

## B1 (Official Form 1) (04/13)

<b>United States Bankruptcy Court Eastern District of North Carolina</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>E. Brooks Wilkins Family Medicine, 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>45-0463454</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): <b>4020 Wake Forest Rd. Suite 201 Raleigh, NC 27609</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">ZIP CODE <b>27609-0000</b></div>		Street Address of Joint Debtor (No. & Street, City, and State): <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">ZIP CODE</div>
County of Residence or of the Principal Place of Business: <b>Wake</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">ZIP CODE</div>		Mailing Address of Joint Debtor (if different from street address): <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">ZIP CODE</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> 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 <b>one</b> 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 <b>one</b> box)  <div style="display: flex; justify-content: space-between;"> <div> <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         </div> <div> <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         </div> </div>
<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 <b>one</b> box)  <div style="display: flex; justify-content: space-between;"> <div> <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."         </div> <div> <input checked="" type="checkbox"/> Debts are primarily business debts.         </div> </div>
<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>Check one box: Chapter 11 Debtors</b>  <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). <b>Check if:</b> <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). <hr style="width: 20%; margin: 5px 0;"/> <b>Check all applicable boxes:</b> <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).
<b>Statistical/Administrative Information</b>  <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  <b>Estimated Number of Creditors</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1-49</div> <div><input checked="" type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div> <b>Estimated Assets</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input checked="" type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div> <b>Estimated Liabilities</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input checked="" type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>E. Brooks Wilkins Family Medicine, P.A.</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>- None -</b>		Case Number:	
Location Where Filed:		Date Filed:	
Case Number:		Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)			
Name of Debtor: <b>Ezra Brooks Wilkins</b>		Case Number: <b>12-08149</b>	
District: <b>Eastern District of North Carolina - Raleigh Division</b>		Date Filed: <b>11/15/12</b>	
Relationship: <b>President</b>		Judge: <b>Stephani W. Humrickhouse</b>	
<b>Exhibit A</b>  (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.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</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). X _____ Signature of Attorney for Debtor(s) (Date)	
<b>Exhibit C</b>			
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? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> 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.			
<input checked="" type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> 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.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="margin-left: 40px;">         _____          (Name of landlord that obtained judgment)       </div> <div style="margin-left: 40px;">         _____          (Address of landlord)       </div>			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>E. Brooks Wilkins Family Medicine, P.A.</b>
<b>Signatures</b>	
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>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.</p> <p>[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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____          Signature of Debtor</p> <p><b>X</b> _____          Signature of Joint Debtor</p> <p>_____          Telephone Number (If not represented by attorney)</p> <p>_____          Date</p>	<p style="text-align: center;"><b>Signature of a Foreign Representative</b></p> <p>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.</p> <p>(Check only <b>one</b> box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><b>X</b> _____          (Signature of Foreign Representative)</p> <p>_____          (Printed Name of Foreign Representative)</p> <p>_____          Date</p>
<p style="text-align: center;"><b>Signature of Attorney*</b></p> <p><b>X</b> _____          Signature of Attorney for Debtor(s)  <b>James C. White 31859</b>          Printed Name of Attorney for Debtor(s)  <b>Law Office of James C. White, PC</b>          Firm Name  <b>4819 Emperor Blvd., Suite 400</b>  <b>Durham, NC 27703</b>          Address  <b>Email: jimwhite@jcwhitelaw.com</b>  <b>919-246-4676 Fax: 919-246-9113</b>          Telephone Number</p> <p>_____          Date</p> <p><small>*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.</small></p>	<p style="text-align: center;"><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>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.</p> <p>_____          Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____          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.)</p> <p>_____          Address</p> <p><b>X</b> _____          Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>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</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>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.</small></p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> <b>/s/ Ezra Brooks Wilkins, MD</b>          Signature of Authorized Individual  <b>Ezra Brooks Wilkins, MD</b>          Printed Name of Authorized Individual  <b>President</b>          Title of Authorized Individual  <b>08/19/2015</b>          Date</p>	

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Eastern District of North Carolina**

