

B1 (Official Form 1)(04/13)

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

**Voluntary Petition**

|  |   |
|--|---|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>C.W. Williams Community Health Center, Inc</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)<br><b>56-1262478</b>           | 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):<br><b>3333 Wilkinson Blvd<br/>Charlotte, NC</b><br>ZIP Code<br><b>28208</b>    | Street Address of Joint Debtor (No. and Street, City, and State):<br><br>ZIP Code                               |
| County of Residence or of the Principal Place of Business:<br><b>Mecklenburg</b>   | County of Residence or of the Principal Place of Business:  |
| Mailing Address of Debtor (if different from street address):<br><b>P.O. Box 668093<br/>Charlotte, NC</b><br>ZIP Code<br><b>28266-8093</b> | Mailing Address of Joint Debtor (if different from street address):<br><br>ZIP Code                             |
| Location of Principal Assets of Business Debtor (if different from street address above):  |   |

|  |   |  |
|--|---|--|
| <b>Type of Debtor</b><br>(Form of Organization) (Check one box)<br><input type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><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><br>(Check one box)<br><input checked="" type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)<br><input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input checked="" type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding by, regarding, or against debtor is pending:  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><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><br>(Check one box)<br><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."<br><input checked="" type="checkbox"/> Debts are primarily business debts.  |

|  |   |
|--|---|
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><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.<br><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>Chapter 11 Debtors</b><br>Check one box:<br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br>Check if:<br><input 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).<br>Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><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><br><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><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.  | THIS SPACE IS FOR COURT USE ONLY |
| <b>Estimated Number of Creditors</b><br><input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" 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  |                                  |
| <b>Estimated Assets</b><br><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      |                                  |
| <b>Estimated Liabilities</b><br><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 \$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 |                                  |

|  |   |
|--|---|
| <p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p> | <p>Name of Debtor(s):<br/><b>C.W. Williams Community Health Center, Inc</b></p> |
|--|---|

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

|                                       |              |             |
|---------------------------------------|--------------|-------------|
| Location Where Filed: <b>- None -</b> | Case Number: | Date Filed: |
| Location Where Filed:                 | Case Number: | Date Filed: |

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

|                                    |               |             |
|------------------------------------|---------------|-------------|
| Name of Debtor:<br><b>- None -</b> | Case Number:  | Date Filed: |
| District:                          | Relationship: | Judge:      |

|   |  |
|---|--|
| <p style="text-align: center;"><b>Exhibit A</b></p> <p>(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.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p> | <p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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).</p> <p><b>X</b> _____<br/>Signature of Attorney for Debtor(s) (Date)</p> |
|---|--|

**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):  
**C.W. Williams Community Health Center, 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/ Robert Lewis, Jr.  
Signature of Attorney for Debtor(s)

Robert Lewis, Jr. 35806  
Printed Name of Attorney for Debtor(s)

The Lewis Law Firm, P.A.  
Firm Name

Two Hannover Square  
434 Fayetteville Street, Suite 2330  
Raleigh, NC 27601

\_\_\_\_\_  
Address

Email: rlewis@thelewislawfirm.com  
919-792-1920 Fax: 866-628-2621

\_\_\_\_\_  
Telephone Number

November 26, 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

\_\_\_\_\_  
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/ Leon L. Burton  
Signature of Authorized Individual

Leon L. Burton  
Printed Name of Authorized Individual

CEO  
Title of Authorized Individual

November 26, 2014  
Date

\_\_\_\_\_  
Date

B4 (Official Form 4) (12/07)

