

B1 (Official Form 1)(04/13)

**United States Bankruptcy Court  
District of Minnesota**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Minnesota Center for Obesity, Metabolism &amp; Endocrinology, P.A.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>43-1991342</b>	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): <b>1185 Town Centre Drive Suite 220 Eagan, MN</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>55123-1186</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Dakota</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

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

<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
--	---

**Statistical/Administrative Information**

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

Estimated Number of Creditors

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

Estimated Assets

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

Estimated Liabilities

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

THIS SPACE IS FOR COURT USE ONLY

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s):  <b>Minnesota Center for Obesity, Metabolism &amp; Endocrinology, P.A.</b></p>
--	--

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

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

**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 with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

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

**Voluntary Petition**

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

Name of Debtor(s):  
**Minnesota Center for Obesity, Metabolism & Endocrinology, P.A.**

**Signatures**

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

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

**X** \_\_\_\_\_  
 Signature of Debtor

**X** \_\_\_\_\_  
 Signature of Joint Debtor

\_\_\_\_\_  
 Telephone Number (If not represented by attorney)

\_\_\_\_\_  
 Date

**Signature of a Foreign Representative**

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

(Check only one box.)

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

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

**X** \_\_\_\_\_  
 Signature of Foreign Representative

\_\_\_\_\_  
 Printed Name of Foreign Representative

\_\_\_\_\_  
 Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

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

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

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

\_\_\_\_\_  
 Address

**X** \_\_\_\_\_

\_\_\_\_\_  
 Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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

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

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

**Signature of Attorney\***

**X** /s/ Steven B. Nosek  
 Signature of Attorney for Debtor(s)

Steven B. Nosek 79960  
 Printed Name of Attorney for Debtor(s)

Steven B. Nosek, P.A.  
 Firm Name

Attorney at Law  
2855 Anthony Lane S, #201  
St. Anthony, MN 55418

\_\_\_\_\_  
 Address

**Email: snosek@noseklawfirm.com**

612-335-9171 Fax: 612-789-2109  
 Telephone Number

November 26, 2013  
 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/ Rebecca Gonzalez-Campoy  
 Signature of Authorized Individual

Rebecca Gonzalez-Campoy  
 Printed Name of Authorized Individual

Chief Operating Officer  
 Title of Authorized Individual

November 26, 2013  
 Date

\_\_\_\_\_  
 Date

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
District of Minnesota**

In re Minnesota Center for Obesity, Metabolism & Endocrinology, P.A.  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>AdvanceMe, Inc. 600 TownPark Lane Suite 500 Kennesaw, GA 30144</b>	<b>AdvanceMe, Inc. 600 TownPark Lane Suite 500 Kennesaw, GA 30144</b>			<b>18,000.00</b>
<b>AllScriptsMisys, LLC 24630 Network Place Chicago, IL 60673-1246</b>	<b>AllScriptsMisys, LLC 24630 Network Place Chicago, IL 60673-1246</b>			<b>11,615.18</b>
<b>BPG Grand Oak Bldg II Investor Cassidy Turley/Rebekkah Buck 860 Blue Gentian Rd #185 Eagan, MN 55121</b>	<b>BPG Grand Oak Bldg II Investor Cassidy Turley/Rebekkah Buck 860 Blue Gentian Rd #185 Eagan, MN 55121</b>	<b>Old Landlord</b>		<b>34,319.15</b>
<b>Bruce Richardson 2 Windy Hill Court Sunfish Lake, MN 55077</b>	<b>Bruce Richardson 2 Windy Hill Court Sunfish Lake, MN 55077</b>			<b>173,125.00</b>
<b>David Lanegran 140 S Wheeler Saint Paul, MN 55105</b>	<b>David Lanegran 140 S Wheeler Saint Paul, MN 55105</b>			<b>18,669.47</b>
<b>Dennis Johnson 25238 Cates Ave Eagle River, AK 99577</b>	<b>Dennis Johnson 25238 Cates Ave Eagle River, AK 99577</b>			<b>60,000.00</b>
<b>Gaughan Companies Nicole Kirk 56 East Broadway, Suite 200 Forest Lake, MN 55025</b>	<b>Gaughan Companies Nicole Kirk 56 East Broadway, Suite 200 Forest Lake, MN 55025</b>			<b>108,414.36</b>
<b>Healthcare Billing Resources 2854 Hwy 55, Suite 130 Eagan, MN 55121</b>	<b>Healthcare Billing Resources 2854 Hwy 55, Suite 130 Eagan, MN 55121</b>			<b>221,367.68</b>
<b>Healthcare ManagementResources 2854 Hwy 55, Suite 130 Eagan, MN 55121</b>	<b>Healthcare ManagementResources 2854 Hwy 55, Suite 130 Eagan, MN 55121</b>			<b>94,479.39</b>

B4 (Official Form 4) (12/07) - Cont.

