

B1 (Official Form 1)(1/08)

United States Bankruptcy Court District of New Jersey		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): <b>Fellowship Spine Surgical Center LLC</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) No./Complete EIN (if more than one, state all) <b>20-3720096</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): <b>715A Fellowship Road Mount Laurel, NJ</b> <div style="text-align: right;">ZIP Code <b>08054</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Burlington</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">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 one 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 one 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  <hr/> <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>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <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  <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  <b>Nature of Debts</b> (Check one box) <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." <input checked="" type="checkbox"/> Debts are primarily business debts.
<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>Chapter 11 Debtors</b> Check one box: <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). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  Check all applicable boxes: <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.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input 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> <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		
<b>Estimated Liabilities</b> <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 \$50 million <input type="checkbox"/> \$10,000,001 to \$100 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): <b>Fellowship Spine Surgical Center LLC</b></p>
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**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: <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> _____ Signature of Attorney for Debtor(s) (Date)</p>
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**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 in 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):  
**Fellowship Spine Surgical Center LLC**

**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/ Arthur J. Abramowitz  
Signature of Attorney for Debtor(s)

Arthur J. Abramowitz  
Printed Name of Attorney for Debtor(s)

Cozen O'Connor, PC  
Firm Name

LibertyView, Suite 300  
457 Haddonfield Road  
Cherry Hill, NJ 08002

\_\_\_\_\_  
Address

856-910-5000  
Telephone Number

September 9, 2009  
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

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/ William Miller, D.O.  
Signature of Authorized Individual

William Miller, D.O.  
Printed Name of Authorized Individual

Managing Member  
Title of Authorized Individual

September 9, 2009  
Date

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
District of New Jersey**

In re Fellowship Spine Surgical Center 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>Marshall &amp; Melhourn, LLC Four Seagate, Eighth Floor Toledo, OH 43604</b>	<b>Marshall &amp; Melhourn, LLC Four Seagate, Eighth Floor Toledo, OH 43604</b>			<b>146,928.34</b>
<b>Department of Health and Senior Services PO Box 360 Trenton, NJ 08625</b>	<b>Department of Health and Senior Services PO Box 360 Trenton, NJ 08625</b>	<b>2008 Ambulatory Care Facility Assessment</b>		<b>89,017.89</b>
<b>Business Dynamics Limited Suite 470A 200 Old Country Road Mineola, NY 11501</b>	<b>Business Dynamics Limited Suite 470A 200 Old Country Road Mineola, NY 11501</b>			<b>75,886.74</b>
<b>Medtronic SD USA, Inc. 4642 Collections Center Drive Pittsburgh, PA 15251-8075</b>	<b>Medtronic SD USA, Inc. 4642 Collections Center Drive Pittsburgh, PA 15251-8075</b>			<b>28,365.35</b>
<b>St. Jude Medical PO Box 915002 Dallas, TX 75391-5002</b>	<b>St. Jude Medical PO Box 915002 Dallas, TX 75391-5002</b>			<b>24,280.00</b>
<b>Lourdes Anesthesia Assoc. PA PO BOX 8505 Cherry Hill, NJ 08002</b>	<b>Lourdes Anesthesia Assoc. PA PO BOX 8505 Cherry Hill, NJ 08002</b>			<b>15,600.00</b>
<b>Dr. Randy Kuschner 1600 Haddon Avenue Camden, NJ 08103</b>	<b>Randy Kuschner</b>			<b>15,200.00</b>
<b>J &amp; J Healthcare Systems, Inc. 5972 Collections Center Drive Chicago, IL 60693</b>	<b>J &amp; J Healthcare Systems, Inc. 5972 Collections Center Drive Chicago, IL 60693</b>			<b>13,075.56</b>
<b>Cardinal Health Care PO Box 13862 Newark, NJ 07188</b>	<b>Cardinal Health Care PO Box 13862 Newark, NJ 07188</b>			<b>11,185.88</b>
<b>Angelo's Carpet One 70 Walker Lane Newtown, PA 18940</b>	<b>Angelo's Carpet One 70 Walker Lane Newtown, PA 18940</b>			<b>10,235.40</b>
<b>Orthofix Spinal Implants 1720 Bray Central Drive Mckinney, TX 75069</b>	<b>Orthofix Spinal Implants 1720 Bray Central Drive Mckinney, TX 75069</b>			<b>10,175.00</b>

