

United States Bankruptcy Court DISTRICT OF NEW JERSEY		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Miller Health Care, LLC		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): dba Lawrenceville Nursing Rehabilitation Center		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): ITIN: 1520; EIN: 20-4181520		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) 112 Franklin Corner Road Lawrenceville, NJ		Street Address of Joint Debtor (No. and Street, City, and State)
ZIPCODE 08648		ZIPCODE
County of Residence or of the Principal Place of Business: Mercer		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE
<p>Type of Debtor (Form of Organization) (Check one box)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p> <p>_____</p>	<p>Nature of Business (Check one box)</p> <p><input checked="" type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>Tax-Exempt Entity (Check box, if applicable)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)</p>	<p>Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <p>Nature of Debts (Check one box)</p> <p><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."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts</p>
<p>Filing Fee (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><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 No. 3A.</p> <p><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.</p>		<p>Check one box: Chapter 11 Debtors</p> <p><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D)</p> <p><input checked="" type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D)</p> <p>Check if:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>).</p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).</p>
<p>Statistical/Administrative Information</p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><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.</p>		THIS SPACE IS FOR COURT USE ONLY
<p>Estimated Number of Creditors</p> <p><input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1000-5000 <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</p>		
<p>Estimated Assets</p> <p><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" 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</p>		
<p>Estimated Liabilities</p> <p><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>		

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Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Document Page 2 of 106	Name of Debtor(s): Miller Health Care, LLC
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: NONE	Case Number:	Date Filed:
Location Where Filed: N.A.	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: NONE	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p>Exhibit A</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>Exhibit 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>X _____ 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 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 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 non bankruptcy 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(1)).

Voluntary Petition

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

Name of Debtor(s):

Miller Health Care, 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 § 1515 of title 11 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/ Scott M. Zauber, Esq.
Signature of Attorney for Debtor(s)

SCOTT M. ZAUBER, ESQ. SZ6086
Printed Name of Attorney for Debtor(s)

Subranni Zauber LLC
Firm Name

1624 Pacific Avenue
Address

POB 1913 Atlantic City, NJ 08404

(609) 347-7000
Telephone Number

June 18, 2011
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 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/ Thomas Miller
Signature of Authorized Individual

THOMAS MILLER
Printed Name of Authorized Individual

Managing Member
Title of Authorized Individual

June 18, 2011
Date

Signature of Non-Attorney 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 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before 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.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re Miller Health Care, LLC _____,

Debtor

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 and 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>

ACULABS, INC. 2 KENNEDY BLVD. EAST BRUNSWICK, NJ 08816				12,444.37
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Horizon Blue Cross Blue Shield Ste 1, 949 Raymond Blvd. Newark, NJ 07105				12,698.92
--	--	--	--	-----------

Mobilex USA 930 Ridgebrook Rd 3rd Fl Sparks Glencoe, MD 21152-9390				13,402.36
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(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>
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MIDCO WASTE SYSTEMS 5 INDUSTRIAL DRIVE NEW BRUNSWICK, NJ 08901				16,058.71
--	--	--	--	-----------

TEAMSTERS LOCAL 35 PENSION FUND 620 US ROUTE 130 YARDVILLE, NJ 08691				17,330.00
---	--	--	--	-----------

Amerihealth Casualty Svcs 8000 Midlantic Dr # 333N Mount Laurel, NJ 08054-1518				27,973.93
--	--	--	--	-----------

FDR Services Corp. One Ames Court. Ste 204 Plainview, NY 11803				28,274.47
--	--	--	--	-----------

LTC CONSULTING SERVICES 7 RANDOLPH ROAD HOWELL, NJ 07731				30,000.00
--	--	--	--	-----------

TEAMSTERS LOCAL 35 HEALTH FUND 620 US ROUTE 130 YARDVILLE, NJ 08691				39,333.75
--	--	--	--	-----------

(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>
--	---	---	--	---

PSE&G Co Electric 8 Lyndon Dr. Hillsborough, NJ 08844-3033				42,258.57
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US POST ACUTE SERVICE SOLUTIONS 2029 MORRIS AVENUE SUITE 2 UNION, NJ 07083				53,714.00
---	--	--	--	-----------

CONFIDENCE SERVICES LLC 1420 EAST LINDEN AVENUE LINDEN, NJ 07036				81,795.00
--	--	--	--	-----------

PHARMCARE USA 95 NEWFIELD AVENUE SUITE B EDISON, NJ 08837				87,504.53
--	--	--	--	-----------

Lawrence Twp Tax Collector 2207 Lawrence Road Lawrence Twp, NJ 08648				103,279.68
--	--	--	--	------------

CENTRAL CARE SOLUTIONS 1420 E LINDEN AVENUE LINDEN, NJ 07036				127,976.16
--	--	--	--	------------

(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>
--	---	---	--	---

NJ Nursing Home Provider Assessment NJ Div of Taxation 50 Barrack Street Trenton, NJ 08695-0198				185,290.32
--	--	--	--	------------

Select Medical Corporation 4714 Gettysburg Road Mechanicsburg, PA 17055				263,720.60
---	--	--	--	------------

HEALTHCARE SERVICES GROUP, INC SUITE 300 3220 TILLMAN DRIVE BENSLEM, PA 19020				448,729.48
--	--	--	--	------------

PRIME REHABILITATION SERVICES 220 WHITE PLAINS ROAD SUITE 550 TARRYTOWN, NY 10591				526,559.29
---	--	--	--	------------

PARTNERS PHARMACY 70 JACKSON DRIVE CRANFORD, NJ 07016				678,880.71
---	--	--	--	------------

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an authorized agent of the corporation] named as debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date June 18, 2011

Signature /s/ Thomas Miller
THOMAS MILLER,
Managing Member

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Miller Health Care, LLC Debtor Case No. _____ (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
Total			0.00	

(Report also on Summary of Schedules.)

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In re Miller Health Care, LLC Debtor Case No. _____ (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand		60.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Petty cash TD Bank Account Wachovia Accounts		100.00 25,867.48 1,934.77
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

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In re Miller Health Care, LLC Debtor Case No. _____ (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.		Accounts Receivable 1.3 million gross 400K liquidation value		400,000.00
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Healthcare License Not able to sell		Indeterminate
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 BMW 740IL Liquidation Value		5,000.00
		2006 Ford Expedition		7,500.00

In re Miller Health Care, LLC Debtor Case No. _____ (If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Furniture Fixtures and Equipment		15,000.00
		Estimated Liquidation Value		
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
		0	continuation sheets attached	Total \$ 455,462.25

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Miller Health Care, LLC

Case No. _____

Debtor

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
 (Check one box)

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$146,450*.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Not Applicable.			

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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, 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 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 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 Without Deducting Value of Collateral" 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, if Any" 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, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Ford Motor Credit POB 542000 Omaha, NE 68154		Lien: PMSI in vehicle < 910 days Security: 2006 Ford Expedition VALUE \$ 7,500.00				6,544.43	0.00
ACCOUNT NO. VALUE \$							
ACCOUNT NO. VALUE \$							

0 continuation sheets attached

Subtotal (Total of this page)	\$ 6,544.43	\$ 0.00
Total (Use only on last page)	\$ 6,544.43	\$ 0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/10)

In re Miller Health Care, LLC
Debtor

Case No. _____
(if known)

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 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 \$11,725* 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).

*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (04/10) - Cont.