In re **Minnesota Center for Obesity, Metabolism & Endocrinology, P.A.**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>John Stuebs c/o Eric Brever 2812 Anthony Lane S, #200 St. Anthony, MN 55418</b>	<b>John Stuebs c/o Eric Brever 2812 Anthony Lane S, #200 St. Anthony, MN 55418</b>			<b>8,500.00</b>
<b>Mark Kleinschmidt SPR 168 E 6th Street #4402 Saint Paul, MN 55101</b>	<b>Mark Kleinschmidt SPR 168 E 6th Street #4402 Saint Paul, MN 55101</b>			<b>8,976.87</b>
<b>Medicus 4807 Spicewood Springs Road Suite 4-100 Austin, TX 78759</b>	<b>Medicus 4807 Spicewood Springs Road Suite 4-100 Austin, TX 78759</b>			<b>11,483.00</b>
<b>Michael Kampmeyer 1 Horseshoe Lane Sunfish Lake, MN 55118</b>	<b>Michael Kampmeyer 1 Horseshoe Lane Sunfish Lake, MN 55118</b>			<b>9,500.00</b>
<b>Miller Ogidigben 805 Arbor Lane Schwenksville, PA 19473</b>	<b>Miller Ogidigben 805 Arbor Lane Schwenksville, PA 19473</b>			<b>65,000.00</b>
<b>Minnesota Revenue 551 Bankruptcy Sections PO Box 64447 Saint Paul, MN 55164</b>	<b>Minnesota Revenue 551 Bankruptcy Sections PO Box 64447 Saint Paul, MN 55164</b>	<b>Withholding Tax</b>		<b>109,771.63</b>
<b>Minnesota Revenue 551 Bankruptcy Sections PO Box 64447 Saint Paul, MN 55164</b>	<b>Minnesota Revenue 551 Bankruptcy Sections PO Box 64447 Saint Paul, MN 55164</b>	<b>Provider Tax</b>		<b>10,631.87</b>
<b>Patrick Wright 3 Island Road Saint Paul, MN 55127</b>	<b>Patrick Wright 3 Island Road Saint Paul, MN 55127</b>			<b>10,000.00</b>
<b>Peter Bretzman SPR 641 Hampshire Drive Mendota Heights, MN 55118</b>	<b>Peter Bretzman SPR 641 Hampshire Drive Mendota Heights, MN 55118</b>			<b>10,000.00</b>
<b>Ronnell Hansen SPR 1414 E Pond Road Eagan, MN 55122</b>	<b>Ronnell Hansen SPR 1414 E Pond Road Eagan, MN 55122</b>			<b>10,000.00</b>
<b>Virginia Lanegran 100 4th Avenue N, Unit 301 South Saint Paul, MN 55075</b>	<b>Virginia Lanegran 100 4th Avenue N, Unit 301 South Saint Paul, MN 55075</b>			<b>51,000.00</b>

B4 (Official Form 4) (12/07) - Cont.

In re Minnesota Center for Obesity, Metabolism & Endocrinology, P.A.

Debtor(s)

Case No. \_\_\_\_\_

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

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

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

Date November 26, 2013

Signature /s/ Rebecca Gonzalez-Campoy  
**Rebecca Gonzalez-Campoy**  
**Chief Operating Officer**