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

In re C.W. Williams Community Health Center, 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)  | (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> |
| Abbot Point of Care<br>400 College Road<br>Princeton, NJ 08540                           | Abbot Point of Care<br>400 College Road<br>Princeton, NJ 08540   |   |  | <b>50,974.00</b>  |
| AT&T<br>PO Box 5019<br>Carol Stream, IL 60197-5019                                       | AT&T<br>PO Box 5019<br>Carol Stream, IL 60197-5019   |   |  | <b>33,000.00</b>  |
| Certus Bank<br>P.O. Box<br>Mauldin, SC 29662   | Certus Bank<br>P.O. Box<br>Mauldin, SC 29662   |   |  | <b>680,074.41</b><br><b>(0.00 secured)</b>                        |
| Certus Bank<br>P.O. Box 129<br>Mauldin, SC 29662   | Certus Bank<br>P.O. Box 129<br>Mauldin, SC 29662   |   |  | <b>74,747.00</b>  |
| Charlotte Radiology, PA<br>PO Box 30488<br>Charlotte, NC 28230-0488                      | Charlotte Radiology, PA<br>PO Box 30488<br>Charlotte, NC 28230-0488  |   |  | <b>39,925.00</b>  |
| Choice of Carolinas Inc<br>PO Box 6526<br>Carol Stream, IL 60197-6526                    | Choice of Carolinas Inc<br>PO Box 6526<br>Carol Stream, IL 60197-6526  |   |  | <b>41,342.00</b>  |
| Earthlink DeltaCom<br>1058 PO Box 2252<br>Birmingham, AL 35246-1058                      | Earthlink DeltaCom<br>1058 PO Box 2252<br>Birmingham, AL 35246-1058  |   |  | <b>28,900.00</b>  |
| Employment Security Commission<br>P.O. Box 26504<br>Raleigh, NC 27611-6504               | Employment Security Commission<br>P.O. Box 26504<br>Raleigh, NC 27611-6504   |   |  | <b>29,418.00</b>  |
| Hermosa Construction Group LLC<br>2000 River Edge Pkwy<br>Suite 740<br>Atlanta, GA 30327 | Hermosa Construction Group LLC<br>2000 River Edge Pkwy<br>Suite 740<br>Atlanta, GA 30327   |   |  | <b>188,000.00</b>   |
| INTALEGEN INC<br>PO Box 269083<br>Oklahoma City, OK 73126-9083                           | INTALEGEN INC<br>PO Box 269083<br>Oklahoma City, OK 73126-9083   |   |  | <b>56,710.00</b>  |
| IRS<br>POB 7346<br>Philadelphia, PA 19101-7346   | IRS<br>POB 7346<br>Philadelphia, PA 19101-7346   |   |  | <b>313,033.05</b>   |

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

In re C.W. Williams Community Health Center, Inc  
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> |
| LAB CORP<br>PO BOX122140<br>Burlington, NC 27216                                    | LAB CORP<br>PO BOX122140<br>Burlington, NC 27216   |   |  | <b>16,921.00</b>  |
| Lincoln National Life Insurance<br>PO Box 0821<br>Carol Stream, IL 60132-0821       | Lincoln National Life Insurance<br>PO Box 0821<br>Carol Stream, IL 60132-0821  |   |  | <b>18,813.00</b>  |
| NACHC-National Assoc of Comm Health Ctre<br>7501 Wisonsin Ave<br>Bethesda, MD 20814 | NACHC-National Assoc of Comm Health Ctre<br>7501 Wisonsin Ave<br>Bethesda, MD 20814  |   |  | <b>20,200.00</b>  |
| NEC Financial Services<br>24189 Network Place<br>Chicago, IL 60673-1241             | NEC Financial Services<br>24189 Network Place<br>Chicago, IL 60673-1241  |   |  | <b>30,209.00</b>  |
| North Carolina Dept of Revenue<br>P.O. Box 25000<br>Raleigh, NC 27640               | North Carolina Dept of Revenue<br>P.O. Box 25000<br>Raleigh, NC 27640  |   |  | <b>64,662.00</b>  |
| Petway Mills & Pearson PA<br>PO Box 1036<br>Zebulon, NC 27597                       | Petway Mills & Pearson PA<br>PO Box 1036<br>Zebulon, NC 27597  |   |  | <b>22,500.00</b>  |
| Quest Diagnostic<br>PO BOX 740736<br>Atlanta, GA 30374-0736                         | Quest Diagnostic<br>PO BOX 740736<br>Atlanta, GA 30374-0736  |   |  | <b>110,000.00</b>   |
| South Stone Properties<br>PO Box 78738<br>Charlotte, NC 28271-7040                  | South Stone Properties<br>PO Box 78738<br>Charlotte, NC 28271-7040   |   |  | <b>17,293.00</b>  |
| US Bank<br>PO BOX 790448<br>Saint Louis, MO 63179-0448                              | US Bank<br>PO BOX 790448<br>Saint Louis, MO 63179-0448   |   |  | <b>30,000.00</b>  |

