

B1 (Official Form 1)(04/13)

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): University Hematology Oncology, Inc	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): FDBA University Hematology Oncology Group, Inc.	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) 43-1201239	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): 2325 Dougherty Ferry Road Suite 204 Saint Louis, MO	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 63122	ZIP Code
County of Residence or of the Principal Place of Business: Saint Louis	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

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

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

<p style="text-align: center;">Filing Fee (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><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.</p> <p><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p style="text-align: center;">Chapter 11 Debtors</p> <p>Check one box:</p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p>Check if:</p> <p><input checked="" 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).</p> <p>Check all applicable boxes:</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><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).</p>
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Statistical/Administrative Information

Debtor estimates that funds will be available for distribution to unsecured creditors.

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

Estimated Number of Creditors									
<input checked="" type="checkbox"/> 1-49	<input 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 checked="" 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 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 \$50 million	<input type="checkbox"/> \$10,000,001 to \$100 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

Voluntary Petition

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

Name of Debtor(s):
University Hematology Oncology, Inc

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

Location Where Filed: - None -	Case Number:	Date Filed:
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Location Where Filed:	Case Number:	Date Filed:
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Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
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District:	Relationship:	Judge:
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Exhibit A

(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.)

Exhibit A is attached and made a part of this petition.

Exhibit B

(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 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).

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 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):

University Hematology Oncology, Inc

Signatures

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

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

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

X _____
 Signature of Debtor

X _____
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

 Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Attorney*

X /s/ Tracy A. Brown
 Signature of Attorney for Debtor(s)

Tracy A. Brown #47074MO
 Printed Name of Attorney for Debtor(s)

Law Office of Tracy A. Brown, PC
 Firm Name

1034 S. Brentwood Blvd., Suite 1830
St. Louis, MO 63117-1284

 Address

Email: tbrownfirm@bktab.com

314-644-0303 Fax: 314-644-0333

 Telephone Number

May 29, 2014

 Date

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

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

 Address

X _____

 Date

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

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

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

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

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ Dr. Shabbir H. Safdar
 Signature of Authorized Individual

Dr. Shabbir H. Safdar
 Printed Name of Authorized Individual

President

 Title of Authorized Individual

May 29, 2014

 Date

B4 (Official Form 4) (12/07)

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

In re University Hematology Oncology, Inc
Debtor(s)

Case No. _____
Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
American Express PO Box 297817 Fort Lauderdale, FL 33329-7817	American Express PO Box 297817 Fort Lauderdale, FL 33329-7817 800-528-2122	Credit card purchases		109,000.00
Anda 2915 Weston Road Fort Lauderdale, FL 33331	Charles White Anda 2915 Weston Road Fort Lauderdale, FL 33331 800-441-9550			3,150.00
Beckman Coulter <input type="checkbox"/> 250 South Kraemer Boulevard Brea, CA 92821-6232	Beckman Coulter <input type="checkbox"/> 250 South Kraemer Boulevard Brea, CA 92821-6232	Coulter Counter	Disputed	14,500.00 (10,000.00 secured)
Cardinal Specialty Attn: Mollie Turner 7000 Cardinal Place Dublin, OH 43017	Mollie Turner Cardinal Specialty Attn: Mollie Turner 7000 Cardinal Place Dublin, OH 43017 614-822-4265			33,000.00
Citi PO Box 6235 Sioux Falls, SD 57117-6235	Citi PO Box 6235 Sioux Falls, SD 57117-6235 800-732-6000	Credit card purchases		50,000.00
Da Lage Landon <input type="checkbox"/> 1111 Old Eagle School Road Wayne, PA 19087-1453	Da Lage Landon <input type="checkbox"/> 1111 Old Eagle School Road Wayne, PA 19087-1453 866-757-7243		Disputed	2,500.00
Health Coalition Attn: Walter Shikany III 8320 NW 30th Terrace Miami, FL 33122-1915	Walter Shikany III Health Coalition Attn: Walter Shikany III 8320 NW 30th Terrace Miami, FL 33122-1915 800-451-7283	Drug Vendor		15,000.00
Henry Schein Dept CH 10560 Palatine, IL 60055-0560	Henry Schein Dept CH 10560 Palatine, IL 60055-0560 800-472-4346			4,000.00

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

In re University Hematology Oncology, Inc

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Iron Mountain PO Box 27128 New York, NY 10087-7128	Iron Mountain PO Box 27128 New York, NY 10087-7128 866-879-5450			9,500.00
McKesson Specialty Health 401 Mason Road La Vergne, TN 37086	Erin Abernathy McKesson Specialty Health 401 Mason Road La Vergne, TN 37086 800-428-6700			750,000.00
Metro Medical Supply c/o Stites & Harbison, PLLC 401 Commerce Street Suite 800 Nashville, TN 37219-2490	Metro Medical Supply c/o Stites & Harbison, PLLC 401 Commerce Street Nashville, TN 37219-2490	Civil Judgment		109,078.04
Michael Stern 7424 Fourth Street NW Albuquerque, NM 87107	Michael Stern 7424 Fourth Street NW Albuquerque, NM 87107 503-938-9140	Professional Services		12,500.00
One Source Water Doug Pendley 1572 South Mahaffie Circle Olathe, KS 66062-3432	Doug Pendley One Source Water Doug Pendley 1572 South Mahaffie Circle Olathe, KS 66062-3432 913-438-7873			1,500.00
Raymond Smith 98 Yorkshire Lane Saint Louis, MO 63144	David Slavkin, Attorney Raymond Smith 98 Yorkshire Lane Saint Louis, MO 63144 314-259-2000	Civil Judgment		105,000.00
S&S 13222 Arbor Bluff Circle Ballwin, MO 63021	S&S 13222 Arbor Bluff Circle Ballwin, MO 63021 314-369-7679			30,000.00
Ted Frappolli 275 North Lindbergh Suite F Saint Louis, MO 63141	Ted Frappolli 275 North Lindbergh Suite F Saint Louis, MO 63141 314-993-4261	Professional Services		19,650.00
The Law Offices of Brian T. Boyd 750 Old Hickory Blvd Building 2, Suite 150 Brentwood, TN 37027	Brian Boyd The Law Offices of Brian T. Boyd 750 Old Hickory Blvd Building 2, Suite 150 Brentwood, TN 37027 615-371-6119	Professional Services		6,800.00