In re Miller Health Care, LLC
Debtor

Case No. _____
(if known)

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* 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 \$2,600* 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 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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

In re Miller Health Care, LLC,
 Debtor

Case No. _____
 (If known)

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 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 <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. A.C. Black Landscaping 94A Crosswicks-Ellisdale Rd Allentown, NJ 08501		Consideration: Other	X	X	X	Unknown
ACCOUNT NO. ABLE MEDICAL TRANSPORTATION INC PO BOX 6837 BRIDGEWATER, NJ 08807-0837		Consideration: Other				3,088.89
ACCOUNT NO. ACCESS INTERACTIVE LLC 46665 MAGELLAN DRIVE NOVI, MI 48377		Consideration: Other				169.00
ACCOUNT NO. ACHCA PO BOX 75060 BALTIMORE, MD 21275-5060		Consideration: Other				572.00
Subtotal						\$ 3,829.89
Total						\$

58 continuation sheets attached

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.)

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

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ACULABS, INC. 2 KENNEDY BLVD. EAST BRUNSWICK, NJ 08816		Consideration: Other				12,444.37
ACCOUNT NO. AIR CARE OF NJ, INC 127 ROUTE 206 SUITE 35 HAMILTON, NJ 08610		Consideration: Other				3,255.31
ACCOUNT NO. AIRGAS EAST PO BOX 827049 PHILADELPHIA, PA 19182		Consideration: Other				4,496.20
ACCOUNT NO. AJANTA S VINEKAR MD "666 PLAINSBORO RD SUITE 228, BLDG 200 PLAINSBORO, NJ 08536		Consideration: Other				650.00
ACCOUNT NO. ALAN LANDA 1072 MADISON AVENUE LAKEWOOD, NJ 08701		Consideration: Other				105.00

Sheet no. 1 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 20,950.88

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ALLSTATE MEDICAL 34 35TH STREET BROOKLYN, NY 11232		Consideration: Other				4,389.96
ACCOUNT NO. ALTERNATIVES FOR SENIORS PO BOX 833 SOUTHFIELD, MI 48037		Consideration: Other				171.00
ACCOUNT NO. ALTIGRO 3 US HIGHWAY 46 WEST FAIRFIELD, NJ 07004-2904		Consideration: Other				1,950.00
ACCOUNT NO. AMALFI'S 146 Lawrenceville Pennington Road Lawrence Twp, NJ 08648-1461		Consideration: Other				678.05
ACCOUNT NO. AMARACHI ANABARONYE		Consideration: Other				43.39

Sheet no. 2 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	7,232.40
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. American Hospice 50 N. Laura St. Ste 1800 Jacksonville, FL 32202						0.00
ACCOUNT NO. American Hospitals Patient Guide POB 1031 Schenectady, NY 12301		Consideration: Other	X	X	X	Unknown
ACCOUNT NO. American Hospitals Pub Group POB 1031 Schenectady, NY 12301						0.00
ACCOUNT NO. Amerihealth Casualty Svcs 8000 Midlantic Dr # 333N Mount Laurel, NJ 08054-1518		Consideration: Other				27,973.93
ACCOUNT NO. AMERIHEALTH CASUALTY SVCS-109 LOCKBOX #8271 PO BOX 8500 PHILADELPHIA, PA 19178		Consideration: Other				Notice Only

Sheet no. 3 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	27,973.93
Total	\$	

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,				AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. AMERIKEM 136 ARLINGTON AVENUE BLOOMFIELD, NJ 07003		Consideration: Other				320.68
ACCOUNT NO. AMSTERDAM PRINTING & LITHO PO BOX 701 AMSTERDAM, NY 12010		Consideration: Other				600.95
ACCOUNT NO. ARAMSCO PO BOX 29 THOROFARE, NJ 08086-0029		Consideration: Other				160.10
ACCOUNT NO. Atlantic Central Station Inc. POB 158 Lyndhurst, NJ 07071						0.00
ACCOUNT NO. AUDIO MESSAGING SOLUTIONS, LLC PO BOX 890271 CHARLOTTE, NC 28289-0271		Consideration: Other				354.00

Sheet no. 4 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	1,435.73
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Bollinger, Inc. 232 Strawbridge Dr. Moorestown, NJ 08057						0.00
ACCOUNT NO. Borden Perlman Insurance Co 2000 Lenox Drive Ste 202 Lawrenceville, NJ 08648						0.00
ACCOUNT NO. BROADVIEW NETWORKS PO BOX 9242 UNIONDALE, NY 11555-9242		Consideration: Other				6,016.23
ACCOUNT NO. BSD CARE 2915 AVE K BROOKLYN, NY 11210		Consideration: Other				6,258.43
ACCOUNT NO. Buchanan Ingersoll & Rooney 700 Alexander Park Ste 300 Princeton, NJ 08540		Consideration: Other				6,994.00

Sheet no. 5 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	19,268.66
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CAMERON CHANDLER 228 WEST MAPLE STREET AMBLER, PA 19002-5738		Consideration: Other				200.00
ACCOUNT NO. CANON FINANCIAL SERVICES INC 14904 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-014		Consideration: Other				1,472.85
ACCOUNT NO. Care Alternatives 70 Jackson Drive Ste 200 Cranford, NJ 07016						0.00
ACCOUNT NO. Care Associates Network 147 Columbia Tpke Ste 302 Florham Park, NJ 07932		Consideration: Other				3,400.00
ACCOUNT NO. CAREMED INC PO BOX 67 CEDARHURST, NY 11516		Consideration: Other				128.29

Sheet no. 6 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	5,201.14
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Caring Hospice Services 400 Commerce Dr Ste C Fort Washington, PA 19034						0.00
ACCOUNT NO. CENTRAL CARE SOLUTIONS 1420 E LINDEN AVENUE LINDEN, NJ 07036		Consideration: Other				127,976.16
ACCOUNT NO. CertaPro Painters 300 Mill St. Moorestown, NJ 08057						0.00
ACCOUNT NO. CHE Senior Care Therapy 85 Crescent Ave. Passaic, NJ 07055						0.00
ACCOUNT NO. Cherry Hill Pharmacy LTC 1951 Old Cuthbert Rd Ste 306 Cherry Hill, NJ 08034						0.00

Sheet no. 7 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$ 127,976.16
Total	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 582618 Chicago Insurance Company 55 E. Monroe St. Chicago, IL 60603						0.00
ACCOUNT NO. CHILDREN'S BREAD DELIVERANCE		Consideration: Other				50.00
ACCOUNT NO. Chinenye Onyenali 113 Johnston Ave. Hamilton, NJ 08609		Consideration: Other				325.50
ACCOUNT NO. CHOICE CARE CARD LLC 76 MCNEIL ROAD 2ND FLOOR WATERBURY CENTER, VT 05677		Consideration: Other				630.00
ACCOUNT NO. CHS, INC - MERCER CAMPUS PO BOX 8500-1576 PHILADELPHIA, PA 19178-1576		Consideration: Other				1,607.80

Sheet no. 8 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	2,613.30
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CHS, INC. - FULD CAMPUS PO BOX 8500-1571 PHILADELPHIA, PA 19178-1571		Consideration: Other				698.88
ACCOUNT NO. CLIA LABORATORY PROGRAM POB 361 TRENTON, NJ 08625-0360		Consideration: Other				300.00
ACCOUNT NO. COLETTE BOGIE 857 OLD WHITEHORSE PIKE WATERFORD, NJ 08089		Consideration: Other				225.00
ACCOUNT NO. COLONIAL SUPPLEMENTAL INSURANCE PREMIUM PROCESSING PO BOX 903 COLUMBIA, SC 29202-090		Consideration: Other				636.90
ACCOUNT NO. COLORADO BANKERS LIFE PO BOX 17007 DENVER CO 80217-0007		Consideration: Other				375.00

