

B1 (Official Form 1)(12/11)

United States Bankruptcy Court
District of New Jersey

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Nationwide Ambulance Services, Inc.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 22-3557004	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): 410 North Avenue East Cranford, NJ <div style="text-align: right; margin-top: 5px;"> ZIP Code 07016 </div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>
County of Residence or of the Principal Place of Business: Union	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information

Debtor estimates that funds will be available for distribution to unsecured creditors.
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets

<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities

<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
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THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Nationwide Ambulance Services, Inc.
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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:
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Location Where Filed:	Case Number:	Date Filed:
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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:
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District:	Relationship:	Judge:
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<p style="text-align: center;">Exhibit A</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.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	<p style="text-align: center;">Exhibit B</p> (To be completed if debtor is an individual whose debts are primarily consumer debts.) 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). X _____ Signature of Attorney for Debtor(s) (Date)
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

<p>Voluntary Petition</p> <p>(This page must be completed and filed in every case)</p>	<p>Name of Debtor(s): Nationwide Ambulance Services, Inc.</p>
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.</p> <p><input type="checkbox"/> 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.</p> <p>X _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Barry W. Frost, Esq.</u> Signature of Attorney for Debtor(s)</p> <p><u>Barry W. Frost, Esq.</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Teich Groh</u> Firm Name</p> <p>691 State Highway 33 Mercerville Trenton, NJ 08619-4492</p> <p>_____ Address</p> <p><u>609-890-1500 Fax: 609-890-6961</u> Telephone Number</p> <p><u>January 11, 2013</u> Date</p> <p><small>*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.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>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:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>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.</p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Alex Ivchenko</u> Signature of Authorized Individual</p> <p><u>Alex Ivchenko</u> Printed Name of Authorized Individual</p> <p><u>President</u> Title of Authorized Individual</p> <p><u>January 11, 2013</u> Date</p>	

B4 (Official Form 4) (12/07)

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

In re Nationwide Ambulance Services, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
American Express PO Box 981532 El Paso, TX 79998	American Express PO Box 981532 El Paso, TX 79998	credit card debt		39,698.22
American Express PO Box 981532 El Paso, TX 79998	American Express PO Box 981532 El Paso, TX 79998	credit card debt		22,464.11
Bank of America PO Box 15019 Wilmington, DE 19850-5019	Bank of America PO Box 15019 Wilmington, DE 19850-5019	credit card debt		16,787.00
Bank of America PO Box 45144 DL9-100-04-24 Building 100 4th Floor Jacksonville, FL 32232	Bank of America PO Box 45144 DL9-100-04-24 Building 100 4th Floor Jacksonville, FL 32232	commercial loan		368,891.67
Chase PO Box 15153 Wilmington, DE 19886-5153	Chase PO Box 15153 Wilmington, DE 19886-5153	credit card debt		44,000.00
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346			25,828.19
IPFS Corporation PO Box 419090 Kansas City, MO 64141	IPFS Corporation PO Box 419090 Kansas City, MO 64141			29,798.75
Maggio & Company, INC. 2-12 Corbett Way Eatontown, NJ 07724	Maggio & Company, INC. 2-12 Corbett Way Eatontown, NJ 07724			17,250.00
Medicare PO Box 890063 Camp Hill, PA 17089-0063	Medicare PO Box 890063 Camp Hill, PA 17089-0063			3,401,535.51
Medicare PO Box 890063 Camp Hill, PA 17089-0063	Medicare PO Box 890063 Camp Hill, PA 17089-0063			64,981.99
Moya Solutions 339 Stiles Street Elizabeth, NJ 07208	Moya Solutions 339 Stiles Street Elizabeth, NJ 07208			20,000.00

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

In re Nationwide Ambulance Services, Inc.

