North
Minneapolis, MN 55447-4822

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

Megadyne Medical Products, Inc.
11506 S South Street
Draper, UT 84020

Mindray DS USA, Inc.
24312 Network Place
Chicago, IL 60673

Mizuhosi Orthopedic Systems
Dept CH 16977
Palatine, IL 60055-6977

Mobile Instruments and Repair
333 Water Ave
Bellefontaine, OH 43311

Morgan Scientific, Inc.
151 Essex Street
Haverhill, MA 01832

Office of U. S. Trustee
300 Fannin St., Suite 3196
Shreveport, LA 71101

OHK Medical Devices, Inc.
2885 Sanford Ave. SW # 14751
Grandville, MI 49418

Omnicell
PO Box 204650
Dallas, TX 75320-4650

Operation Life Saver
P.O. Box 77207
Baton Rouge, LA 70879

Orkin, Inc.
1106 Texas Ave.
Alexandria, LA 71301

Owens & Minor
P.O. Box 841420
Dallas, TX 75284-1420

Pat Williams Construction, Inc.
P.O. Box 1508
Leesville, LA 71446

Patient Focus
Attn: Karen Musacchio
616 Marriott Dr., Ste. 500
Nashville, TN 37214

Performance Medical Group
103 Deer Tree Drive
Lafayette, LA 70507

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

Phoenix Home Medical #9377 MM
P.O. Box 172
Leesville, LA 71446

Physical Therapy Services
301 West Fertitta, Ste. 3
Leesville, LA 71446

Positive Promotions, Inc.
P.O. Box 11537
Newark, NJ 07101-4537

Precision Dynamics Corporation
P.O. Box 71549
Chicago, IL 60694-1995

Press Ganey Associates, Inc.
Box 88335
Milwaukee, WI 53288-0335

Purchase Power
PO Box 371874
Pittsburgh, PA 15250-7874

Quidel Corporation
File 50177
Los Angeles, CA 90074-0177

Red Ball Oxygen
1014 South 6th Street
Leesville, LA 71446

Regional Radiology, LLC
P.O. Box 2189
Chalmette, LA 70044-2189

Relias Learning, LLC
Dept CH 16894
Palatine, IL 60055-6894

RPH Staffing Solutions
366 LEIGH LANE
Stonewall, LA 71078

Sabine State Bank & Trust
P.O. Box 4512
Carol Stream, IL 60197

Sabine State Bank& Trust
P.O. Box 670
Many, LA 71449

Sayes Office Supply
7603 Hwy 71 S
Alexandria, LA 71302

Scanlan International
One Scanlan Plaza
Saint Paul, MN 55107-1681

Sequel Electric Supply
3008 Broadway Ave
Alexandria, LA 71302

Shred-It USA
28883 Network Place
Chicago, IL 60673-1288

Sightpath Medical, Inc.
5775 W Old Shakopee Rd.
Minneapolis, MN 55437

Smith & Nephew Orthopedics
P.O. Box 951605
Dallas, TX 75395-1605

Solar Supply Inc.
2502 McRae
Leesville, LA 71446

Southern National Life
PO BOX 98044
Baton Rouge, LA 70898

SSI Specialty Surginal
3034 Owen Drive
Antioch, TN 37013

Staples Inc.
P.O. Box 83689
Dept LA 1368
Chicago, IL 60696

Starvision Satellite Technology
14425 Penrose Place, Ste. 100B
Chantilly, VA 20151

Steris
P.O. Box 676548
Dallas, TX 75267-6548

Stryker Endoscopy
P.O. Box 93276
Chicago, IL 60673

Stryker Instruments
P.O. Box 70119
Chicago, IL 60673-0019

Stryker Medical
P.O. Box 93308
Chicago, IL 60673

Synthes USA
P.O. Box 8538-662
Philadelphia, PA 19171-0662

Terminix Commercial
P.O. Box 742592
Cincinnati, OH 45274

The Lock Smith
401 S 3rd Street
Leesville, LA 71446

The Pathology Laboratory
830 W Bayou Pines
Lake Charles, LA 70601

The Woodslands Healthcare Center
8422 Kurthwood Rd.
Leesville, LA 71446

Thermo Fisher Scientific
P.O. Box 842339
Dallas, TX 75284

Tornier, Inc.
P.O. Box 4631
Houston, TX 77210

U.S. Attorney's Office
Western District of LA
300 Fannin St., Ste. 3201
Shreveport, LA 71101-3120

U.S. Med-Equip. Inc.
P.O. Box 41321
Houston, TX 77241

United Ad Label
PO BOX 932721
Cleveland, OH 44193

UPS
Lockbox 577
Carol Stream, IL 60132

US Dept of Health and Human Svcs
Chief Counsel
Office of General Counsel
1200 Mail Tower Bldg, Ste 1330
Dallas, TX 75202

US Dept of Heath and Human Ser
Centers for Medicare & Medicaid
7500 Security Boulevard
Baltimore, MD 21244

Vernon Parish Chamber of Commerc
PO Box 1228
Leesville, LA 71446

Wageworks, Inc.
1100 PARK PLACE, 4TH FLOOR
San Mateo, CA 94403

Wageworks, Inc.
P.O. Box 8363
Pasadena, CA 91109

Wal-Mart
P O BOX 530934
Atlanta, GA 30353

Watchguard Services
215 ONeil Ave.
Belmont, CA 94002

WC of Louisiana
Leesville Hauling Division
P.O. Box 660177
Dallas, TX 75266-0177

West Central Wholesale
P.O. Box 657
Leesville, LA 71496

Willis-Knighton
300 Knight St., Bldg 5, Ste. 220
Community Reference Lab
Shreveport, LA 71105

Wright Medical
P.O. Box 503482
Saint Louis, MO 63150

Zimmer
P.O. Box 840166
Dallas, TX 75284-0166

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

In re **Doctors Hospital at Deer Creek, LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Authorized 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: **October 18, 2018**

/s/ Dr. Gregory D. Lord

Dr. Gregory D. Lord/Authorized Representative

Signer/Title

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

In re Doctors Hospital at Deer Creek, LLC

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

None [*Check if applicable*]

October 18, 2018

Date

/s/ Bradley L. Drell

Bradley L. Drell 24387

Signature of Attorney or Litigant

Counsel for Doctors Hospital at Deer Creek, LLC

Gold, Weems, Bruser, Sues & Rundell

POB 6118

Alexandria, LA 71307-6118

(318)445-6471 Fax:(318)445-6476