Sheet no. 9 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	2,235.78
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. COMCAST PO BOX 840 NEWARK, NJ 07101-0840		Consideration: Other				477.45
ACCOUNT NO. COMMERCIAL READERS SVC PO BOX 3696 BLOOMINGTON, IL 61702-3696		Consideration: Other				12.48
ACCOUNT NO. COMTEL TECHNOLOGY GROUP, INC. 2602 EAST 7TH AVENUE SUITE 200 TAMPA, FL 33605		Consideration: Other				695.00
ACCOUNT NO. ConEdison Solutions 701 Westchester Ave Ste 300E White Plains, NY 10604						0.00
ACCOUNT NO. CONFIDENCE SERVICES LLC 1420 EAST LINDEN AVENUE LINDEN, NJ 07036		Consideration: Other				81,795.00

Sheet no. 10 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	82,979.93
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. COOLERSMART "W510182, PO BOX 7777 PHILADELPHIA, PA 19175"		Consideration: Other				539.10
ACCOUNT NO. COOPER PEST SOLUTIONS 351 LAWRENCE STATION ROAD LAWRENCEVILLE, NJ 08648-26		Consideration: Other				703.26
ACCOUNT NO. CREATIVE FORECASTING PO BOX 7789 COLORADO SPRINGS, CO 80933-7789		Consideration: Other				120.00
ACCOUNT NO. CROKER FIRE DRILL CORP PO BOX 368 ISLIP TERRACE, NY 11752-0368		Consideration: Other				657.80
ACCOUNT NO. CURRENT TECHNOLOGIES ELECTRONICS PO BOX 41 JACKSON, NJ 08527		Consideration: Other				377.71

Sheet no. 11 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	2,397.87
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. DATA CONTROL TECHNOLOGY, INC 9 CHURCH STREET SUITE 202 HORNELL, NY 14843		Consideration: Other				630.00
ACCOUNT NO. DAVID M. WACKSMAN "RE: AMBASSADOR ANCILLARY 20 COURT STREET, 4TH FLOOR"		Consideration: Other				7,000.00
ACCOUNT NO. DAYDOTS 24198 NETWORK PLACE CHICAGO, IL 60673-1241		Consideration: Other				121.17
ACCOUNT NO. DELCREST MEDICAL SUPPLIES, LLC 2670 NOTTINGHAM WAY HAMILTON, NJ 08619		Consideration: Other				4,580.95
ACCOUNT NO. Delta-T Group, Inc. 101 S. Bryn Mawr Ave Ste 270 Bryn Mawr, PA 19010						0.00

Sheet no. 12 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	12,332.12
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. DH SPECIAL SERVICES 107 BROOKVILLE ROAD BARNEGAT, NJ 08005		Consideration: Other				10.00
ACCOUNT NO. DIRECT CARE CORP. 31 SKYLINE DRIVE PLAINVIEW, NY 11803		Consideration: Other				2,297.36
ACCOUNT NO. DIRECT SUPPLY BOX 88201 MILWAUKEE WI 53288-0201		Consideration: Other				1,529.14
ACCOUNT NO. DR. NILESH RANA 1531 BUCK CREEK DRIVE YARDLEY, PA 19067		Consideration: Other				2,000.00
ACCOUNT NO. DRISCOLL FOODS 174 DELAWANNA AVENUE CLIFTON, NJ 07014		Consideration: Other				6,274.76

Sheet no. 13 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	12,111.26
Total	\$	

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. DSI of Trenton LLC 1840 Princeton Ave. Lawrenceville, NJ 08648						0.00
ACCOUNT NO. DYNALINK COMMUNICATIONS PO BOX 1219 OLD CHELSEA STATION NEW YORK, NY 10113-1		Consideration: Other				1,384.89
ACCOUNT NO. ECOLAB PO BOX 905327 CHARLOTTE, NC 28290-5327		Consideration: Other				1,040.60
ACCOUNT NO. EDGE INFORMATION MANAGEMENT, INC PO BOX 3378 MELBOURNE, FL 32902-3378		Consideration: Other				569.00
ACCOUNT NO. EMA EMERGENCY MEDICAL ASSOCIATES PO BOX 747 LIVINGSTON, NJ 07039		Consideration: Other				2,583.00

Sheet no. 14 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	5,577.49
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Embracing Hospice 109 South Main Street Cranbury, NJ 08512						0.00
ACCOUNT NO. Embracing HospiceCare of NJ West LLC 2101 Hwy 34 South Ste B Wall, NJ 07719						0.00
ACCOUNT NO. ENCORE FLORIST & PALM HOUSE 2307 S. BROAD STREET HAMILTON, NJ 08610		Consideration: Other				40.00
ACCOUNT NO. EPOWER ELECTRICAL CONTRACTORS Cranbury, NJ 08512		Consideration: Other				1,800.00
ACCOUNT NO. ERNEST KOSCIES		Consideration: Other				2,071.00

Sheet no. 15 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	3,911.00
Total	\$	

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. EVANS AUDIOLOGY & HEARING AID CE 2657 NOTTINGHAM WAY MERCERVILLE, NJ 08619		Consideration: Other				350.00
ACCOUNT NO. FDR Services Corp. One Ames Court. Ste 204 Plainview, NY 11803		Consideration: Other				28,274.47
ACCOUNT NO. FDR SERVICES CORP. PO BOX 1010 PLAINVIEW, NY 11803		Consideration: Other				Notice Only
ACCOUNT NO. FED EX PO BOX 371461 PITTSBURGH, PA 15250-7461		Consideration: Other				83.75
ACCOUNT NO. FORD CREDIT BOX 220564 PITTSBURGH, PA 15257-2564		Consideration: Other				1,030.42

Sheet no. 16 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	29,738.64
Total	\$	

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Fraser Advanced Info Systems 800 Walnut St MAC F4031-040 Des Moines, IA 50309						0.00
ACCOUNT NO. FRASER-SUPPLIES PO BOX 7 READING, PA 19603-0007		Consideration: Other				427.00
ACCOUNT NO. G & C ELECTRONICS 317 CHURCH STREET LAKEHURST, NJ 08733		Consideration: Other				230.61
ACCOUNT NO. GENERAL HEALTHCARE RESOURCES 2250 Hickory Rd. Ste. 240 Plymouth Meeting, PA 19462		Consideration: Other				6,000.00
ACCOUNT NO. Genesis Healthcare Corp 101 E. State St. Kennett Square, PA 19348						0.00

Sheet no. 17 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ 6,657.61

Total ▶ \$

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. GENSERVE INC 998 TAUNTON AVENUE WEST BERLIN, NJ 08091		Consideration: Other				1,803.60
ACCOUNT NO. GENTELL 3600 BOUNDBROOK TREVOSE, PA 19053		Consideration: Other				2,715.91
ACCOUNT NO. GEORGE SINKLER 3008 LIMEKILM PIKE NORTH HILLS, PA 19038		Consideration: Other				420.00
ACCOUNT NO. GLOBAL MEDICAL 7024 TROY HILL DRIVE SUITE N ELKRIDGE, MD 21075		Consideration: Other				222.00
ACCOUNT NO. GLUCK WALRATH 428 RIVER VIEW PLAZA TRENTON, NJ 08611		Consideration: Other				11,243.57

Sheet no. 18 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	16,405.08
Total	\$	

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In re Miller Health Care, LLC,
Debtor

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(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Greenwood House Hospice 50 Walter St. Ewing, NJ 08628						0.00
ACCOUNT NO. H&R HEALTHCARE 1750 OAK STREET LAKEWOOD, NJ 08701		Consideration: Other				2,777.72
ACCOUNT NO. HAMILTON ANESTHESIA ASSOC. PO BOX 10439 TRENTON, NJ 08650		Consideration: Other				47.60
ACCOUNT NO. HAMILTON CARDIOLOGY ASSOCIATES 2073 KLOCKNER ROAD HAMILTON, NJ 08690		Consideration: Other				1,420.37
ACCOUNT NO. HARRY J. LAWALL & SON, INC. 8028 FRANKFORD AVENUE PHILADELPHIA, PA 19136		Consideration: Other				2,239.51