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

In re Fellowship Spine Surgical Center LLC  
Debtor(s)

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

**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>Boss Instruments</b> 395 Reas Ford Road, Suite120 Earlysville, VA 22936	<b>Boss Instruments</b> 395 Reas Ford Road, Suite120 Earlysville, VA 22936			<b>8,274.73</b>
<b>Baxter Health Care</b> PO Box 33037 Newark, NJ 07188	<b>Baxter Health Care</b> PO Box 33037 Newark, NJ 07188			<b>8,133.70</b>
<b>Curascript Specialty Distribution</b> DBA:Curascript SD Specialty Distribution PO Box 533307 Charlotte, NC 28290	<b>Curascript Specialty Distribution</b> DBA:Curascript SD Specialty Distribution PO Box 533307 Charlotte, NC 28290			<b>7,883.02</b>
<b>PSE&amp;G</b> Attn: Bankruptcy Dept. 80 Park Plaza Newark, NJ 07102	<b>PSE&amp;G</b> PO Box 14104 New Brunswick, NJ 08906-4104			<b>6,997.51</b>
<b>Pro Med Instruments Inc.</b> 4529 S.E. 16th Place, Suite 101 Cape Coral, FL 33904	<b>Pro Med Instruments Inc.</b> 4529 S.E. 16th Place, Suite 101 Cape Coral, FL 33904			<b>6,907.66</b>
<b>Synthes (USA)</b> 1302 Wrights Lane West Chester, PA 19380	<b>Synthes (USA)</b> 1302 Wrights Lane West Chester, PA 19380			<b>6,245.53</b>
<b>Globus Medical, Inc.</b> Department AT952086 Atlanta, GA 31192-2086	<b>Globus Medical, Inc.</b> Department AT952086 Atlanta, GA 31192-2086			<b>5,829.00</b>
<b>Source Medical</b> 100 Grandview Place Suite 400 Birmingham, AL 35243	<b>Source Medical</b> 100 Grandview Place Suite 400 Birmingham, AL 35243			<b>5,181.72</b>
<b>Medline Industries, Inc.</b> PO Box 382075 Pittsburgh, PA 15251-8075	<b>Medline Industries, Inc.</b> PO Box 382075 Pittsburgh, PA 15251-8075			<b>4,998.92</b>

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

I, the Managing Member 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 September 9, 2009

Signature /s/ William Miller, D.O.  
**William Miller, D.O.**  
**Managing Member**

*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.

B6D (Official Form 6D) (12/07)

In re Fellowship Spine Surgical Center LLC, Debtor Case No. \_\_\_\_\_

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No.									
<b>Nueterra Healthcare c/o Dan Tasset, CEO 11221 Roe Avenue Suite 310 Keawood, KS 66211</b>	-				X	X	X		
Value \$								<b>0.00</b>	<b>0.00</b>
Account No.									
<b>Stillwater National Bank and Trust Co. 6301 Waterford Blvd, Suite 101 Oklahoma City, OK 73118</b>	-	<b>Line of Credit</b>							
		<b>All Debtor's Cash Collateral, good, accounts, accounts receivable, inventory, medical supplies, equipment, etc.</b>							
Value \$								<b>249,639.57</b>	<b>Unknown</b>
Account No.									
<b>Stillwater National Bank and Trust Co. 6301 Waterford Blvd, Suite 101 Oklahoma City, OK 73118</b>	-	<b>Equipment Loan</b>							
		<b>All Debtor's Cash Collateral, good, accounts, accounts receivable, inventory, medical supplies, equipment, etc.</b>							
Value \$								<b>721,426.04</b>	<b>Unknown</b>
Account No.									
<b>The Bank 100 Park Avenue Woodbury, NJ 08096</b>	-	<b>Microscope</b>							
Value \$								<b>88,660.40</b>	<b>Unknown</b>
Subtotal (Total of this page)								<b>1,059,726.01</b>	<b>0.00</b>
Total (Report on Summary of Schedules)								<b>1,059,726.01</b>	<b>0.00</b>

