

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
Southern District of Mississippi**

In re Prevalence Health, LLC

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>A &amp; I Solutions, LLC 100 S 4th Ave Unit #3 Eldridge, IA 52748</b>	<b>A &amp; I Solutions, LLC 100 S 4th Ave Unit #3 Eldridge, IA 52748</b>			<b>265,000.00</b>
<b>Agency for Healthcare Adm. Medicaid Accts Receivable P. O. Box 13749 Tallahassee, FL 32317-3749</b>	<b>Agency for Healthcare Adm. Medicaid Accts Receivable P. O. Box 13749 Tallahassee, FL 32317-3749</b>		<b>Disputed</b>	<b>105,000.00</b>
<b>AmerisourceBergen Drug Corp. P. O. Box 430477 Atlanta, GA 30353-0477</b>	<b>AmerisourceBergen Drug Corp. P. O. Box 430477 Atlanta, GA 30353-0477</b>		<b>Disputed</b>	<b>2,799,465.00 (0.00 secured)</b>
<b>Anda P.O. Box 930219 Atlanta, GA 31193-0219</b>	<b>Anda P.O. Box 930219 Atlanta, GA 31193-0219</b>			<b>42,694.42</b>
<b>Bayer Healthcare LLC P.O. Box 650512 Dallas, TX 75265</b>	<b>Bayer Healthcare LLC P.O. Box 650512 Dallas, TX 75265</b>			<b>33,365.72</b>
<b>BKD, LLP P.O. Box 23027 Jackson, MS 39225-3027</b>	<b>BKD, LLP P.O. Box 23027 Jackson, MS 39225-3027</b>			<b>7,395.70</b>
<b>Clark Akers 635 Park Hill Nashville, TN 37205</b>	<b>Clark Akers 635 Park Hill Nashville, TN 37205</b>			<b>58,500.00</b>
<b>DDP Medical Supply &amp; Diamond Diabetic Products 11800 28th St. Saint Petersburg, FL 33716</b>	<b>DDP Medical Supply &amp; Diamond Diabetic Products 11800 28th St. Saint Petersburg, FL 33716</b>			<b>13,921.00</b>
<b>FedEx P.O. Box 660481 Dallas, TX 75266-0481</b>	<b>FedEx P.O. Box 660481 Dallas, TX 75266-0481</b>			<b>7,306.12</b>
<b>First Commercial Bank 1300 Meadowbrook Road Jackson, MS 39211</b>	<b>First Commercial Bank 1300 Meadowbrook Road Jackson, MS 39211</b>			<b>1,500,000.00</b>
<b>Gary Brandon 2304 Candlewood Dr. Franklin, TN 37069</b>	<b>Gary Brandon 2304 Candlewood Dr. Franklin, TN 37069</b>			<b>5,000.00</b>

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

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(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>
Hamilton Partners 300 Park Blvd. Suite 500 Itasca, IL 60143	Hamilton Partners 300 Park Blvd. Suite 500 Itasca, IL 60143			93,421.57
Home Diagnostics, Inc. P.O. Box 863212 Orlando, FL 32886-3212	Home Diagnostics, Inc. P.O. Box 863212 Orlando, FL 32886-3212			31,432.00
Intechra, LLC 4270 I-55 N Suite 101 Jackson, MS 39211	Intechra, LLC 4270 I-55 N Suite 101 Jackson, MS 39211			5,500.00
Machost Road LLC 728 Highlandia Dr Ste A Baton Rouge, LA 70810	Machost Road LLC 728 Highlandia Dr Ste A Baton Rouge, LA 70810			9,337.50
Miss. Division of Medicaid 550 High Street Suite 1000 Jackson, MS 39201-1399	Miss. Division of Medicaid 550 High Street Suite 1000 Jackson, MS 39201-1399		Disputed	155,000.00
Pitney Bowes Global Fin. P.O. Box 856460 Louisville, KY 40285-6460	Pitney Bowes Global Fin. P.O. Box 856460 Louisville, KY 40285-6460			6,432.08
UPS Lockbox 577 Carol Stream, IL 60132-0577	UPS Lockbox 577 Carol Stream, IL 60132-0577			49,366.99
Williams Montgomery & John 20 North Wacker Drive Chicago, IL 60606	Williams Montgomery & John 20 North Wacker Drive Chicago, IL 60606			41,988.61
Young Williams P.A. P.O. Box 23059 Jackson, MS 39225-3059	Young Williams P.A. P.O. Box 23059 Jackson, MS 39225-3059			43,782.85

**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 June 9, 2009

Signature /s/ Michael L. Anthony

**Michael L. Anthony**  
**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.