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

I, the CEO 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 November 26, 2014

Signature /s/ Leon L. Burton  
**Leon L. Burton**  
CEO

*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.

A.Y.P.R.  
717 N. Union Street  
Suite 40  
Wilmington, DE 19805

A/P

Abbot Point of Care  
400 College Road  
Princeton, NJ 08540

Abila  
PO Box 123203  
Dallas, TX 75312-3303

Ability Network  
CH 16577  
Palatine, IL 60055-6577

Account Temps  
12400 Collections Center Drive  
Chicago, IL 60693

Action Plus  
5222 Monroe Road Suit 100  
Charlotte, NC 28205

ADP Screening & Selection Services  
36307 Treasury Center  
Chicago, IL 60694-6300

Airgas USA, LLC  
2015 VSighn Road  
Suite 400  
Kennesaw, GA 30144-7082

All American Relocation  
PO Box 14906  
Raleigh, NC 27620

Alpha Alarm Systems  
9108 CrossTimbers Drive  
Charlotte, NC 28215

Altradius  
230 Schilling Circle  
Suite 240  
Hunt Valley, MD 21031

American Medical Association  
PO Box 4198  
Carol Stream, IL 60197-9788

Answer Live LLC  
1101 Cherryville Road  
Shelby, NC 28150-3664

Apria Health Care  
Po Box 3100-0968  
Pasadena, CA 91101-0968

AT&T  
P.O. Box 10562  
Atlanta, GA 30348

AT&T  
PO Box 5019  
Carol Stream, IL 60197-5019

At&T Capital Services  
200 W ATT Center DR Hoffman Estates  
Hoffman Estates, IL 60192-5005

