B1 (Official Form 1)(4/10)									
United States Bankruptcy Cour Eastern District of Michigan					voluntary Petition			Petition	
Name of Debtor (if individual, enter Last, First, Middle): Yax & Stec Dental Associates, PLLC			Name of Joint Debtor (Spouse) (Last, First, Middle):						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):						
FDBA Quality Dental Associates, PLLC; DBA Macomb Dental Business Management, LLC									
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete (if more than one, state all) 35-2305902			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)						
Street Address of Debtor (No. and Street, City, and State): PO Box 480336			Street Address of Joint Debtor (No. and Street, City, and State):						
New Haven, MI		ZIP Code						ZIP Code	
48048									
County of Residence or of the Principal Place of Business: Macomb				County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address): 58144 Gratiot Ste. 316			Mailin	Mailing Address of Joint Debtor (if different from street address):					
New Haven, MI	_	ZIP Code	4					ZIP Code	
Location of Principal Assets of Business Debtor		8048 iot Ave.							
(if different from street address above): Ste. 316 New Haven, MI 48048									
Type of Debtor	Nature of				_	_	tcy Code Under Wh	ich	
(Form of Organization) (Check one box)	(Check one box) ☐ Health Care Business			the Petition is Filed (Check one box)					
☐ Individual (includes Joint Debtors)	☐ Single Asset Rea	l Estate as d	efined	Chapter 7					
See Exhibit D on page 2 of this form.	in 11 U.S.C. § 10)1 (21B)		Chapter 11 of a Foreign Main Proceeding					
Corporation (includes LLC and LLP)	Stockbroker	zor		☐ Chapt					
Partnership	☐ Partnership ☐ Commodity Broker ☐ Clearing Bank							-	
Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Other			Nature of Debts (Check one box) Debts are primarily consumer debts, Debts are primarily					
	Tax-Exen (Check box,	ipt Entity if applicable)							
Debtor is a tax-exempt or under Title 26 of the Unit Code (the Internal Revenu		xempt organ the United	States	incurred by an individual primarily for			ness debts.		
Filing Fee (Check one box)	Check on	e box:		Chap	ter 11 Debto	ors		
■ Full Filing Fee attached ■ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). □ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).									
☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official			btor's aggı	tor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) ess than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).					
Filing Fee waiver requested (applicable to chapter 7 individuals only). Must				applicable boxes: an is being filed with this petition.					
attach signed application for the court's consideration. See Official Form 3B. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).									
Statistical/Administrative Information ★ □ Debtor estimates that funds will be available	** Mark H. Shapir for distribution to uns	o, Esq. Pe	43134 * itors.	***		THIS	SPACE IS FOR COURT	T USE ONLY	
■ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									
Estimated Number of Creditors			,	_	_	1			
1- <u>50</u> - <u>100</u> - <u>200</u> -	1,000- 5,001-		5,001- 0,000	50,001- 100,000	OVER 100,000				
\$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 to \$1	\$1,000,001 \$10,000,001 to \$10 to \$50	to \$100 to		\$500,000,001 to \$1 billion					
Estimated Liabilities			1	П	П	1			
\$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 to \$1	\$1,000,001 \$10,000,001 to \$10 to \$50 million million	to \$100 to		\$500,000,001 to \$1 billion	More than \$1 billion	14.15.1	O Page 1-e	f 5.	
11-000 <u>21-1110111 D</u>	oc i i ilea i	1/00/11		ioi ou T	1/U J/1T	1 7 . 10. 1	9 rage ro	· •	

B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition Yax & Stec Dental Associates, PLLC (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) ☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period

> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)). Filed 11/03/11

-Entered 11/03/11 14:15:19

after the filing of the petition.

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Voluntary Petition

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

Name of Debtor(s):

Yax & Stec Dental Associates, PLLC

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

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

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

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

 \mathbf{X}

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X /s/ Mark H. Shapiro, Esq.

Signature of Attorney for Debtor(s)

Mark H. Shapiro, Esq. P43134

Printed Name of Attorney for Debtor(s)

Steinberg Shapiro & Clark

Firm Name

25925 Telegraph Rd. Suite 203

Southfield, MI 48033-2518

shapiro@steinbergshapiro.com

Address

248-352-4700 Fax: 248-352-4488

Telephone Number

November 3, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ George Stec, DDS

Signature of Authorized Individual

George Stec, DDS

Printed Name of Authorized Individual

Shareholder

Title of Authorized Individual

November 3, 2011

Date

value of Debioi(s).

Signatures

Signature of a Foreign Representative

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

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code.

 Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

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

X

Date

Address

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

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

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

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

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United States Bankruptcy Court Eastern District of Michigan

re Yax & Stec Dental Associates, PLLC	Case No.					
	Debtor	, Chapter	11			
LIST OF	EQUITY SECURITY	' HOLDERS				
Following is the list of the Debtor's equity security h	_		f) for filing in this chapter 11 case			
Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest			
Dr. George Stec, DDS	Common	50%				
Dr. Gerald Yax, DDS	Common	50%				
DECLARATION UNDER PENALTY O	F PERJURY ON BEHAL	F OF CORPORATI	ON OR PARTNERSHIP			
I, the Shareholder of the corporation the foregoing List of Equity Security Hold						
Date	Signature /s/ George Stec, DDS					
		eorge Stec, DDS hareholder				
Penalty for making a false statement or conce	aling property: Fine of up to \$ 18 U.S.C §§ 152 and 35	-	at for up to 5 years or both.			

Barrons Dental Lab 2160 Sunnydale Blvd. Ste. B Clearwater, FL 33765

Cadent Dental Lab 640 Gotham Parkway Carlstadt, NJ 07072

ChoiceHealth Leasing PO Box 7247-0371 Philadelphia, PA 19170-0371

Dental Health Products 17966 Palatine, IL 60055-7966

Downriver Community 58144 Gratiot New Haven, MI 48048

Downriver Community Services, Inc. 58144 Gratiot New Haven, MI 48048

Randall L. Kohn, DDS, PC c/o Timothy Lozen Esq Lozen Kovar & Lozen PC 511 Fort Street, Ste 402 Port Huron, MI 48060

Occlusions Ortho Lab 52142 Van Dyke Shelby Twp., MI 48316

Richard Myrand Lab 15741 Lamont Dr. Macomb, MI 48042

Sullivan Schein Dental 10920 W Lincoln Ave W Allis, WI Dr. George Stec, DDS 58144 Gratiot, Suite 316 New Haven, MI 48048 Dr. Gerald Yax, DDS 58144 Gratiot, Suite 316