0 continuation sheets attached

In re Fellowship Spine Surgical Center LLC

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

Debtor

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

#### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re Fellowship Spine Surgical Center LLC  
Debtor

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

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>2008 Ambulatory Care Facility Assessment</b>					
<b>Department of Health and Senior Services PO Box 360 Trenton, NJ 08625</b>		-						<b>0.00</b>
							<b>89,017.89</b>	<b>89,017.89</b>
Account No.								
Account No.								
Account No.								

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal (Total of this page)	<b>89,017.89</b>	<b>0.00</b>	<b>89,017.89</b>
Total (Report on Summary of Schedules)	<b>89,017.89</b>	<b>0.00</b>	<b>89,017.89</b>



B6F (Official Form 6F) (12/07)

In re Fellowship Spine Surgical Center LLC, Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>3 M</b> <b>PO Box 371227</b> <b>Pittsburg, PA 15250-7227</b>		-				<b>1,220.68</b>
Account No.  <b>Air Gas East</b> <b>PO Box 827049</b> <b>Philadelphia, PA 19182-7049</b>		-				<b>359.57</b>
Account No.  <b>Amber Coffee Company, Inc.</b> <b>PO Box 3323</b> <b>Cherry Hill, NJ 08034</b>		-				<b>573.43</b>
Account No.  <b>American Red Cross</b> <b>PO Box 33093</b> <b>Newark, NJ 07188-0093</b>		-				<b>1,428.45</b>
Subtotal (Total of this page)						<b>3,582.13</b>

13 continuation sheets attached

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Amerihealth</b> <b>PO Box 15075</b> <b>Newark, NJ 07192-5075</b>	-					<b>4,566.80</b>
Account No.  <b>Anesthesia Services and Products</b> <b>354 Waterway Road</b> <b>Oxford, PA 19363</b>	-					<b>448.55</b>
Account No.  <b>Angelo's Carpet One</b> <b>70 Walker Lane</b> <b>Newtown, PA 18940</b>	-					<b>10,235.40</b>
Account No.  <b>Babu Medical &amp; Health Physics, Inc..</b> <b>207 Yorktown Dr.</b> <b>Mullica Hill, NJ 08062</b>	-					<b>1,250.00</b>
Account No.  <b>Baxter Health Care</b> <b>PO Box 33037</b> <b>Newark, NJ 07188</b>	-					<b>8,133.70</b>
Subtotal (Total of this page)						<b>24,634.45</b>

Sheet no. 1 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Boss Instruments</b> <b>395 Reas Ford Road, Suite120</b> <b>Earlysville, VA 22936</b>	-					<b>8,274.73</b>
Account No.  <b>Business Dynamics Limited</b> <b>Suite 470A</b> <b>200 Old Country Road</b> <b>Mineola, NY 11501</b>	-					<b>75,886.74</b>
Account No.  <b>Cardinal Health Care</b> <b>PO Box 13862</b> <b>Newark, NJ 07188</b>	-					<b>11,185.88</b>
Account No.  <b>CoastalSpine, PC</b> <b>4000 Church Rd</b> <b>Mount Laurel, NJ 08054</b>	-					<b>553.98</b>
Account No.  <b>Cook Medical</b> <b>22988 Network Place</b> <b>Chicago, IL 60673-1229</b>	-					<b>424.26</b>
Sheet no. <u>2</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	<b>96,325.59</b>