At&T Global Services  
PO Box 9009  
GA 30197-9009

At&T Mobility  
PO Box 6463  
Carol Stream, IL 60197

Autonomy Inc  
PO Box 8374  
Pasadena, CA 91109-8374

Blue Cross Blue Shield  
PO Box 2291  
Durham, NC 27702

Cardinal Health  
PO Box 402603  
Atlanta, GA 30384-2603

Care 360 Med Plus

Carolina Business Supplies  
PO Box 681027  
Charlotte, NC 28216-1027

Carolina Pathology Group  
PO Box 30637  
Charlotte, NC 28204

Cartridge World  
1630 E Wood Lawn Road  
Suite 285  
Charlotte, NC 28209

Certus Bank  
P.O. Box  
Mauldin, SC 29662

Certus Bank  
P.O. Box 129  
Mauldin, SC 29662

Charlotte Chamber of Commerce  
Po Box 32785  
Charlotte, NC 28232

Charlotte Radiology, PA  
PO Box 30488  
Charlotte, NC 28230-0488

Choice Health1900South Hawthorne  
Suite 302  
Winston Salem, NC 27103

Choice of Carolinas Inc  
PO Box 6526  
Carol Stream, IL 60197-6526

Choice Translating  
112 South Tryon  
Suite 1500  
Charlotte, NC 28284

City Of Charlotte Billing Center  
PO Box 1316  
Charlotte, NC 28201-1316

Click.com  
6000 Fairview Road  
Suite 650  
Charlotte, NC 28210

Colonial Life  
PO Box 903  
Columbia, SC 29202-0903

Dream City LLC/ Douglas R. Peck  
16610 Fernway Road  
Cleveland, OH 44118

Earthlink DeltaCom  
1058 PO Box 2252  
Birmingham, AL 35246-1058

Emdeon Business Services Medi Fax  
PO Box 57290  
Salt Lake City, UT 84157-2490

Employment Security Commission  
P.O. Box 26504  
Raleigh, NC 27611-6504

ETS Elevator Technical Services Inc  
PO Box 25305  
Charlotte, NC 28229

Fast Med Urgent Care  
935 Shotwell Road  
Suite 108  
Clayton, NC 27520-5598

Friendship community Development Corp  
3301 Beaties Ford Road  
Charlotte, NC 28216

Gate City Administration LLC  
445 Dolley Madison Rd  
Suite 106  
Greensboro, NC 27410

Gynex  
Po Box 3189  
Redmond, WA 98073

Health Care Staffing

Henry Schein  
PO Box 382060  
Pittsburgh, PA 15250-8060

Hermosa Construction Group LLC  
2000 River Edge Pkwy  
Suite 740  
Atlanta, GA 30327

Home Depot  
PO Box 183175  
Columbus, OH 43218-3175

INTALEGEN INC  
PO Box 269083  
Oklahoma City, OK 73126-9083

Intercall  
PO Box 281866  
Atlanta, GA 30384-1866

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

IRS  
POB 7346  
Philadelphia, PA 19101-7346

JZ Med Consultants, Inc  
115 Sardis Mills Drive  
Matthews, NC 28105

LAB CORP  
PO BOX122140  
Burlington, NC 27216

Ladco Leasing  
PO Box 86  
Minneapolis, MN 55486-2896

Lagniappe  
PO Box 637946  
Cincinnati, OH 45263-7946

Land Mark Securty  
5200 Park road  
Suite 128  
Charlotte, NC 28209-3675

Language Line Services  
PO Box 202564  
Dallas, TX 75320-2564

Lincoln National LIfe Insurance  
PO Box 0821  
Carol Stream, IL 60132-0821

Macke Water Systems  
PO Box 545  
Wheeling, IL 60090-0545

McKesson Pharmacy Sytems  
PO Box 100882  
Atlanta, GA 30384-0884

Mecklenburg Radiology Associates PA  
PO Box 221249  
Charlotte, NC 28222-1249

Medco Health Solutions  
100 Parsons Pond Drive  
Franklin Lakes, NJ 07417

Merck Sharp & Dohme Corp  
Po Box 5254  
Carol Stream, IL 60197-5254

Met Life Benefits  
PO Box 408466  
Kansas City, MO 64180-4466

NACHC-National Assoc of Comm Health Ctre  
7501 Wisconsin Ave  
Bethesda, MD 20814

NC Community Health Center Association  
4917 Waters Edge Drive  
Suite 165  
Raleigh, NC 27606

NEC Financial Services  
24189 Network Place  
Chicago, IL 60673-1241

North Carolina Dept of Revenue  
P.O. Box 25000  
Raleigh, NC 27640

North Carolina DHHS  
Po Box 198780  
Atlanta, GA 30384

Novant Health  
PO Box 602516  
Charlotte, NC 28260

Novant Medical Group  
PO Box 30143  
Charlotte, NC 28230-0143

OakRidge Administration  
3608 West Friendly Ave  
Suite 200  
Greensboro, NC 27410

Office Depot  
PO Box 63211  
Cincinnati, OH 45263-3311

Optimer Systems Inc  
1845 Walnut Street  
8th floor  
Philadelphia, PA 19103

OptuminSight  
PO Box 88050  
Chicago, IL 60680-1050

Oracle Elevator Corp  
PO Box 636845  
Cincinnati, OH 45263-6845

Orkin  
10430  
harris Oak Blvd  
Suite B  
Charlotte, NC 28269

Petway Mills & Pearson PA  
PO Box 1036  
Zebulon, NC 27597

Pitney Bowes Glocal Financial Services,  
PO BOX 371887  
Pittsburgh, PA 15250-7887