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

In re University Hematology Oncology, Inc
Debtor(s)

Case No. _____

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

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Theracom 3735 Glen Lake Drive Charlotte, NC 28208	Paul J. Buckwalter Theracom 3735 Glen Lake Drive Charlotte, NC 28208 877-444-4655 x7144			125,000.00
Thomas Barnhart Kiefer Bonfanti & Co, LLP 701 Emerson Rd Suite 201 Saint Louis, MO 63141	Thomas Barnhart Kiefer Bonfanti & Co, LLP 701 Emerson Rd Saint Louis, MO 63141	Professional Services		20,000.00

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

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

Date May 29, 2014

Signature /s/ Dr. Shabbir H. Safdar
Dr. Shabbir H. Safdar
President

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

Missouri Department of Revenue
P.O. Box 385
Jefferson City, MO 65105

IRS
PO Box 21126
Philadelphia, PA 19114-0326

American Express
PO Box 297817
Fort Lauderdale, FL 33329-7817

Anda
2915 Weston Road
Fort Lauderdale, FL 33331

Beckman Coulter□□
250 South Kraemer Boulevard
Brea, CA 92821-6232

Betty Bollmeier
Phoenix Management
6141 Highbanks Road
Mascoutah, IL 62258

Cardinal Specialty
Attn: Mollie Turner
7000 Cardinal Place
Dublin, OH 43017

Citi
PO Box 6235
Sioux Falls, SD 57117-6235

Da Lage Landon□□
1111 Old Eagle School Road
Wayne, PA 19087-1453

David Slavkin
Bryan Cave LLP
211 N Broadway #3600
Saint Louis, MO 63102

Health Coalition
Attn: Walter Shikany III
8320 NW 30th Terrace
Miami, FL 33122-1915

Henry Schein
Dept CH 10560
Palatine, IL 60055-0560

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Iron Mountain
PO Box 27128
New York, NY 10087-7128

Johnson, Morgan, & White
6800 Broken Sound Parkway
Suite 201
Boca Raton, FL 33487

Kramer & Frank
9300 Dielman Ind Drive, Suite 100
Saint Louis, MO 63132

McKesson Specialty Health
401 Mason Road
La Vergne, TN 37086

Metro Medical Supply
c/o Stites & Harbison, PLLC
401 Commerce Street
Suite 800
Nashville, TN 37219-2490

Metro Medical Supply
1911 Church St
Nashville, TN 37203

Michael Stern
7424 Fourth Street NW
Albuquerque, NM 87107

Naheed Safdar
13222 Hawkshead Ct
Saint Louis, MO 63131

One Source Water
Doug Pendley
1572 South Mahaffie Circle
Olathe, KS 66062-3432

One Source Water
Poh Wong
16 New England Exec Park
Suite 200
Burlington, MA 01803

Paul J. Buckwalter
Law Offices of Joel Cardis
2006 Swede Rd
Norristown, PA 19401

Paychex
911 Panorama Trail
Rochester, NY 14625-0397

Raymond Smith
98 Yorkshire Lane
Saint Louis, MO 63144

Ricoh
Attn: Lynn Gatto
16253 Swingley Ridge Road
Chesterfield, MO 63017

Robert Bernstein
707 Grant St
#2200
Pittsburgh, PA 15219

S&S
13222 Arbor Bluff Circle
Ballwin, MO 63021

Sage Capital Recovery
1040 Kings Hwy N.
Cherry Hill, NJ 08034

Shabbir Safdar
13222 Hawkshead Ct
Saint Louis, MO 63131

St. Mary's Hospital
400 N Pleasant Ave
Centralia, IL 62801

Ted Frappolli
275 North Lindbergh
Suite F
Saint Louis, MO 63141

The Law Offices of Brian T. Boyd
750 Old Hickory Blvd
Building 2, Suite 150
Brentwood, TN 37027

Theracom
3735 Glen Lake Drive
Charlotte, NC 28208

Thomas Barnhart
Kiefer Bonfanti & Co, LLP
701 Emerson Rd
Suite 201
Saint Louis, MO 63141

Thomas Benedick
1004 S. Lincoln Ave., Suite 12
O Fallon, IL 62269

Tonya Carter
Caldwell Realty
603 S. Westwood Blvd
Poplar Bluff, MO 63901

Windrose St. Louis I Properties, LLC
1220 Olive Street
Suite 250
Saint Louis, MO 63103

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

In re University Hematology Oncology, Inc

Debtor(s)

Case No. _____
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

None [*Check if applicable*]

May 29, 2014

Date

/s/ Tracy A. Brown

Tracy A. Brown #47074MO

Signature of Attorney or Litigant

Counsel for University Hematology Oncology, Inc

Law Office of Tracy A. Brown, PC

1034 S. Brentwood Blvd., Suite 1830

St. Louis, MO 63117-1284

314-644-0303 Fax:314-644-0333

tbrownfirm@bktab.com