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Costa and Rihl Mechanical Contractors 3900 Church Road Mt. Laurel, NJ 08054</b>	-					<b>2,836.63</b>
Account No.						
<b>Cummins Power Systems, LLC Bristol Branch 2727 Ford Rd. Bristol, PA 19007</b>	-					<b>534.47</b>
Account No.						
<b>Curascript Specialty Distribution DBA:Curascript SD Specialty Distribution PO Box 533307 Charlotte, NC 28290</b>	-					<b>7,883.02</b>
Account No.						
<b>Datex-Ohmeda PO Box 641936 Pittsburg, PA 15264-1936</b>	-					<b>1,421.33</b>
Account No.						
<b>DirecTV PO Box 60036 Los Angeles, CA 90060-0036</b>	-					<b>83.99</b>
Sheet no. <u>3</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	<b>12,759.44</b>

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Dr. Randy Kuschner</b> <b>1600 Haddon Avenue</b> <b>Camden, NJ 08103</b>		-				<b>15,200.00</b>
Account No.  <b>Esquire</b> <b>2700 Centennial Tower</b> <b>101 Marietta Street</b> <b>Atlanta, GA 30303</b>		-				<b>2,740.29</b>
Account No.  <b>GE Healthcare</b> <b>PO Box 640944</b> <b>Pittsburgh, PA 15264-0944</b>		-				<b>2,784.37</b>
Account No.  <b>Globus Medical, Inc.</b> <b>Department AT952086</b> <b>Atlanta, GA 31192-2086</b>		-				<b>5,829.00</b>
Account No.  <b>Horizon BC/BS 01</b> <b>3 Penn Plaza (PP-15M)</b> <b>Newark, NJ 07101</b>		-				<b>4,004.00</b>
Subtotal (Total of this page)						<b>30,557.66</b>

Sheet no. 4 of 13 sheets attached to Schedule of  
 Creditors Holding Unsecured Nonpriority Claims

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Horizon BCBSNJ</b> <b>PO BOX 420</b> <b>Newark, NJ 07101-0420</b>	-					<b>268.72</b>
Account No.  <b>I-Flow</b> <b>Dept. LA 22552</b> <b>Pasadena, CA 91185-2522</b>	-					<b>2,140.00</b>
Account No.  <b>IDCSERVCO</b> <b>Attn: Accounts Receivable</b> <b>PO Box 1925</b> <b>Culver City, CA 90232-1925</b>	-					<b>2,324.34</b>
Account No.  <b>J &amp; J Healthcare Systems, Inc.</b> <b>5972 Collections Center Drive</b> <b>Chicago, IL 60693</b>	-					<b>13,075.56</b>
Account No.  <b>Kimberly-Clark, Inc.</b> <b>PO Box 88125</b> <b>Chicago, IL 60695</b>	-					<b>1,206.49</b>
Sheet no. <u>5</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	<b>19,015.11</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.  <b>Landauer Inc</b> <b>2 Science Road</b> <b>Glenwood, IL 60425</b>	-					<b>796.95</b>	
Account No.  <b>Lourdes Anesthesia Assoc. PA</b> <b>PO BOX 8505</b> <b>Cherry Hill, NJ 08002</b>	-					<b>15,600.00</b>	
Account No.  <b>Magellan Hill</b> <b>30 Washington Ave.</b> <b>Suite D11</b> <b>Haddonfield, NJ 08033</b>	-					<b>354.31</b>	
Account No.  <b>Marshall &amp; Melhourn, LLC</b> <b>Four Seagate, Eighth Floor</b> <b>Toledo, OH 43604</b>	-					<b>146,928.34</b>	
Account No.  <b>Medline Industries, Inc.</b> <b>PO Box 382075</b> <b>Pittsburgh, PA 15251-8075</b>	-					<b>4,998.92</b>	
Sheet no. <u>6</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	<b>168,678.52</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Medtronic SD USA, Inc.</b> <b>4642 Colections Center Drive</b> <b>Pittsburgh, PA 15251-8075</b>	-						<b>28,365.35</b>	
Account No.  <b>Merit Medical Systems, Inc.</b> <b>1600 West Merit Parkway South</b> <b>Jordan, UT 84095</b>	-						<b>985.76</b>	
Account No.  <b>Modern Exterminating Company</b> <b>5 Chestnut Terrace</b> <b>Cherry Hill, NJ 08002</b>	-						<b>80.25</b>	
Account No.  <b>Nixon</b> <b>500 Centerpoint Blvd</b> <b>New Castle, DE 19720</b>	-						<b>553.73</b>	
Account No.  <b>Orthofix Spinal Implants</b> <b>1720 Bray Central Drive</b> <b>Mckinney, TX 75069</b>	-						<b>10,175.00</b>	
Sheet no. <u>7</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>40,160.09</b>