Sheet no. 19 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	6,485.20
Total	\$	

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(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. HARTFORD STEAM BOILER PO BOX 21045 CHICAGO, IL 60673		Consideration: Other				50.00
ACCOUNT NO. HCANJ 4 AAA DRIVE SUITE 203 HAMILTON, NJ 08691-1803		Consideration: Other				6,725.00
ACCOUNT NO. HCM GROUP LLC 40 VREELAND AVENUE SUITE 101D TOTOWA, NJ 07512		Consideration: Other				9,989.71
ACCOUNT NO. HD SUPPLY FACILITIES MAINTENANCE PO BOX 509058 SAN DIEGO, CA 92150-9058		Consideration: Other				597.44
ACCOUNT NO. Healthcare Quality Strategies 557 Cranbury Rd Ste 21 E. Brunswick, NJ 08816						0.00

Sheet no. 20 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 17,362.15

Total > \$

(Use only on last page of the completed Schedule F.)
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Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. HEALTHCARE SERVICES GROUP, INC SUITE 300 3220 TILLMAN DRIVE BENSALEM, PA 19020		Consideration: Other				448,729.48
ACCOUNT NO. Heart and Soul Hospice 104 Pension Rd Englishtown, NJ 07726						0.00
ACCOUNT NO. HOLLAND INC. HEATING & AIR CONDITIONING 39 CONROW ROAD DELRAN NJ 08075		Consideration: Other				381.60
ACCOUNT NO. HORIZON BLUE CROSS BLUE SHIELD PO BOX 1738 NEWARK, NJ 07101-1738		Consideration: Other				Notice Only
ACCOUNT NO. Horizon Blue Cross Blue Shield Ste 1, 949 Raymond Blvd. Newark, NJ 07105		Consideration: Other				12,698.92

Sheet no. 21 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 461,810.00

Total > \$

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Horizon Healthcare Svcs Three Penn Plaza East Newark, NJ 07105-2200						0.00
ACCOUNT NO. Hospice of New Jersey 400 Broadacres Dr 4th Fl Bloomfield, NJ 07003						0.00
ACCOUNT NO. HUBCO HEALTH CARE GROUP 130 PENNINGTON WASHINGTON CROSSING ROAD Pennington, NJ 08534		Consideration: Other				12,100.00
ACCOUNT NO. Integrated Health Admin Svcs 141 Halstead Ave Ste 304 Mamaroneck, NY 10543						0.00
ACCOUNT NO. INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0039		Consideration: Other				610.91

Sheet no. 22 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 12,710.91

Total > \$

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19114		Consideration: Taxes				Notice Only
ACCOUNT NO. INTERNATIONAL HEALTHCARE VOLUNTEER		Consideration: Other				250.00
ACCOUNT NO. Invacare Corporation POB 4028 Elyria, OH 44036						0.00
ACCOUNT NO. J5704 Iron Mountain Information Mgmt 3433 Progress Drive Bensalem, PA 19020						0.00
ACCOUNT NO. JAFFE & ASHER LLP 600 THIRD AVENUE 9TH FLOOR NEW YORK, NY 10016-1901		Consideration: Other				200.00

Sheet no. 23 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	450.00
Total	\$	

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Debtor

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(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. JAMES TAITSMAN 123 FRANKLIN CORNER ROAD LAWRENCEVILLE, NJ 08648		Consideration: Other				438.40
ACCOUNT NO. JAY MALLET 28 JACOBS CORNER ROAD EWING, NJ 08628		Consideration: Other				100.00
ACCOUNT NO. JERRY CASTALDO 3 GREENWICH DRIVE HIGH BRIDGE, NJ 08829-1607		Consideration: Other				225.00
ACCOUNT NO. JOHN PATRICK PUBLISHING COMPANY PO BOX 5469 TRENTON, NJ 08638-0469		Consideration: Other				1,310.00
ACCOUNT NO. Jose Diaz 396 Holly Dr. Levittown, PA 19055		Consideration: Other				600.00

Sheet no. 24 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	2,673.40
Total	\$	

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Joyce Tulloch 857 E. State St. Trenton, NJ 08609		Consideration: Other				1,076.15
ACCOUNT NO. KAUFMAN DOLOWICH & VOLUCK LLP 135 CROSSWAYS PARK DRIVE SUITE 201 WOODBURY, NY 1179		Consideration: Other				585.00
ACCOUNT NO. KEN JOHNSTONE 125 ELMWOOD ROAD FAIRLESS HILLS, PA 19030		Consideration: Other				135.00
ACCOUNT NO. KODIAK SYSTEMS PO BOX 786436 PHILADELPHIA, PA 19178-6436		Consideration: Other				1,805.40
ACCOUNT NO. L & I ELECTRIC PO BOX 3243 PRINCETON, NJ 08543		Consideration: Other				80.25

Sheet no. 25 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	3,681.80
Total	\$	

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Debtor

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(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. LA HAIR 733 BIRCH AVENUE PENNDDEL, PA 19047		Consideration: Other				4,884.80
ACCOUNT NO. LAWRENCE ORTHOPAEDICS 4065 QUAKERBRIDGE ROAD PRINCETON JUMCTION, NJ 08550		Consideration: Other				198.00
ACCOUNT NO. LAWRENCE TOWNSHIP TAX COLLECTOR PO BOX 6006 LAWRENCEVILLE, NJ 08648		Consideration: Other				Notice Only
ACCOUNT NO. Lawrence Twp Board of Ed 2565 Princeton Pike Lawrenceville, NJ 08648						0.00
ACCOUNT NO. Lawrence Twp Tax Collector 2207 Lawrence Road Lawrence Twp, NJ 08648		Consideration: Other				103,279.68

Sheet no. 26 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	108,362.48
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Lawrenceville Nursing Home c/o Frank C. Puzio, President 231 Lambert Drive Princeton, NJ 08540						0.00
ACCOUNT NO. Lawrenceville Nursing Home, Inc. Attn: Carl J. Soranno, Esq. Brach Eichler LLC 101 Eisenhower Pkwy Roseland, NJ 07068		Consideration: Represents creditor				Notice Only
ACCOUNT NO. Lawrenceville Nursing Home, Inc. Attn: Stark & Stark, Rachel Stark, Esquire 993 Lenox Drive, Building Two Lawrenceville, NJ 08648		Consideration: Represents creditor				Notice Only
ACCOUNT NO. LAWRENCEVILLE RECREATION DEPT. PO Box 6006 Lawrenceville, NJ 08648		Consideration: Other				120.00
ACCOUNT NO. Lawrenceville Urology PA 3120 Princeton Pike Lawrenceville, NJ 08648						0.00

Sheet no. 27 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	120.00
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. LEADING EDGE CUTLERY SERVICE 318 9TH STREET FAIRVIEW, NJ 07022		Consideration: Other				11.77
ACCOUNT NO. Leila Evans 378 Reservoir St. Trenton, NJ 08618		Consideration: Other				740.93
ACCOUNT NO. LESA ALDRIDGE 1212 BEAR TAVERN ROAD TITUSVILLE, NJ 08560		Consideration: Other				3,775.00
ACCOUNT NO. LIFE St. Francis 1435 Liberty St. Hamilton, NJ 08629						0.00
ACCOUNT NO. LIFE SYSTEMS INC 7320 CENTRAL AVENUE SAVANNAH GA 31406		Consideration: Other				7,686.45

