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Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
DISTRICT OF MARYLAND	_		
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	Center for Allergic Diseases, LLC	
2.	All other names debtor used in the last 8 years		
	Include any assumed names, trade names and <i>doing business as</i> names		
3.	Debtor's federal Employer Identification Number (EIN)	26-0708364	
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		4255 Altamont Place, Suite 202 White Plains, MD 20695	
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
		Charles	Location of principal assets, if different from principal
		County	place of business
			Number, Street, City, State & ZIP Code
5.	Debtor's website (URL)		
6.	Type of debtor	Corporation (including Limited Liability Company	y (LLC) and Limited Liability Partnership (LLP))
		Partnership (excluding LLP)	
		□ Other. Specify:	
		· · ·	

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Debt	Conton for Allergie Bi	seases, LLC		Case number (<i>it known</i>)		
7.	or <u>Center for Allergic Di</u> Name Describe debtor's business	A. Check one: Health Care Busine	Estate (as defined in 1 d in 11 U.S.C. § 101(4 ined in 11 U.S.C. § 10 (as defined in 11 U.S. lefined in 11 U.S.C. §	1 U.S.C. § 101(27A)) n 11 U.S.C. § 101(51B)) 11(44)) § 101(53A)) J.S.C. § 101(6)) 2. § 781(3))		
		Investment advisorC. NAICS (North Ameri	(as defined in 15 U.S	.C. §80b-2(a)(11)) ation System) 4-digit	ent vehicle (as defined in 15 U.S.C. §80a-3) code that best describes debtor. ics-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:			
		□ □ □ □ □ □ □ □ □ □ □	are less than \$2,56 The debtor is a sm business debtor, at statement, and fed procedure in 11 U.S A plan is being filed Acceptances of the accordance with 11 The debtor is requi Exchange Commis attachment to Volu (Official Form 201A	i6,050 (amount subje all business debtor a tach the most recent eral income tax return S.C. § 1116(1)(B). d with this petition. e plan were solicited p U.S.C. § 1126(b). red to file periodic rep sion according to § 1 <i>ntary Petition for Nor</i> and the form.	ated debts (excluding debts owed to insiders or affiliates) ct to adjustment on 4/01/19 and every 3 years after that). s defined in 11 U.S.C. § 101(51D). If the debtor is a small balance sheet, statement of operations, cash-flow n or if all of these documents do not exist, follow the prepetition from one or more classes of creditors, in ports (for example, 10K and 10Q) with the Securities and 3 or 15(d) of the Securities Exchange Act of 1934. File the <i>I-Individuals Filing for Bankruptcy under Chapter 11</i> d in the Securities Exchange Act of 1934 Rule 12b-2.	
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years? If more than 2 cases, attach a	■ No. □ Yes.		Whee	O and a second s	
	separate list.	District District		When When	Case number 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 District		When	Relationship Case number, if known	

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Deb	tor Contor for Alloratio	Disease		Case number (if known)			
090	tor Center for Allergic	Diseases, LLO	<i>,</i>		/			
11	Why is the case filed in	Check all that a	annlur					
	this district?	_						
				ipal place of business, or principal assets or for a longer part of such 180 days than				
		A bankru	ptcy case concerning de	btor's affiliate, general partner, or partners	hip is pending in this district.			
12.	Does the debtor own or	No						
	have possession of any real property or personal	□ Yes. Answ	ver below for each proper	rty that needs immediate attention. Attach	additional sheets if needed.			
	property that needs immediate attention?	Why	Why does the property need immediate attention? (Check all that apply.)					
		🗆 lt	poses or is alleged to po	se a threat of imminent and identifiable ha	zard to public health or safety.			
		W	hat is the hazard?					
		🗆 lt	needs to be physically se	ecured or protected from the weather.				
				ds or assets that could quickly deteriorate of meat, dairy, produce, or securities-related	or lose value without attention (for example,			
			-					
		-	re is the property?					
				Number, Street, City, State & ZIP Code				
		Is th	e property insured?					
		ΠN						
			Contact name					
			Phone					
	Statistical and admin	istrative inform	ation					
13.	Debtor's estimation of available funds	. Check	one:					
	available funds	Eun Fun	ds will be available for dis	stribution to unsecured creditors.				
		D Afte	r any administrative expe	enses are paid, no funds will be available to	o unsecured creditors.			
14	Estimated number of	•		□ 1.000-5.000	□ 25.001-50.000			
	creditors	■ 1-49 □ 50-99		□ 1,000-5,000 □ 5001-10,000	□ 25,001-30,000 □ 50,001-100,000			
		□ 50-99 □ 100-199		□ 10,001-25,000	☐ More than100,000			
		□ 200-999						
15.	Estimated Assets \$\$ \$\$ \$50,000 \$\$ \$50,001 - \$100,000)	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
			100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
		\$100,001 -		□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
_		□ \$500,001 -	\$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
16.	Estimated liabilities	□ \$0 - \$50,00		□ \$1,000,001 - \$10 million	🗖 \$500,000,001 - \$1 billion			
		□ \$50,001 - \$		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
		\$100,001 - 3		□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500,001 -	\$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			

