(Official Form 1) (10/05) West Group, Roch	nester, NY					•	
	United States Ba					Voluntary	Petition
	MIDDLE District	of NORTH	CAROLI	NA			
Name of Debtor (if individual, enter Last, First, Shallowford Family Medica a Sub Chapter S Corpora	l Center, Inc.,		Name of Jo	oint Debtor	(Spouse)(Last, First	Middle):	
All Other Names used by the Debtor in the (include married, maiden, and trade names): NONE	e last 8 years				y the Joint Debind trade names):	tor in the last 8 years	
Last four digits of Soc. Sec. No./Complete (if more than one, state all): 14-1858318	EIN or other Tax I.D. No	0.	(if more than c	one, state all):	_	te EIN or other Tax I.D.	No.
Street Address of Debtor (No. & Street, Ci 3641-A Westgate Center Circl	•		Street Add	ress of Joint D	Debtor (No.	& Street, City, and State):	
Winston-Salem NC							
		IPCODE 7103					ZIPCODE
County of Residence or of the Principal Place of Business: Forsy	th			Residence or o lace of Busine			•
Mailing Address of Debtor (if different from	n street address):		Mailing Ac	dress of Joint	t Debtor (if d	ifferent from street address):	
SAME	Z	IPCODE					ZIPCODE
Location of Principal Assets of Business I	Debtor		<u> </u>				I
(If different from street address above): SAME							ZIPCODE
							ZII CODE
Type of Debtor (Form of organization)	Nature of B (Check all applic			-	ection of Banl tition is Filed	Kruptcy Code Under W (Check one box)	hich
(Check one box.)	Health Care Business		Chapte	r 7 🕅 Ch	apter 11	Chapter 15 Petition for	or Recognition
Individual (includes Joint Debtors)	Single Asset Real Es	tate as defined			uptor 11	of a Foreign Main P	•
Corporation (includes LLC and LLP)	in 11 U.S.C. § 101 (5	51B)	Chapte	r 9 🔲 Ch	apter 12	Chapter 15 Petition for	•
PartnershipOther (if debtor is not one of the above	Railroad			Chamber 12		of a Foreign Nonmain	n Proceeding
entities, check this box and provide the	Stockbroker			Chapter 13			
information requested below.)	Commodity Broker			Natu	re of Debts	(Check one box)	
State type of entity:	Clearing Bank		Consu	imer/Non-Bus	siness	X Business	
	Nonprofit Organizati under 11 U.S.C. § 50			<u> </u>	D.L.		
Filing Fee (Chec	_	1(3)(0).	Check one	Chapter 11	Debtors:		
Full Filing Fee attached	x one box)				uess as defined	in 11 U.S.C. § 101(51D)	1
Filing Fee to be paid in installments (Applica	able to individuals only)		l — –			as defined in 11 U.S.C.	
Must attach signed application for the court's	consideration certifying that						
debtor is unable to pay fee except in installm	ents. Rule 1006(b). See Offic	cial form No. 3A.	Check if:				
Filing fee waiver requested (Applicable to ch signed application for the court's consideration		ust attach		aggregate non are less than \$		iidated debts owed to no	n-insiders or
Statistical/Administrative Information			1			THIS SPACE IS FOR C	OURT USE ONLY
Debtor estimates that funds will be available	e for distribution to unsecure	d creditors					
Debtor estimates that, after any exempt prop			naid there will	he no funda arri	ailable for		
distribution to unsecured creditors.	perty is excluded and adminis	strative expenses [paid, there will	be no runds ava	anable for		
		5,001- 10,001-			OVER		
	99 999 5,000 1	0,000 25,000	50,000		00,000		
					_		
Estimated \$0 to \$50,001 to Assets \$50,000 \$100,000	\$100,001 to \$500,001 to \$500,000 \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million		
	\$100,001 to \$500,001 to		\$10,000,001 to	\$50,000,001 to	More than		
Debts \$50,000 \$100,000	\$500,000 \$1 million	\$10 million	\$50 million	\$100 million	\$100 million		
		_	_	_			