In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Orthovita, Inc.</b> <b>PO Box 8500-1286</b> <b>Philadelphia, PA 19178-1286</b>	-					<b>2,812.95</b>
Account No.  <b>Osseon Therapeutics</b> <b>2330 Circadian Way</b> <b>Santa Rosa, CA 95407</b>	-					<b>1,800.00</b>
Account No.  <b>Parente Randolph, LLC</b> <b>PO Box 13090</b> <b>Newark, NJ 07188-0090</b>	-					<b>4,500.00</b>
Account No.  <b>Philips Medical System N.A. Co</b> <b>PO Box 100355</b> <b>Atlanta, GA 30384-0355</b>	-					<b>2,084.41</b>
Account No.  <b>Pinnacle Building Services</b> <b>155 East Ninth Ave Unit H</b> <b>Runnemede, NJ 08078</b>	-					<b>2,856.61</b>
Subtotal (Total of this page)						<b>14,053.97</b>

Sheet no. 8 of 13 sheets attached to Schedule of  
 Creditors Holding Unsecured Nonpriority Claims

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.  <b>Pro Computer Service</b> 180 Tuckerton Road Suite 11 Medford, NJ 08055	-					2,405.88	
Account No.  <b>Pro Med Instruments Inc.</b> 4529 S.E. 16th Place, Suite 101 Cape Coral, FL 33904	-					6,907.66	
Account No.  <b>PSE&amp;G</b> Attn: Bankruptcy Dept. 80 Park Plaza Newark, NJ 07102	-					6,997.51	
Account No.  <b>Qwest Business Services</b> PO Box 856169 Louisville, KY 40285-6169	-					682.46	
Account No.  <b>RICOH</b> 5 Dedrick Place West Caldwell, NJ 07006	-					542.26	
Sheet no. <u>9</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	17,535.77

B6F (Official Form 6F) (12/07) - Cont.

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Sentry Surgical Supply</b> 117 West Boro Line Road King of Prussia, PA 19406	-					1,343.92
Account No.  <b>Sonitrol</b> PO Box 660777 Dallas, TX 75266-077	-					674.10
Account No.  <b>Sonoma Health</b> 5909 Van Keppel Road Forestville, CA 95436	-					422.68
Account No.  <b>Source Medical</b> 100 Grandview Place Suite 400 Birmingham, AL 35243	-					5,181.72
Account No.  <b>Springtime Coffee Company</b> 6900 River Road Pennsauken, NJ 08110	-					550.79
Sheet no. <u>10</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	<b>8,173.21</b>

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>St. Jude Medical</b> <b>PO Box 915002</b> <b>Dallas, TX 75391-5002</b>	-					<b>24,280.00</b>
Account No.  <b>Stanley Convergent Security Solutions</b> <b>Dept. CH 10651</b> <b>Palatine, IL 60055-0651</b>	-					<b>674.10</b>
Account No.  <b>Stericycle</b> <b>PO Box 9001590</b> <b>Louisville, KY 40290-1590</b>	-					<b>80.24</b>
Account No.  <b>Steris Corporation</b> <b>PO Box 676548</b> <b>Dallas, TX 75267-6548</b>	-					<b>4,626.39</b>
Account No.  <b>Stryker Instruments</b> <b>PO Box 70119</b> <b>Chicago, IL 60673-0119</b>	-					<b>4,598.97</b>
Subtotal (Total of this page)						<b>34,259.70</b>