Sheet no. 28 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	12,214.15
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. LINDA CUMBUS 52 CHAMBORD CT. HAMILTON, NJ 08619		Consideration: Other				57.15
ACCOUNT NO. LINGUISYSTEMS 3100 4TH AVENUE EAST MOLINE, IL 61244-9700		Consideration: Other				449.00
ACCOUNT NO. LIQUIDPOSH 575 EASTON AVENUE - 15L SOMERSET, NJ 08873		Consideration: Other				162.50
ACCOUNT NO. Lourdes Lodovica 184 Cypress Lane Hamilton, NJ 08619		Consideration: Other				10.00
ACCOUNT NO. LTC CONSULTING SERVICES 7 RANDOLPH ROAD HOWELL, NJ 07731		Consideration: Other				30,000.00

Sheet no. 29 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	30,678.65
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. M & M MEDICAL EQUIPMENT REPAIR PO BOX 604 BEAVERDALE, PA 15921		Consideration: Other				1,136.50
ACCOUNT NO. Marcus & Millichap 270 Madison Ave # 7 New York, NY 10016-0601						0.00
ACCOUNT NO. MARSHALL INDUSTRIAL TECHNOLOGIES 529 South Clinton Avenue Trenton, NJ 08611		Consideration: Other				2,500.00
ACCOUNT NO. MARTHA DAVIS		Consideration: Other				195.13
ACCOUNT NO. MDI ACHIEVE PO BOX 86 MINNEAPOLIS MN 55486-2905		Consideration: Other				4,606.00

Sheet no. 30 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	8,437.63
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MEDCARE LLC 3535 ROUTE 66 BUILDING 3 NEPTUNE, NJ 07753-2624		Consideration: Other				692.24
ACCOUNT NO. MEDEAST POST-OP & SURGICAL PO BOX 822796 PHILADELPHIA, PA 19182-2796		Consideration: Other				243.20
ACCOUNT NO. Medi-EMR LLC 90 Washington Valley Road Bedminster, NJ 07921						0.00
ACCOUNT NO. MEDI-TRANSPORT OF NJ 2595 EAST STATE STREET HAMILTON, NJ 08619		Consideration: Other				5,539.25
ACCOUNT NO. MEDICAL REPAIR CENTER, INC. 432 LICOLN BLVD. MIDDLESEX, NJ 08846		Consideration: Other				136.43

Sheet no. 31 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	6,611.12
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MEDICAL SOLUTIONS GROUP INC 1 HEWITT SQUARE #123 EAST NORTHPORT, NY 11731		Consideration: Other				9,579.50
ACCOUNT NO. MEDICOM, LLC 1090 CONEY ISLAND AVE SUITE 202 BROOKLYN, NY 11230		Consideration: Other				3,324.78
ACCOUNT NO. Medline Industries Inc. One Medline Place Mundelein, IL 60060						0.00
ACCOUNT NO. Melissa Guglielmo 27 Village Drive Yardville, NJ 08620		Consideration: Other				240.00
ACCOUNT NO. MERCER BUCKS ORTHOPAEDICS PO BOX 8095 LANCASTER, PA 17604-8095		Consideration: Other				30.94

Sheet no. 32 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 13,175.22

Total > \$

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(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Mercer County Comm College PO Box B Trenton, NJ 08690						0.00
ACCOUNT NO. Mercer County Technical Schools 1085 Old Trenton Rd. Trenton, NJ 08690						0.00
ACCOUNT NO. Mercer County Vo-Tech 1085 Old Trenton Rd. Trenton, NJ 08619						0.00
ACCOUNT NO. MERCER FIRE PROTECTION 527 MULBERRY STREET TRENTON, NJ 08638		Consideration: Other				1,846.50
ACCOUNT NO. MERCER-BUCKS ORTHOPAEDICS PO BOX 848228 BOSTON, MA 02284-8228		Consideration: Other				72.08

Sheet no. 33 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	1,918.58
Total	\$	

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In re Miller Health Care, LLC,
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Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. METIS GROUP, LLC 14 PENN PLAZA SUITE 1800 NEW YORK, NY 10122		Consideration: Other				7,250.00
ACCOUNT NO. Metropolitan Foods Inc dba Driscoll Foods 174 Delawanna Ave. Clifton, NJ 07011						0.00
ACCOUNT NO. MICHAEL LAZAR 532 OLD MARLTON PIKE WEST PMB#106 MARLTON, NJ 08053		Consideration: Other				150.00
ACCOUNT NO. Michena Auguste Ulysse 1204 Hamilton Ave. Trenton, NJ 08629		Consideration: Other				244.15
ACCOUNT NO. MIDCO WASTE SYSTEMS 5 INDUSTRIAL DRIVE NEW BRUNSWICK, NJ 08901		Consideration: Other				16,058.71

Sheet no. 34 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	23,702.86
Total	\$	

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In re Miller Health Care, LLC,
Debtor

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(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MIDWAY INDUSTRIES PO BOX 370 REISTERSTOWN, MD 21136		Consideration: Other				2,649.33
ACCOUNT NO. Mobilex USA 930 Ridgebrook Rd 3rd Fl Sparks Glencoe, MD 21152-9390		Consideration: Other				13,402.36
ACCOUNT NO. MONROE MEDICAL SUPPLIES 2715 ROUTE 130 SOUTH CRANBURY, NJ 08512		Consideration: Other				375.00
ACCOUNT NO. MOONEY GENERAL PAPER CO 1451 CHESTNUT AVENUE PO BOX 3800 HILLSIDE, NJ 07205		Consideration: Other				349.23
ACCOUNT NO. NATIONAL CARE SYSTEMS 170 53RD STREET BROOKLYN, NY 11232		Consideration: Other				7,250.00

Sheet no. 35 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 24,025.92

Total > \$

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(Report also on Summary of Schedules and, if applicable, on the
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B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NATIONAL DATACARE CORP PO BOX 222430 CHANTILLY, VA 20153-2430		Consideration: Other				1,886.45
ACCOUNT NO. NATIONAL INDUSTRIES 2727 PHILMONT AVENUE UNIT 340 HUNTINGDON VALLEY PA		Consideration: Other				229.74
ACCOUNT NO. NATIONAL NUTRITION INC PO BOX 5383 2733 LITITZ PIKE LANCASTER, PA 17606-538		Consideration: Other				1,105.00
ACCOUNT NO. NEW HAMPSHIRE INSURANCE CO PO BOX 13706 NEWARK, NJ 07188		Consideration: Other				109.64
ACCOUNT NO. NEW JERSEY LABOR LAW POSTER SERV 5859 W SAGINAW HWY. #3443 LANSING, MI 48917-2460		Consideration: Other				132.25

Sheet no. 36 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	3,463.08
Total	\$	

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT UNLIQUIDATED DISPUTED			AMOUNT OF CLAIM
ACCOUNT NO. NEW JERSEY SURGERY CENTER "1225 WHITEHORSE-MERCERVILLE RD BLDG D, SUITE 209 ME"		Consideration: Other				130.90
ACCOUNT NO. Nilesh Rana, MD 1531 Buck Creek Drive Yardley, PA 19067						0.00
ACCOUNT NO. NINA'S		Consideration: Other				160.00
ACCOUNT NO. NJ DIVISION OF FIRE SAFETY PO BOX 809 TRENTON, NJ 08625-0809		Consideration: Other				1,321.00
ACCOUNT NO. NJ Eastern Star Home 111 Finderne Ave. Bridgewater, NJ 08807						0.00

Sheet no. 37 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	1,611.90
Total	\$	