(Official Form 1) (10/05) West Group, Rochester, NY		FORM B1, Page 2		
Voluntary Petition	Name of Debtor(s):	l Conton Tro		
(This page must be completed and filed in every case)	Shallowford Family Medical Center, Inc., a Sub Chapter S Corporation			
Prior Bankruptcy Case Filed Within Last 8 Year				
Location Where Filed:	Case Number:	Date Filed:		
NONE				
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of	this Debtor (If more than one	e, attach additional sheet)		
Name of Debtor:	Case Number:	Date Filed:		
District:	Relationship:	Judge:		
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	Exhi (To be completed if de whose debts are prima I, the attorney for the petitioner named that I have informed the petitioner that chapter 7, 11, 12, or 13 of title 11, Uni explained the relief available under eac I further certify that I delivered to the e §342(b) of the Bankruptcy code. X Signature of Attorney for Debtor(s)	rily consumer debts) I in the foregoing petition, declare [[he or she] may proceed under ted States Code, and have ch such chapter.		
Exhibit C	Certification Concern	ning Debt Counseling		
Does the debtor own or have possession of any property that poses	by Individual/J	loint Debtor(s)		
or is alleged to pose a threat of imminent and identifiable harm to	I/we have received approved budget and credit counseling during the 180-day			
public health and safety? Yes, and exhibit C is attached and made a part of this petition.	period preceding the filing of this petition.			
No	I/we request a waiver of the requirement to			
-	prior to filing based on exigent circumstances. (Must attach certification describing)			
Information Regarding th	e Debtor (Check the Applicable Box	es)		
	any applicable box)			
Debtor has been domiciled or has had a residence, principal place of bu preceding the date of this petition or for a longer part of such 180 days) days immediately		
There is a bankruptcy case concerning debtor's affiliate, general partner	r, or partnership pending in this District.			
Debtor is a debtor in a foreign proceeding and has its principal place of				
States in this District, or has no principle place of business or assets in				
or proceeding [in a federal or state court] in this District, or the interest relief sought in this District.	of the parties will be served in regard to the			
· ·	Resides as a Tenant of Residential Property <i>oplicable boxes.</i>			
Landlord has a judgment against the debtor for possession of deb	tor's residence. (If box checked, complete the fol	llowing.)		
(Name of landlord th	hat obtained judgment)			
(Address of landlord	1)			
Debtor claims that under applicable nonbankruptcy law, there are permitted to cure the entire monetary default that gave rise to the possession was entered, and				
Debtor has included in this petition the deposit with the court of a period after the filing of the petition.	any rent that would become due during the 30-da	у		

(Official Form 1) (10/05) West Group, Rochester, NY	FORM B1, Page 3
Voluntary Petition	Name of Debtor(s): Shallowford Family Medical Center, Inc.,
(This page must be completed and filed in every case)	a Sub Chapter S Corporation
Si	gnatures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
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 Telephone Number (If not represented by attorney)	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) (Printed name of Foreign Representative)
Date	(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 <u>1144 West Fourth Street</u> Address	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.
Winston-Salem NC 27101	Printed Name and title, if any, of bankruptcy Petition Preparer
336.724.7030 Telephone Number Date	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.)
Signature of Debtor (Corporation/Partnership)	Address
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.	x
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Date Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.
X /s/ Graham H. Erlacher, Jr., MD Signature of Authorized Individual Graham H. Erlacher, Jr., MD Printed Name of Authorized Individual	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:
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.

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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.)

 The following financial of 	data is the latest available information	and refers to the de	btor's condition on		
 a. Total assets b. Total debts (including debts listed in 2.c., below) 		\$ \$	0.00 369,965.02		
	by more than 500 holders.				
Debt Issue	Total \$ Amount			Approximate Number of Holders	
		\$ \$ \$ \$ \$ \$ \$ \$			
d. Number of shares of e. Number of shares of					
Comments, if any:					
 Brief description of debt 	or's business:				
 List the name of any pe the debtor: 	rson who directly or indirectly owns, co	controls, or holds, wit	th power to vote, 5% o	r more of the voting securities of	