Sheet no. 11 of 13 sheets attached to Schedule of  
 Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Fellowship Spine Surgical Center LLC Case No. \_\_\_\_\_  
 Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Synthes (USA)</b> 1302 Wrights Lane West Chester, PA 19380	-					6,245.53
Account No.  <b>The Hartford</b> 400 Executive Blvd Southington, CT 06489	-					3,831.30
Account No.  <b>TriState Fire Protection, Inc.</b> 445 Delsea Drive Sewell, NJ 08080	-					428.00
Account No.  <b>US-Yellow</b> PO Box 3110 Jersey City, NJ 07303-3110	-					390.00
Account No.  <b>W.B. Mason Co., Inc.</b> PO Box 111 Brockton, MA 02303-0111	-					292.18
Sheet no. <u>12</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	<b>11,187.01</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Fellowship Spine Surgical Center LLC, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Yellow Pages United</b> <b>PO Box 50038</b> <b>Jacksonville, FL 32240-0038</b>		-				<b>296.00</b>
Account No.						
Account No.						
Account No.						
Account No.						

Sheet no. 13 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**296.00**

Total  
(Report on Summary of Schedules)

**481,218.65**

**United States Bankruptcy Court  
District of New Jersey**

In re **Fellowship Spine Surgical Center LLC** Debtor(s) Case No. \_\_\_\_\_ Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Member 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: **September 9, 2009**

**/s/ William Miller, D.O.**  
**William Miller, D.O./Managing Member**  
Signer/Title

Attorney General's Office  
NJ Attorney General-Division of Law  
Richard J. Hughes Justice Complex  
25 Market Street, PO Box 112  
Trenton, NJ 08625-0112

Internal Revenue Service  
57 Haddonfield Road  
Cherry Hill, NJ 08002

3 M  
PO Box 371227  
Pittsburg, PA 15250-7227

Air Gas East  
PO Box 827049  
Philadelphia, PA 19182-7049

Amber Coffee Company, Inc.  
PO Box 3323  
Cherry Hill, NJ 08034

American Red Cross  
PO Box 33093  
Newark, NJ 07188-0093

Amerihealth  
PO Box 15075  
Newark, NJ 07192-5075

Anesthesia Services and Products  
354 Waterway Road  
Oxford, PA 19363

Angelo's Carpet One  
70 Walker Lane  
Newtown, PA 18940

Babu Medical & Health Physics, Inc..  
207 Yorktown Dr.  
Mullica Hill, NJ 08062

Baxter Health Care  
PO Box 33037  
Newark, NJ 07188



Boss Instruments  
395 Reas Ford Road, Suite120  
Earlysville, VA 22936

Business Dynamics Limited  
Suite 470A  
200 Old Country Road  
Mineola, NY 11501

Cardinal Health Care  
PO Box 13862  
Newark, NJ 07188

CoastalSpine, PC  
4000 Church Rd  
Mount Laurel, NJ 08054

Cook Medical  
22988 Network Place  
Chicago, IL 60673-1229

Costa and Rihl Mechanical Contractors  
3900 Church Road  
Mt. Laurel, NJ 08054

Cummins Power Systems, LLC  
Bristol Branch  
2727 Ford Rd.  
Bristol, PA 19007

Curascript Specialty Distribution  
DBA:Curascript SD Specialty Distribution  
PO Box 533307  
Charlotte, NC 28290

Datex-Ohmeda  
PO Box 641936  
Pittsburg, PA 15264-1936

Department of Health and Senior Services  
PO Box 360  
Trenton, NJ 08625

DirectTV  
PO Box 60036  
Los Angeles, CA 90060-0036

Dr. Randy Kuschner  
1600 Haddon Avenue  
Camden, NJ 08103

Esquire  
2700 Centennial Tower  
101 Marietta Street  
Atlanta, GA 30303

GE Healthcare  
PO Box 640944  
Pittsburgh, PA 15264-0944

Globus Medical, Inc.  
Department AT952086  
Atlanta, GA 31192-2086

Horizon BC/BS 01  
3 Penn Plaza (PP-15M)  
Newark, NJ 07101

Horizon BCBSNJ  
PO BOX 420  
Newark, NJ 07101-0420

I-Flow  
Dept. LA 22552  
Pasadena, CA 91185-2522

IDCSERVCO  
Attn: Accounts Receivable  
PO Box 1925  
Culver City, CA 90232-1925

J & J Healthcare Systems, Inc.  
5972 Collections Center Drive  
Chicago, IL 60693