In re **E. Brooks Wilkins Family Medicine, 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) <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>
<b>Allscripts Attn: Managing Agent 8529 Six Forks Rd. Raleigh, NC 27615</b>	<b>Allscripts Attn: Managing Agent 8529 Six Forks Rd. Raleigh, NC 27615</b>	<b>Trade Debt</b>		<b>12,685.14</b>
<b>American Academy of Family Physicians Attn: Managing Agent 11400 Tomahawk Creek Pkwy. Leawood, KS 66211</b>	<b>American Academy of Family Physicians Attn: Managing Agent 11400 Tomahawk Creek Pkwy. Leawood, KS 66211</b>	<b>Trade Debt</b>		<b>130.00</b>
<b>Atcom Attn: Managing Agent PO Box 13476 Research Triangle Park, NC 27709</b>	<b>Atcom Attn: Managing Agent PO Box 13476 Research Triangle Park, NC 27709</b>	<b>Trade Debt</b>		<b>480.00</b>
<b>Blue Cross Blue Shield of NC Attn: Managing Agent PO Box 2291 Durham, NC 27702</b>	<b>Blue Cross Blue Shield of NC Attn: Managing Agent PO Box 2291 Durham, NC 27702</b>	<b>Health Insurance</b>		<b>12,000.00</b>
<b>CEI Attn: Managing Agent 8701 Brickell Ave. Raleigh, NC 27675</b>	<b>CEI Attn: Managing Agent 8701 Brickell Ave. Raleigh, NC 27675</b>	<b>Trade Debt</b>		<b>657.58</b>
<b>Cleveland Heart Lab Attn: Managing Agent 6701 Carnegie Ave. Suite 500 Cleveland, OH 44103</b>	<b>Cleveland Heart Lab Attn: Managing Agent 6701 Carnegie Ave. Suite 500 Cleveland, OH 44103</b>	<b>Trade Debt</b>		<b>10,210.27</b>
<b>Henry Schein Attn: Managing Agent 135 Duryea Rd. Melville, NY 11747</b>	<b>Henry Schein Attn: Managing Agent 135 Duryea Rd. Melville, NY 11747</b>	<b>Trade Debt</b>		<b>245.96</b>
<b>HTA - Raleigh, LLC Attn: Managing Agent 16435 N. Scottsdale Rd. Suite 320</b>	<b>HTA - Raleigh, LLC Attn: Managing Agent 16435 N. Scottsdale Rd. Suite 320 Scottsdale, AZ 85254</b>	<b>Trade Debt</b>		<b>250,000.00</b>

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

In re E. Brooks Wilkins Family Medicine, P.A.

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>
<b>Scottsdale, AZ 85254</b>				
<b>Janco, LLC c/o RCMS Attn: Managing Agent 4020 Wake Forest Rd. Suite 111 Raleigh, NC 27609</b>	<b>Janco, LLC c/o RCMS Attn: Managing Agent Raleigh, NC 27609</b>	<b>Trade Debt</b>		<b>19,021.54</b>
<b>Jimmy's Mini Storage Attn: Managing Agent 4412 Delta Lake Dr. Raleigh, NC 27612</b>	<b>Jimmy's Mini Storage Attn: Managing Agent 4412 Delta Lake Dr. Raleigh, NC 27612</b>	<b>Trade Debt</b>		<b>194.00</b>
<b>North Carolina Medical Society Alliance Attn: Managing Agent PO Box 27167 Raleigh, NC 27611</b>	<b>North Carolina Medical Society Alliance Attn: Managing Agent PO Box 27167 Raleigh, NC 27611</b>	<b>Trade Debt</b>		<b>130.00</b>
<b>Pitney Bowes Attn: Managing Agent PO Box 371887 Pittsburgh, PA 15250</b>	<b>Pitney Bowes Attn: Managing Agent PO Box 371887 Pittsburgh, PA 15250</b>	<b>Trade Debt</b>		<b>286.90</b>
<b>Primepay, LLC Attn: Managing Agent 4505 Falls of Neuse Rd. Suite 300 Raleigh, NC 27609</b>	<b>Primepay, LLC Attn: Managing Agent 4505 Falls of Neuse Rd. Suite 300 Raleigh, NC 27609</b>	<b>Trade Debt</b>		<b>322.08</b>
<b>Sam's Club/Synchrony Bank Attn: Managing Agent PO Box 530981 Atlanta, GA 30353</b>	<b>Sam's Club/Synchrony Bank Attn: Managing Agent PO Box 530981 Atlanta, GA 30353</b>	<b>Trade Debt</b>		<b>189.00</b>
<b>Solstas Lab Partners Attn: Managing Agent PO Box 751337 Charlotte, NC 28275</b>	<b>Solstas Lab Partners Attn: Managing Agent PO Box 751337 Charlotte, NC 28275</b>	<b>Trade Debt</b>		<b>2,173.66</b>
<b>Stericycle Attn: Managing Agent PO Box 6582 Carol Stream, IL 60197</b>	<b>Stericycle Attn: Managing Agent PO Box 6582 Carol Stream, IL 60197</b>	<b>Trade Debt</b>		<b>310.02</b>
<b>TarHeel Physicians Supply Attn: Managing Agent PO Box 3516 Wilmington, NC 28406</b>	<b>TarHeel Physicians Supply Attn: Managing Agent PO Box 3516 Wilmington, NC 28406</b>	<b>Trade Debt</b>		<b>2,101.30</b>
<b>WakeMed c/o Donald Gintzig, Registered Agent PO Box 14465 Raleigh, NC 27620</b>	<b>WakeMed c/o Donald Gintzig, Registered Agent PO Box 14465 Raleigh, NC 27620</b>	<b>Wake County Judgment 12-CVS-17050</b>		<b>208,666.26</b>