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NJ Nursing Home Provider Assessment NJ Div of Taxation 50 Barrack Street Trenton, NJ 08695-0198		Consideration: Other				185,290.32
ACCOUNT NO. NJ Nursing Home Provider Assessment NJ Div of Taxation Rev Processing Ctr PO Box 646 Trenton, NJ 08646		Consideration: Other				Notice Only
ACCOUNT NO. NJAHS 13 ROSZEL ROAD SUITE C-200 PRINCETON, NJ 08540		Consideration: Other				200.00
ACCOUNT NO. NJAPA		Consideration: Other				235.00
ACCOUNT NO. NOLAN WILLENC CLASSICAL GUITARI 476 B BUCKINGHAM DRIVE MANCHESTER, NJ 08759		Consideration: Other				75.00

Sheet no. 38 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$ 185,800.32
Total	\$

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Debtor

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(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NUTRITION PLUS 40 VREELAND AVENUE SUITE 101D TOTOWA, NJ 07512		Consideration: Other				6,501.00
ACCOUNT NO. Odyssey HealthCare Operatin B, LP 242 Old New Brunswick Rd Ste 140 Piscataway, NJ 08854						0.00
ACCOUNT NO. OLIVER SPRINKLER CO, INC 501 FEHELEY DRIVE KING OF PRUSSIA, PA 19406-2690		Consideration: Other				1,119.30
ACCOUNT NO. OMEGA ENVIORNMENTAL SERVICES INC 280 HUYLER STREET SOUTH HACKENSACK, NJ 07606		Consideration: Other				7,288.92
ACCOUNT NO. ON-SITE HEALTH SERVICES 413 GERMANTOWN PIKE LAFAYETTE HILL, PA 19444		Consideration: Other				165.00

Sheet no. 39 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 15,074.22

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ONE STOP FINANCIAL SERVICES 1403 Oak Circle Lansdale, PA 19446-6076		Consideration: Other				25.00
ACCOUNT NO. Our Town POB 3462 Mercerville, NJ 08619						0.00
ACCOUNT NO. PARTNERS PHARMACY 70 JACKSON DRIVE CRANFORD, NJ 07016		Consideration: Other				678,880.71
ACCOUNT NO. PATIENT CARE ASSOCIATES INC 141 HALSTEAD AVE MAMARONECK, NY 10543		Consideration: Other				964.19
ACCOUNT NO. PAULA KROSNICK 1505 8TH STREET NW HICKORY, NC 28601		Consideration: Other				57.98

Sheet no. 40 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$ 679,927.88
Total	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Petro 2187 Atlantic St. Stamford, CT 06902						0.00
ACCOUNT NO. PHARMCARE USA 95 NEWFIELD AVENUE SUITE B EDISON, NJ 08837		Consideration: Other				87,504.53
ACCOUNT NO. PHILIP ROSENAU CO, INC PO BOX 7777 PHILADELPHIA, PA 19175-0739		Consideration: Other				1,222.20
ACCOUNT NO. PHONE OWNERS GROUP 1790 ROUTE 70 EAST CHERRY HILL, NJ 08003		Consideration: Other				232.73
ACCOUNT NO. PHYSIATRY MANAGEMENT SERVICES "3111 ROUTE 38, #11 PMB 120 MOUNT LAUREL, NJ 08054"		Consideration: Other				6,000.00

Sheet no. 41 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	94,959.46
Total	\$	

(Use only on last page of the completed Schedule F.)
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In re Miller Health Care, LLC,
Debtor

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(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Physician Sales & Service 4345 Southpoint Boulevard Jacksonville, FL 32216						0.00
ACCOUNT NO. PHYSIO-CONTROL, INC 12100 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693		Consideration: Other				359.81
ACCOUNT NO. PIEDMONT AVIARIES INC 9049 GREEN ROAD WARRENTON, VA 20187		Consideration: Other				2,029.30
ACCOUNT NO. PITNEY BOWES PO BOX 371887 PITTSBURGH, PA 15250-7887		Consideration: Other				2,748.79
ACCOUNT NO. Prime HealthCare Staffing 27240 Haggerty Rd, E-15 Farmington Hills, MI 48331						0.00

Sheet no. 42 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 5,137.90

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. PRIME REHABILITATION SERVICES 220 WHITE PLAINS ROAD SUITE 550 TARRYTOWN, NY 10591		Consideration: Other				526,559.29
ACCOUNT NO. PRIMEDICA, INC. 3500 FINANCIAL PLAZA SUITE 200 TALLAHASSEE, FL 32312		Consideration: Other				318.45
ACCOUNT NO. PRINCETON HEALTH CARE SYSTEM FOU 253 WITHERSPOON STREET PRINCETON, NJ 08540		Consideration: Other				584.00
ACCOUNT NO. PRINCETON HEALTHCARE SYSTEM 253 WITHERSPOON STREET PRINCETON, NJ 08540		Consideration: Other				1,194.44
ACCOUNT NO. PRINCETON PACKET 300 WITHERSPOON STREET PO BOX AJ PRINCETON, NJ 08542		Consideration: Other				364.59

Sheet no. 43 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	529,020.77
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. PRINCETON RADIOLOGY 3674 ROUTE 27 KENDALL PARK, NJ 08824		Consideration: Other				1,263.98
ACCOUNT NO. PRINCETON REGIONAL CHAMBER OF CO 9 VANDEVENTER AVENUE PRINCETON, NJ 08542		Consideration: Other				662.50
ACCOUNT NO. PRINCETON REGIONAL ORTHO 256 BUNN DRIVE PRINCETON, NJ 08540		Consideration: Other				65.48
ACCOUNT NO. Princetonian Graphics Inc. 45 Stouts Lane Ste 4 Monmouth Junction, NJ 08852						0.00
ACCOUNT NO. PSE&G Co Electric 8 Lyndon Dr. Hillsborough, NJ 08844-3033		Consideration: Other				42,258.57

Sheet no. 44 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 44,250.53

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. PSE&G CO ELECTRIC PO BOX 14101 NEW BRUNSWICK, NJ 08906-4101		Consideration: Other				Notice Only
ACCOUNT NO. PSE&G GAS PO BOX 14104 NEW BRUNSWICK, NJ 08906-4104		Consideration: Other				4,396.41
ACCOUNT NO. PULMONARY MANAGEMENT INC 1985 EAST STATE STREET EXT HAMILTON, NJ 08619		Consideration: Other				195.00
ACCOUNT NO. PURCHASE POWER PO BOX 856042 LOUISVILLE, KY 40285-6042		Consideration: Other				1,687.38
ACCOUNT NO. QUALI-TEE 657 Rte 28 # 2 West Yarmouth, MA 02673-5034		Consideration: Other				291.23

Sheet no. 45 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	6,570.02
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. RAYMOND H. VALENTINO 244 PROBASCO ROAD EAST WINDSOR, NJ 08520		Consideration: Other				300.00
ACCOUNT NO. RECOVER CARE KEY BANK LOCK BOX # 713222 895 CENTRAL AVE, STE 600		Consideration: Other				11,459.75
ACCOUNT NO. RESIDENT FAMILY MEALS		Consideration: Other				130.00
ACCOUNT NO. RESPIRATORY HEALTH SERVICES PO BOX 7247 7480 PHILADELPHIA, PA 19170-7480		Consideration: Other				10,904.96
ACCOUNT NO. RETRIEVEX PO BOX 415938 BOSTON, MA 02241-5938		Consideration: Other				392.60

Sheet no. 46 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ 23,187.31

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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B6F (Official Form 6F) (12/07) - Cont.