Kimberly-Clark, Inc.  
PO Box 88125  
Chicago, IL 60695

Landauer Inc  
2 Science Road  
Glenwood, IL 60425

Lourdes Anesthesia Assoc. PA  
PO BOX 8505  
Cherry Hill, NJ 08002

Magellan Hill  
30 Washington Ave.  
Suite D11  
Haddonfield, NJ 08033

Marshall & Melhourn, LLC  
Four Seagate, Eighth Floor  
Toledo, OH 43604

Medline Industries, Inc.  
PO Box 382075  
Pittsburgh, PA 15251-8075

Medtronic SD USA, Inc.  
4642 Collections Center Drive  
Pittsburgh, PA 15251-8075

Merit Medical Systems, Inc.  
1600 West Merit Parkway South  
Jordan, UT 84095

Modern Exterminating Company  
5 Chestnut Terrace  
Cherry Hill, NJ 08002

Nixon  
500 Centerpoint Blvd  
New Castle, DE 19720

Nueterra Healthcare  
c/o Dan Tasset, CEO  
11221 Roe Avenue Suite 310  
Keewood, KS 66211

Orthofix Spinal Implants  
1720 Bray Central Drive  
Mckinney, TX 75069

Orthovita, Inc.  
PO Box 8500-1286  
Philadelphia, PA 19178-1286

Osseon Therapeutics  
2330 Circadian Way  
Santa Rosa, CA 95407

Parente Randolph, LLC  
PO Box 13090  
Newark, NJ 07188-0090

Philips Medical System N.A. Co  
PO Box 100355  
Atlanta, GA 30384-0355

Pinnacle Building Services  
155 East Ninth Ave Unit H  
Runnemede, NJ 08078

Pro Computer Service  
180 Tuckerton Road Suite 11  
Medford, NJ 08055

Pro Med Instruments Inc.  
4529 S.E. 16th Place, Suite 101  
Cape Coral, FL 33904

PSE&G  
Attn: Bankruptcy Dept.  
80 Park Plaza  
Newark, NJ 07102

Qwest Business Services  
PO Box 856169  
Louisville, KY 40285-6169

RICOH  
5 Dedrick Place  
West Caldwell, NJ 07006

Sentry Surgical Supply  
117 West Boro Line Road  
King of Prussia, PA 19406

Sonitrol  
PO Box 660777  
Dallas, TX 75266-077

Sonoma Health  
5909 Van Keppel Road  
Forestville, CA 95436

Source Medical  
100 Grandview Place Suite 400  
Birmingham, AL 35243

Springtime Coffee Company  
6900 River Road  
Pennsauken, NJ 08110

St. Jude Medical  
PO Box 915002  
Dallas, TX 75391-5002

Stanley Convergent Security Solutions  
Dept. CH 10651  
Palatine, IL 60055-0651

Stericycle  
PO Box 9001590  
Louisville, KY 40290-1590

Steris Corporation  
PO Box 676548  
Dallas, TX 75267-6548

Stillwater National Bank and Trust Co.  
6301 Waterford Blvd, Suite 101  
Oklahoma City, OK 73118

Stryker Instruments  
PO Box 70119  
Chicago, IL 60673-0119

Synthes (USA)  
1302 Wrights Lane  
West Chester, PA 19380

The Bank  
100 Park Avenue  
Woodbury, NJ 08096

The Hartford  
400 Executive Blvd  
Southington, CT 06489

TriState Fire Protection, Inc.  
445 Delsea Drive  
Sewell, NJ 08080

US-Yellow  
PO Box 3110  
Jersey City, NJ 07303-3110

W.B. Mason Co., Inc.  
PO Box 111  
Brockton, MA 02303-0111

Yellow Pages United  
PO Box 50038  
Jacksonville, FL 32240-0038