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Debtor Center for Allergic	Diseases, LLC	Case number (<i>if known</i>)
Name		
Request for Relief, D	eclaration, and Signatures	
	s a serious crime. Making a false statement in connection p to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, ar	n with a bankruptcy case can result in fines up to \$500,000 or d 3571.
7. Declaration and signature of authorized representative of debtor	The debtor requests relief in accordance with the chap	ter 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 ha	ve a reasonable belief that the information is trued and correct.
	I declare under penalty of perjury that the foregoing is	true and correct.
	Executed on June 19, 2017 MM / DD / YYYY	
х	/ /s/ Sampson B. Sarpong, M.D.	Sampson B. Sarpong, M.D.
	Signature of authorized representative of debtor Title Managing Member	Printed name
8. Signature of attorney X	/s/ Brett Weiss Signature of attorney for debtor	Date June 19, 2017
	Brett Weiss Printed name	
	Chung & Press, LLC Firm name	
	6404 Ivy Lane, Suite 650 Greenbelt, MD 20770	
	Number, Street, City, State & ZIP Code	
	Contact phone (301) 924-4400 Email ac	Idress brett@BankruptcyLawMaryland.com
	02980	
	Bar number and State	

United States Bankruptcy Court District of Maryland

In re Center for Allergic Diseases, LLC Case No. Debtor(s) Case No. Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member 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: June 19, 2017

/s/ Sampson B. Sarpong, M.D. Sampson B. Sarpong, M.D./Managing Member Signer/Title

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Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346

State of Maryland Comptroller of the Currency Compliance Division, Room 409 301 West Preston Street Baltimore, MD 21201

Experian PO Box 4500 Allen, TX 75013

Chex System, Inc. Attn: Consumer Relations 7805 Hudson Road, Suite 100 Saint Paul, MN 55125

Branch Banking & Trust Company 7220 Wisconsin Avenue, 4th Floor Bethesda, MD 20814

CUO Cambridge Professional Ctr. Condo c/o Matthew J. Dyer, Esquire 5303 West Court Drive Upper Marlboro, MD 20773

Doozer Enterprises, LLC PO Box 2670 La Plata, MD 20646

Fairview Center Office Condo II, Inc. 175 Admiral Cochrane Drive, #201 Annapolis, MD 21401

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John D. Sadler, Esquire Ballard Spahr, LLP 1909 K Street, N.W., 12th Floor Washington, DC 20006

Laurel Lakes Executive Park, Inc. c/o Howard Property Management, Inc. PO Box 250 Simpsonville, MD 21150

Leon Koutsouftikis, Esq. 1889 Preston White Dr Ste 200 Reston, VA 20191-4368

Professional Media Corporation t/a Your Health Magazine 4201 Northview Drive #102 Bowie, MD 20716

Stephen P. Fitzgerald, Esquire Mudd, Mudd & Fitzgerald, PA PO Box 310 La Plata, MD 20646

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Fill in this information to identify the case:

Debtor name Center for Allergic Diseases, LLC United States Bankruptcy Court for the: DISTRICT OF MARYLAND

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

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,	Name, telephone number and email address of	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.			
including zip code	creditor contact						
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
Doozer Enterprises, LLC PO Box 2670 La Plata, MD 20646		3460 Old Washington Road, Suite 101A Waldorf, Maryland 20602		\$50,935.61	\$0.00	\$50,935.61	
Fairview Center Office Condo II, Inc. 175 Admiral Cochrane Drive, #201 Annapolis, MD 21401		3460 Old Washington Road, Suite 101A Waldorf, Maryland 20602		\$32,694.28	\$0.00	\$32,694.28	
CUO Cambridge Professional Ctr. Condo c/o Matthew J. Dyer, Esquire 5303 West Court Drive Upper Marlboro, MD 20773		3460 Old Washington Road, Suite 101A Waldorf, Maryland 20602		\$13,542.82	\$0.00	\$13,542.82	
Laurel Lakes Executive Park, Inc. c/o Howard Property Management, Inc. PO Box 250 Simpsonville, MD 21150		Collections	Contingent Unliquidated Disputed			\$6,486.47	
Professional Media Corporation t/a Your Health Magazine 4201 Northview Drive #102 Bowie, MD 20716		Advertising	Contingent Unliquidated Disputed			\$675.00	

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Debtor Center for Allergic Diseases, 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
Fairview Center Office Condo II, Inc. 175 Admiral Cochrane Drive, #201 Annapolis, MD 21401		4255 Altamont Place, Suite 202 White Plains, Maryland 20695		\$9,787.25	\$300,000.00	\$643.85

Official form 204

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United States Bankruptcy Court District of Maryland

In re Center for Allergic Diseases, 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 <u>Center for Allergic Diseases, LLC</u> 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*]

June 19, 2017

Date

/s/ Brett Weiss

Brett Weiss 02980 Signature of Attorney or Litigant Counsel for Center for Allergic Diseases, LLC Chung & Press, LLC 6404 Ivy Lane, Suite 650 Greenbelt, MD 20770 (301) 924-4400 Fax:(240) 627-4186 brett@BankruptcyLawMaryland.com