In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. RHONDA HUGHES		Consideration: Other				69.31
ACCOUNT NO. Rite-Air Mechanical 109 Edgewood Ave. Bellmawr, NJ 08031						0.00
ACCOUNT NO. ROBERT MATTEO PO BOX 52 WASHINGTON, NJ 07882		Consideration: Other				5.00
ACCOUNT NO. Rossi Psychological Group PA 62 E. Main St. Somerville, NJ 08876						0.00
ACCOUNT NO. SALADWORKS Eight Tower Bridge 161 Washington St, Ste 300 Conshohocken, PA 19428		Consideration: Other				61.15

Sheet no. 47 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	135.46
Total	\$	

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. SAMMONS PRESTON PO BOX 93040 CHICAGO, IL 60673-3040		Consideration: Other				42.94
ACCOUNT NO. SANITARY LINEN SUPPLY 1100 6TH AVENUE NEPTUNE, NJ 07753		Consideration: Other				1,694.36
ACCOUNT NO. SEA BAY GAME CO. 77 CLIFFWOOD AVE STE 1-D CLIFFWOOD, NJ 07721		Consideration: Other				227.28
ACCOUNT NO. Select Medical Corporation 4714 Gettysburg Road Mechanicsburg, PA 17055		Consideration: Other				263,720.60
ACCOUNT NO. SELECT MEDICAL REHABILITATION SE PO BOX 643920 PITTSBURGH, PA 15264		Consideration: Other				Notice Only

Sheet no. 48 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	265,685.18
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. SERVICE PORT REFRIGERATION 340-A ANDREWS ROAD TREVOSSE, PA 19053		Consideration: Other				738.62
ACCOUNT NO. SHRED IT 796 HAUNTED LANE BENSALEM, PA 19020		Consideration: Other				645.96
ACCOUNT NO. SINGER EQUIPMENT COMPANY "MITNICK & MALZBERG, P.C. PO BOX 429 FRENCHTOWN, NJ 0"		Consideration: Other				42.08
ACCOUNT NO. ST. FRANCIS MEDICAL CENTER PO BOX 827800 PHILADELPHIA, PA 19182		Consideration: Other				169.62
ACCOUNT NO. STEPHEN A. COBELL, LLC 1234 ROUTE 23 NORTH BUTLER, NJ 07405		Consideration: Other				275.00

Sheet no. 49 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	1,871.28
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. STERICYCLE INC PO BOX 9001590 LOUISVILLE, KY 40290-1590		Consideration: Other				1,050.45
ACCOUNT NO. STERN MOBILE FIELD OFFICES, INC PO BOX 218 FARMINGDALE, NJ 07727		Consideration: Other				190.80
ACCOUNT NO. Steven A. Cobell, LLC 1234 Rt. 23 North Butler, NJ 07405		Consideration: Professional Fees	X	X	X	Unknown
ACCOUNT NO. SUCCESSFUL TITLE AGENCY 809 RIVER AVE LAKEWOOD, NJ 08701		Consideration: Other				180.00
ACCOUNT NO. SUE MILLER 106 DRUMMOND DRIVE PENNINGTON, NJ 08534		Consideration: Other				670.00

Sheet no. 50 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	2,091.25
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. SUMMIT SOFTWARE INC 85 BROADWAY SUITE F AMITYVILLE, NY 11701		Consideration: Other				656.25
ACCOUNT NO. SUNSHINE FOUNDATION PO BOX 55130 TRENTON, NJ 08638-6130		Consideration: Other				350.00
ACCOUNT NO. SUPERIOR LAMP INC PO BOX 566 MOORHEAD MN 56561-0566		Consideration: Other				344.30
ACCOUNT NO. Symphony Diagnostic Svcs 185 Witmer Road Horsham, PA 19044						0.00
ACCOUNT NO. TAENZER,ETTENSON,STOCKTON & ABER 123 NORTH CHURCH STREET PO BOX 237 MOORESTOWN, NJ 08		Consideration: Other				250.00

Sheet no. 51 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	1,600.55
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. TAYLOR RENTAL 448 Broadway Hillsdale, NJ 07642		Consideration: Other				580.64
ACCOUNT NO. TEAMSTERS LOCAL 35 HEALTH FUND 620 US ROUTE 130 YARDVILLE, NJ 08691		Consideration: Other				39,333.75
ACCOUNT NO. TEAMSTERS LOCAL 35 PENSION FUND 620 US ROUTE 130 YARDVILLE, NJ 08691		Consideration: Other				17,330.00
ACCOUNT NO. TEAMSTERS LOCAL 35 UNION DUES 620 US ROUTE 130 YARDVILLE, NJ 08691		Consideration: Other				0.50
ACCOUNT NO. TEICH GROH 691 STATE HIGHWAY #33 TRENTON, NJ 08619-4492		Consideration: Other				4,768.80

Sheet no. 52 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	62,013.69
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. The Corporate Health Center 832 Brunswick Ave. Trenton, NJ 08638						0.00
ACCOUNT NO. THE FLAG KEEPERS 1108 LEE STREET KANNAPOLIS, NC 28081		Consideration: Other				5.00
ACCOUNT NO. The Lawrence Ledger P.O. Box 350 Princeton, NJ 08542						0.00
ACCOUNT NO. THE PHONEOWNERS GROUP 1790 ROUTE 70 EAST CHERRY HILL, NJ 08003		Consideration: Other				299.60
ACCOUNT NO. THE PRINCETON PACKET PO BOX AJ PRINCETON, NJ 08542-0116		Consideration: Other				281.61

Sheet no. 53 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	586.21
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. The Star-Ledger 1 Star-Ledger Plaza Newark, NJ 07101						0.00
ACCOUNT NO. THE TIMES PO BOX 5757 HICKSVILLE, NY 11802-5757		Consideration: Other				1,378.16
ACCOUNT NO. THE TIMES ADVERTISING PO BOX 5710 HICKSVILLE, NY 11802-5710		Consideration: Other				950.60
ACCOUNT NO. THE TRENTONIAN ACCOUNTS RECEIVABLE PO BOX 231 TRENTON, NJ 08602-023		Consideration: Other				282.42
ACCOUNT NO. TIFFANY MOSS		Consideration: Other				365.67

Sheet no. 54 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	2,976.85
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. TREASURER STATE OF NJ P. O. Box 002 Trenton, NJ 08625-0002		Consideration: Other				255.00
ACCOUNT NO. TRENTON ORTHOPAEDIC GROUP PO BOX 850052173 PHILADELPHIA, PA 19178-2173		Consideration: Other				2,310.39
ACCOUNT NO. TRENTON THUNDER BASEBALL 1 Thunder Road Trenton, NJ 08611		Consideration: Other				769.00
ACCOUNT NO. TRENTON WATER WORKS PO BOX 528 TRENTON, NJ 08604-0528		Consideration: Other				10,157.64
ACCOUNT NO. ULTRASOUND SERVICES INC 27 BLACKSMITH ROAD- #200 NEWTOWN, PA 18940		Consideration: Other				155.32

Sheet no. 55 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	13,647.35
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. UNITED FEDERATED SYSTEMS INC 40 VREELAND AVENUE SUITE 105 TOTOWA, NJ 07512		Consideration: Other				346.00
ACCOUNT NO. Uroskills Urology PC 151 Fries Mill Road # 301 Blackwood, NJ 08012-2016						0.00
ACCOUNT NO. US MARKETING 40-14 24TH STREET LONG ISLAND CITY, NY 11101		Consideration: Other				11.98
ACCOUNT NO. US POST ACUTE SERVICE SOLUTIONS 2029 MORRIS AVENUE SUITE 2 UNION, NJ 07083		Consideration: Other				53,714.00
ACCOUNT NO. VERIZON PO BOX 4833 TRENTON, NJ 08650-4833		Consideration: Other				159.65

Sheet no. 56 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	54,231.63
Total	\$	

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(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. VERIZON WIRELESS PO BOX 25505 LEHIGH VALLEY, PA 18002-5505		Consideration: Other				4,237.93
ACCOUNT NO. VERIZON/DUBOW PO BOX 4830 TRENTON, NJ 08650-4830		Consideration: Other				101.55
ACCOUNT NO. VNA Home Care of Mercer County 171 Jersey St. Trenton, NJ 08611						0.00
ACCOUNT NO. WB MASON 59 CENTRE STREET BROCKTON, MA 02301-4014		Consideration: Other				584.66
ACCOUNT NO. Weigh to Go LLC 1339 Ells Mill Road Mullica Hill, NJ 08062						0.00