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

In re E. Brooks Wilkins Family Medicine, P.A.  
Debtor(s)

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

**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>WebHost4Life</b> <b>Attn: Managing Agent</b> <b>10 Corporate Dr. Suite 300</b> <b>Burlington, MA 01803</b>	<b>WebHost4Life</b> <b>Attn: Managing Agent</b> <b>10 Corporate Dr. Suite 300</b> <b>Burlington, MA 01803</b>	<b>Trade Debt</b>		<b>250.00</b>
<b>Windstream</b> <b>Attn: Managing Agent</b> <b>PO Box 3177</b> <b>Cedar Rapids, IA 52406</b>	<b>Windstream</b> <b>Attn: Managing Agent</b> <b>PO Box 3177</b> <b>Cedar Rapids, IA 52406</b>	<b>Trade Debt</b>		<b>402.05</b>

**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 August 19, 2015Signature /s/ Ezra Brooks Wilkins, MD  
**Ezra Brooks Wilkins, MD**  
**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.

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **E. Brooks Wilkins Family Medicine, P.A.**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) 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
<b>Ezra Brooks Wilkins, MD 6204 Gainsborough Dr. Raleigh, NC 27612</b>			<b>100% owner</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF 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 of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **August 19, 2015**Signature **/s/ Ezra Brooks Wilkins, MD  
Ezra Brooks Wilkins, MD**

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

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **E. Brooks Wilkins Family Medicine, P.A.**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President 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: **August 19, 2015**

**/s/ Ezra Brooks Wilkins, MD**

**Ezra Brooks Wilkins, MD/President**

Signer/Title



ADT, LLC  
Attn: Managing Agent  
2700 Perimeter Park  
Morrisville, NC 27560

Airgas National Welders  
Attn: Managing Agent  
PO Box 9249  
Marietta, GA 30065

Allscripts  
Attn: Managing Agent  
8529 Six Forks Rd.  
Raleigh, NC 27615

American Academy of Family Physicians  
Attn: Managing Agent  
11400 Tomahawk Creek Pkwy.  
Leawood, KS 66211

Ann Anderson  
108 Olde Orange Factory Rd.  
Bahama, NC 27503

April Risinger  
1506 Pineview St.  
Raleigh, NC 27608

AT&T  
Attn: Managing Agent  
PO Box 10522  
Atlanta, GA 30348

Atcom  
Attn: Managing Agent  
PO Box 13476  
Research Triangle Park, NC 27709

Blue Cross Blue Shield of NC  
Attn: Managing Agent  
PO Box 2291  
Durham, NC 27702

Brent Goodwin  
2605 Denbigh Ct.  
Raleigh, NC 27604

Brian Stearns  
205 Echo Hills Ct.  
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**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **E. Brooks Wilkins Family Medicine, 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 **E. Brooks Wilkins Family Medicine, 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:

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☒ None [*Check if applicable*]

**August 19, 2015**

Date

**/s/ James C. White**

**James C. White 31859**

Signature of Attorney or Litigant

Counsel for **E. Brooks Wilkins Family Medicine, P.A.**

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