

United States Bankruptcy Court
MIDDLE District of NORTH CAROLINA

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):
Shallowford Family Medical Center, Inc.,
a Sub Chapter S Corporation
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):
NONE
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. No./Complete EIN or other Tax I.D. No.
(if more than one, state all): 14-1858318
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No.
(if more than one, state all):

Street Address of Debtor (No. & Street, City, and State):
3641-A Westgate Center Circle
Winston-Salem NC
Street Address of Joint Debtor (No. & Street, City, and State):
ZIPCODE 27103 ZIPCODE

County of Residence or of the
Principal Place of Business: Forsyth
County of Residence or of the
Principal Place of Business:

Mailing Address of Debtor (if different from street address):
SAME
Mailing Address of Joint Debtor (if different from street address):
ZIPCODE ZIPCODE

Location of Principal Assets of Business Debtor
(If different from street address above): SAME
ZIPCODE

Type of Debtor (Form of organization)
(Check one box.)
Individual (includes Joint Debtors)
Corporation (includes LLC and LLP)
Partnership
Other (if debtor is not one of the above entities, check this box and provide the information requested below.)
State type of entity:
Nature of Business
(Check all applicable boxes.)
Health Care Business
Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
Railroad
Stockbroker
Commodity Broker
Clearing Bank
Nonprofit Organization qualified under 11 U.S.C. § 501(3)(c).
Chapter or Section of Bankruptcy Code Under Which the Petition is Filed
(Check one box)
Chapter 7 Chapter 11 Chapter 15 Petition for Recognition of a Foreign Main Proceeding
Chapter 9 Chapter 12 Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 13
Nature of Debts
(Check one box)
Consumer/Non-Business Business
Chapter 11 Debtors:
Check one box:
Debtor is a small business 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).
Check if:
Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.

Filing Fee (Check one box)
Full Filing Fee attached
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 No. 3A.
Filing fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.
Check one box:
Debtor is a small business 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).
Check if:
Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.

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
Estimated Assets
Estimated Debts
THIS SPACE IS FOR COURT USE ONLY

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

Name of Debtor(s):
Shallowford Family Medical Center, Inc.,
a Sub Chapter S Corporation

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 §342(b) of the Bankruptcy Code.

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 documentation required by § 1515 of title 11 are attached.

Pursuant to § 1511 of title 11, United States Code, 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 proceeding is attached.

X _____
 (Signature of Foreign Representative)

 (Printed name of Foreign Representative)

 (Date)

Signature of Attorney

X /s/ Robert E. Price, Jr.
 Signature of Attorney for Debtor(s)

Robert E. Price, Jr. 9422
 Printed Name of Attorney for Debtor(s)

Price Law Office
 Firm Name

1144 West Fourth Street
 Address

Winston-Salem NC 27101

336.724.7030
 Telephone Number

 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 19B 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, principle, 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:

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/ Graham H. Erlacher, Jr., MD
 Signature of Authorized Individual

Graham H. Erlacher, Jr., MD
 Printed Name of Authorized Individual

President
 Title of Authorized Individual

 Date

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; Required by 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF NORTH CAROLINA
WINSTON-SALEM DIVISION**

In re *Shallowford Family Medical Center, Inc.*,
a Sub Chapter S Corporation

Case No.
Chapter 11

_____ / Debtor

Exhibit "A" to Voluntary Petition

(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 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.)

1. If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file number is _____.			
2. The following financial data is the latest available information and refers to the debtor's condition on _____.			
a. Total assets		\$	0.00
b. Total debts (including debts listed in 2.c., below)		\$	369,965.02
c. Debt securities held by more than 500 holders.			
<u>Debt Issue</u>	<u>Type</u>	<u>Total \$ Amount Outstanding</u>	<u>Approximate Number of Holders</u>
		\$	
		\$	
		\$	
		\$	
		\$	
d. Number of shares of preferred stock			
e. Number of shares of common stock			
Comments, if any:			
3. Brief description of debtor's business:			
4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of the debtor:			