Sheet no. 57 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$	4,924.14
Total	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
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In re Miller Health Care, LLC,
Debtor

Case No. _____
(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. WELCO PO BOX 7777 PHILADELPHIA, PA 19175-2075		Consideration: Other				1,454.96
ACCOUNT NO. WILLIAM GARFINKLE 89 BROWNING ROAD SHORT HILLS, NJ 07078		Consideration: Other				300.00
ACCOUNT NO. WOUND CARE CONCEPTS 2701 BARTRAM ROAD BRISTOL, PA 19007		Consideration: Other				3,674.36
ACCOUNT NO. WOUND HEALING TECHNOLOGIES 1901 JOHN P DEVANEY BLVD BROOKLYN, NY 11215		Consideration: Other				2,814.30
ACCOUNT NO. ZEP MANUFACTURING COMPANY PO BOX # 3338 BOSTON, MA 02241-3338		Consideration: Other				224.08

Sheet no. 58 of 58 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal	\$ 8,467.70
Total	\$ 3,132,483.62

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

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In re Miller Health Care, LLC

Case No. _____

Debtor

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Lawrenceville Nursing Home, Inc. Attn: Stark & Stark, Rachel Stark, Esquire 993 Lenox Drive, Building Two Lawrenceville, NJ 08648	Lease for business Lease on nonresidential real property
Lawrenceville Nursing Home c/o Frank C. Puzio, President 231 Lambert Drive Princeton, NJ 08540	Lease for business Lease on nonresidential real property
Lawrenceville Nursing Home, Inc. Attn: Carl J. Soranno, Esq. Brach Eichler LLC 101 Eisenhower Pkwy Roseland, NJ 07068	Lease for business Lease on nonresidential real property

In re Miller Health Care, LLC
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or 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. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court
DISTRICT OF NEW JERSEY**

In re Miller Health Care, LLC
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 455,462.25		
C - Property Claimed as exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 6,544.43	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	59		\$ 3,132,483.62	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 0.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 0.00
TOTAL		71	\$ 455,462.25	\$ 3,139,028.05	

United States Bankruptcy Court
DISTRICT OF NEW JERSEY

In re Miller Health Care, LLC
Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ N.A.
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ N.A.
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ N.A.
Student Loan Obligations (from Schedule F)	\$ N.A.
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ N.A.
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ N.A.
TOTAL	\$ N.A.

State the Following:

Average Income (from Schedule I, Line 16)	\$ N.A.
Average Expenses (from Schedule J, Line 18)	\$ N.A.
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ N.A.

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ N.A.
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ N.A.	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ N.A.
4. Total from Schedule F		\$ N.A.
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ N.A.

Miller Health Care, LLC

In re _____ Case No. _____
Debtor (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____
Debtor

Date _____

Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

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 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 by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

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 signed 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.

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

I, the Managing Member [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the Miller Health Care, LLC [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 73 sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date June 18, 2011

Signature: /s/ Thomas Miller

THOMAS MILLER

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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.

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In Re Miller Health Care, LLC

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2011	49,400	Employment, all figures estimated.
2010	169,000	
2009		

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT STILL
OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT STILL
OWING

Accounts Payable List to be Supplied

None

c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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Various

Partners Pharmacy	Civil	NJ Superior Court	Pending
Prime Rehabilitation Services, Inc.	Civil	NJ Superior Court	Pending

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and Receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Subranni Zauber LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404	May 26, 2011	\$15,000.00
Subranni Zauber LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404	June 10, 2011	\$100,000.00 \$35,090.00 pre-petition, \$94,910.00 in retainer
Subranni Zauber LLC 1624 Pacific Avenue POB 1913 Atlantic City, NJ 08404	April 28, 2011	\$15,000.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, record and financial statements

None a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Ronald Singer, CPA Ronald Singer and Associates LLC 2655 Philmont Ave. Suite 100 Huntingdon Valley, PA 19006	January 2010 - Present
Stephen A. Cobell, CPA/MBA Metis Group LLC 222 Mount Airy Road Basking Ridge, NJ 07920	March 2006 - December 2009

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distribution by a corporation

None If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

* * * * *

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date June 18, 2011 Signature /s/ Thomas Miller
THOMAS MILLER,
Managing Member
Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

0 continuation sheets attached

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

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

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 required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 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.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110(c).)
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X Signature of Bankruptcy Petition Preparer Date

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 signed 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. 18 U.S.C. §156.

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94A Crosswicks-Ellisdale Rd
Allentown, NJ 08501

ABLE MEDICAL TRANSPORTATION
INC
PO BOX 6837
BRIDGEWATER, NJ 08807-0837

ACCESS INTERACTIVE
LLC
46665 MAGELLAN DRIVE
NOVI, MI 48377

ACHCA
PO BOX 75060
BALTIMORE, MD 21275-5060

ACULABS, INC.
2 KENNEDY BLVD.
EAST BRUNSWICK, NJ 08816

AIR CARE OF NJ, INC
127 ROUTE 206 SUITE 35
HAMILTON, NJ 08610

AIRGAS EAST
PO BOX 827049
PHILADELPHIA, PA 19182

AJANTA S VINEKAR MD
"666 PLAINSBORO RD
SUITE 228, BLDG 200
PLAINSBORO, NJ 08536

ALAN LANDA
1072 MADISON AVENUE
LAKEWOOD, NJ 08701

ALLSTATE MEDICAL
34 35TH STREET
BROOKLYN, NY 11232

ALTERNATIVES FOR SENIORS
PO BOX 833
SOUTHFIELD, MI 48037

ALTIGRO
3 US HIGHWAY 46 WEST
FAIRFIELD, NJ 07004-2904

AMALFI'S
146 Lawrenceville Pennington Road
Lawrence Twp, NJ 08648-1461

AMARACHI ANABARONYE

American Hospice
50 N. Laura St. Ste 1800
Jacksonville, FL 32202

American Hospitals Patient Guide
POB 1031
Schenectady, NY 12301

American Hospitals Pub Group
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CertaPro Painters
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PHILADELPHIA, PA
19175-2075

WILLIAM GARFINKLE
89 BROWNING ROAD
SHORT HILLS, NJ 07078

WOUND CARE CONCEPTS
2701 BARTRAM ROAD
BRISTOL, PA 19007

WOUND HEALING
TECHNOLOGIES
1901 JOHN P DEVANEY
BLVD
BROOKLYN, NY 11215

ZEP MANUFACTURING COMPANY
PO BOX # 3338
BOSTON, MA 02241-3338

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re Miller Health Care, LLC,
Debtor

Case No. _____

Chapter 11

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 10 pages, is true, correct and complete to the best of my knowledge.

Date June 18, 2011

Signature /s/ Thomas Miller
THOMAS MILLER,
Managing Member

In re Miller Health Care, LLC,
Debtor

Case No. _____

Chapter 11

List of Equity Security Holders

Holder of Security	Number Registered	Type of Interest
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B203
12/94

United States Bankruptcy Court DISTRICT OF NEW JERSEY

In re Miller Health Care, LLC

Case No. _____

Chapter 11

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 94,910.00

Prior to the filing of this statement I have received \$ 0.00

Balance Due \$ 94,910.00

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

The retainer agreement is incorporated by reference.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

The retainer agreement is incorporated by reference.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

June 18, 2011
Date

/s/ Scott M. Zauber, Esq.
Signature of Attorney

Subranni Zauber LLC
Name of law firm

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