Positive Returns  
PO Box 883  
Greenbelt, MD 20770

Presbyterian Hospital  
PO BOX 71049  
Charlotte, NC 28272-1049

Presbyterian Imaging Centers  
PO Box 60598  
Charlotte, NC 28260-0598

Professional Systems USA  
2355 W Hndord Road  
Cary, NC 27512

Progressive Recovery Services  
1801 N. tryon Street  
Site 325  
Charlotte, NC 28206

PSS Physician Sales & Services  
PO Box 741378  
Atlanta, GA 30374-1378

Purchase Power  
PO Box 371874  
Pittsburgh, PA 15250-7874

Q Foundation  
PO Box 620364  
Charlotte, NC 28262

Quest Diagnostic  
PO BOX 740736  
Atlanta, GA 30374-0736

Randolph c/o Midtown Medical Plaza  
Po Box 713308  
Cincinnati, OH 45271

Renee W Dean Health Care Consultant  
1931 Lmaont Street  
Kingsport, TN 37664

Resurrected Resources  
1190 West Northern Parkway  
Suite 604  
Baltimore, MD 21210

RR Donelley  
PO BOX 905151  
Charlotte, NC 28250-5151

Solstas Lab Partners  
PO Box 751337  
Charlotte, NC 28275-1337

South Stone Properties  
PO Box 78738  
Charlotte, NC 28271-7040

Southern Elavator  
PO Box 538596  
Atlanta, GA 30353-5896

Sprint  
PO Box 4181  
Carol Stream, IL 60197-4181

Staples Advantage  
PO Box 71217  
Chicago, IL 60694-1217

Stephanie Miles  
3834 Armitage Drive  
Charlotte, NC 28269

Stericycle Inc  
PO Box 6582  
Carol Stream, IL 60197-6582

Theracom LLC  
PO Box 640105  
Cincinnati, OH 45264-0105

Thomas D. Hugley  
1407 Heron Drive  
Birmingham, AL 35214

Titacs Inc  
2135 Light Brigade Drive  
Matthews, NC 28105

Toshiba Business SOLUTIONS  
9201 J Southern Pine Blvd  
Charlotte, NC 28273

Tovaca, Inc  
2633 McKinney Ave  
#130-340  
Dallas, TX 75204

TriState Distribution  
PO Box 6000  
Sparta, TN 38583

Tyco Integrated Security, LLC  
PO Box 371967  
Pittsburgh, PA 15250-7967

Tyco Simplex Grinnell  
CH 10320  
Palatine, IL 60055-6577

Unit Mobile Storage of Charlotte  
PO Box 38424  
Charlotte, NC 28278

US Bancorp  
1310 Madrid St. Marshall  
Marshall, MN 56258-4099

US Bank  
PO BOX 790448  
Saint Louis, MO 63179-0448

Vitera  
12644 Collection Center Drive  
Chicago, IL 60693-0126

Waste Connections of NC  
PO Box 660177  
Dallas, TX 75266-0177

Wells Fargo  
3476 Stateview Blvd  
Fort Mill, SC 29715

Wille Cooper CPA  
225 Green street Suite 204  
Fayetteville, NC 28301

WIPFLI  
PO Box 8700  
Madison, WI 53708-8700

WOSF-FM  
8809 Lenox Point Drive  
Suite A  
Charlotte, NC 28273

YP  
PO Box 10524  
Atlanta, GA 30348

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

In re C.W. Williams Community Health Center, 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 C.W. Williams Community Health Center, 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*]

**November 26, 2014**

Date

**/s/ Robert Lewis, Jr.**

**Robert Lewis, Jr.**

Signature of Attorney or Litigant

Counsel for C.W. Williams Community Health Center, Inc

**The Lewis Law Firm, P.A.**

**Two Hannover Square**

**434 Fayetteville Street, Suite 2330**

**Raleigh, NC 27601**

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