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

ADVANCEME, INC.  
600 TOWNPARK LANE  
SUITE 500  
KENNESAW GA 30144

ALLIANCE - VISA  
PO BOX 790408  
SAINT LOUIS MO 63179-0408

ALLIANCE BANK  
COLETTE N. FLAHERTY, ASST VP  
55 E 5TH STREET, #115  
SAINT PAUL MN 55101

ALLINA MEDICAL GROUP  
NW 7710  
PO BOX 9393  
MINNEAPOLIS MN 55440

ALLSCRIPTSMISYS, LLC  
24630 NETWORK PLACE  
CHICAGO IL 60673-1246

AMERICA'S PPO  
7201 W 78TH STREET  
MINNEAPOLIS MN 55439

APOTHOVAX  
320 CHESTER STREET  
SAINT PAUL MN 55107

APTCO  
PO BOX 935571  
ATLANTA GA 31193-5571

ASSURANT HEALTH  
1405 XENIUM LANE, SUITE 230  
PLYMOUTH MN 55441

BENEFIT EXTRAS  
PO BOX 1815  
BURNSVILLE MN 55337

BETTER BUSINESS BUREAU  
220 RIVER RIDGE CIR S  
BURNSVILLE MN 55337

BPG GRAND OAK BLDG II INVESTOR  
CASSIDY TURLEY/REBEKKAH BUCK  
860 BLUE GENTIAN RD #185  
EAGAN MN 55121

BPG GRAND OAK OFFICE II  
PO BOX 952843  
SAINT LOUIS MO 63195-2843

BRUCE RICHARDSON  
2 WINDY HILL COURT  
SUNFISH LAKE MN 55077

COMCAST  
9602 S 300 WEST  
SUITE B  
SANDY UT 84070

DAVID LANEGRAN  
140 S WHEELER  
SAINT PAUL MN 55105

DAVID LEE  
SPR  
2195 COMO AVENUE  
SAINT PAUL MN 55108

DAVID ORENSTEIN  
BARNES & THORNBURG, LLP  
225 S 6TH STREET #2800  
MINNEAPOLIS MN 55402

DENNIS JOHNSON  
25238 CATES AVE  
EAGLE RIVER AK 99577

ELENA POLUKHIN (TOLSTOV)  
C/OPRA RECOVERY  
1045 ROUTE 109, #105  
LINDENHURST NY 11757

G&K SERVICES  
621 OLSON MEMORIAL HWY  
MINNEAPOLIS MN 55405

GAUGHAN COMPANIES  
NICOLE KIRK  
56 EAST BROADWAY, SUITE 200  
FOREST LAKE MN 55025

GEORGE EDMONSON  
ST. PAUL RADIOLOGY  
6621 IROQUOIS TRAIL  
EDINA MN 55439

GREG HELGESON  
4243 SALEM AVE S  
ST. LOUIS PARK MN 55416

HAROLD MATTSON  
MEDICAL SERVICES  
8701 THOMAS AVENUE  
BLOOMINGTON MN 55431

HEALTHCARE BILLING RESOURCES  
2854 HWY 55, SUITE 130  
EAGAN MN 55121

HEALTHCARE MANAGEMENTRESOURCES  
2854 HWY 55, SUITE 130  
EAGAN MN 55121

HEIDI HUSER  
631 SPRUCE DRIVE  
HUDSON WI 54016

HOLOGIC, INC.  
14506 NETWORK PLACE  
CHICAGO IL 60673-1245

INTERNAL REVENUE SERVICE  
MICHAEL F. BURNS, REV. OFFICER  
6200 SHINGEL CREEK PKWY  
BROOKLYN CENTER MN 55430

IVORCOMM  
1855 ST. REGIS STREET, SUITE 2  
DDO, QUEBEC CANADA  
H9B-2M9

JACK R. CREEL & ASSOCIATES  
DIANNE GILBERT  
PO BOX 801083  
HOUSTON TX 77280-1083

JM GONZALEZ-CAMPOY  
1185 TOWN CENTRE DRIVE  
SUITE 220  
EAGAN MN 55123-1186

JOHN STUEBS  
C/O ERIC BREVER  
2812 ANTHONY LANE S, #200  
ST. ANTHONY MN 55418

LANDAUR  
2 SCIENCE ROAD  
GLENWOOD IL 60425

LETHERT, SKWIRA, SCHULTZ & CO  
170 EAST 7TH PLACE #100  
SAINT PAUL MN 55101

MARCO  
NW 7128  
PO BOX 1450  
MINNEAPOLIS MN 55485-7128

MARK KLEINSCHMIDT  
SPR  
168 E 6TH STREET #4402  
SAINT PAUL MN 55101

MCKESSON GENERAL MEDICAL  
PO BOX 371269  
PITTSBURGH PA 15250-7269

MEDICUS  
4807 SPICEWOOD SPRINGS ROAD  
SUITE 4-100  
AUSTIN TX 78759

MICHAEL KAMPMEYER  
1 HORSESHOE LANE  
SUNFISH LAKE MN 55118

MILLER OGIDIGBEN  
805 ARBOR LANE  
SCHWENKSVILLE PA 19473

MINNESOTA REVENUE  
551 BANKRUPTCY SECTIONS  
PO BOX 64447  
SAINT PAUL MN 55164

MX IMAGING  
7685 WASHINGTON AVE S  
EDINA MN 55439-2417

PATRICK WRIGHT  
3 ISLAND ROAD  
SAINT PAUL MN 55127

PETER BRETZMAN  
SPR  
641 HAMPSHIRE DRIVE  
MENDOTA HEIGHTS MN 55118

REGENCY OFFICE PRODUCTS  
8024 GLENWOOD AVENUE, #200  
RALEIGH NC 27612

RONNELL HANSEN  
SPR  
1414 E POND ROAD  
EAGAN MN 55122

SHRED-IT  
8400 - 89TH AVE N #430  
MINNEAPOLIS MN 55445

STERICYCLE  
4010 COMMERCIAL AVENUE  
NORTHBROOK IL 60062

THE HARTFORD INSURANCE  
PO BOX 660916  
DALLAS TX 75266

VIRGINIA LANEGAN  
100 4TH AVENUE N, UNIT 301  
SOUTH SAINT PAUL MN 55075

**United States Bankruptcy Court  
District of Minnesota**

In re Minnesota Center for Obesity, Metabolism & Endocrinology, P.A.  
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 Minnesota Center for Obesity, Metabolism & Endocrinology, P.A. 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*]

November 26, 2013  
Date

/s/ Steven B. Nosek  
**Steven B. Nosek 79960**  
Signature of Attorney or Litigant  
Counsel for **Minnesota Center for Obesity, Metabolism & Endocrinology,  
P.A.**  
**Steven B. Nosek, P.A.**  
**Attorney at Law**  
**2855 Anthony Lane S, #201**  
**St. Anthony, MN 55418**  
**612-335-9171 Fax:612-789-2109**  
**snosek@noseklawfirm.com**