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
MRES 3830 Highway 365 Port Arthority, TX 77642	MRES 3830 Highway 365 Port Arthority, TX 77642			20,000.00
NJM Insurance Company 301 Sullivan Way West Trenton, NJ 08628	NJM Insurance Company 301 Sullivan Way West Trenton, NJ 08628			43,992.00
Santander Attn: Bankruptcy Department PO Box 560284 Dallas, TX 75356-0284	Santander Attn: Bankruptcy Department PO Box 560284 Dallas, TX 75356-0284			153,000.00
Sovereign PO Box 14833 Reading, PA 19612-4833	Sovereign PO Box 14833 Reading, PA 19612-4833			120,898.56
Sovereign PO Box 14833 Reading, PA 19612-4833	Sovereign PO Box 14833 Reading, PA 19612-4833			58,115.61
Sovereign PO Box 14833 Reading, PA 19612-4833	Sovereign PO Box 14833 Reading, PA 19612-4833			36,327.27
Sovereign PO Box 14833 Reading, PA 19612-4833	Sovereign PO Box 14833 Reading, PA 19612-4833			17,249.40
Szaferman, Lakind, Blumstein & Blader Quakerbridge Executive Center 101 Grovers Mill Road, Suite 200 Lawrenceville, NJ 08648	Szaferman, Lakind, Blumstein & Blader Quakerbridge Executive Center 101 Grovers Mill Road, Suite 200 Lawrenceville, NJ 08648			18,178.80
Wells Fargo PO Box 6426 Carol Stream, IL 60197	Wells Fargo PO Box 6426 Carol Stream, IL 60197			25,000.00

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

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date January 11, 2013

Signature /s/ Alex Ivchenko
Alex Ivchenko
President

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.

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

In re Nationwide Ambulance Services, Inc.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 11, 2013

/s/ Alex Ivchenko

Alex Ivchenko/President

Signer/Title

Ambulance Network
10-20 S Spring Street
Elizabeth, NJ

American Express
PO Box 981532
El Paso, TX 79998

Bank of America
PO Box 15019
Wilmington, DE 19850-5019

Bank of America
PO Box 45144
DL9-100-04-24 Building 100 4th Floor
Jacksonville, FL 32232

C&D Towing
2345 Allen Ave.
Union, NJ 07083

Capital One
PO Box 71083
Charlotte, NC 28272-1083

Caverall North America
2955 Momentum Place
Chicago, IL

Chase
PO Box 15153
Wilmington, DE 19886-5153

Chase Card Member Services
Post Office Box 15153
Wilmington, DE 19886-5153

Cicariello Bros., Inc.
PO Box 796
South Plainfield, NJ 07080

Claudio's Auto Repair
100 Milltown Road
Union, NJ 07083

David Messer, LLC
PO Box 1135
Oakhurst, NJ 07755

Deer Park Spring Water Company
PO Box 856192
Louisville, KY 40285-6192

Drive Cam, Inc.
8911 Balboa Ave.
San Diego, CA 92123

EZ Pass
PO Box 52002
Newark, NJ 07101

Hess
TN

Horizon Blue Cross Blue Sheild of NJ
PO Box 420
Newark, NJ 07101

I.D.M. Medical Gas Co.
620 Braen Ave.
Wyckoff, NJ 07481

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
Attn: Special Procedures
955 South Springfield Avenue
PO Box 724, Bldg. A, 3rd Floor
Springfield, NJ 07081

Internal Revenue Service
1111 Constitution Ave., N.W.
Washington, DC 20224

IPFS Corporation
PO Box 419090
Kansas City, MO 64141

Jordan M. Anger, Esq.
Assistant U.S. Attorney
970 Broad Street, Suite 700
Newark, NJ 07102

JW Pierson Co.
PO Box 1101
Glen Ridge, NJ 07208

Lab Corp.
1904 Alexander Drive
Durham, NC 27709

Landscaping by Jose
46 Dehart Place, Apt. C1
Elizabeth, NJ 07202

Liberty Insurance Associates
525 State Route 33
Millstone Township, NJ 08535

Maggio & Company, INC.
2-12 Corbett Way
Eatontown, NJ 07724

McNeil and Company, Inc.
PO Box 28
Oneida, NY 13421

Med Pro US
95-K Hoffman Lane
Islandia, NY 11749

Medicaid
PO Box 712
Trenton, NJ 08625-0712

Medicaid
401 Park Ave. South
10th Floor
New York, NY 10016

Medicare
PO Box 890063
Camp Hill, PA 17089-0063

Mercedes-Benz Financial Services
PO Box 5209
Carol Stream, IL 60197

Moya Solutions
339 Stiles Street
Elizabeth, NJ 07208

MRES
3830 Highway 365
Port Arthority, TX 77642

N C Enterprises, Inc.
488-500 St. George Ave.
Rahway, NJ

NJM Insurance Company
301 Sullivan Way
West Trenton, NJ 08628

Novitas Solutions, Inc.
PO Box 890034
Camp Hill, PA 17089-0034

Novitas Solutions, Inc.
Attn: Legal Notice Department
1800 Center Street
Camp Hill, PA 17089

Oxford Benefit Management

Plymouth Printing Co., Inc.
450 North Ave.
PO Box 68
Cranford, NJ 07016

Plymouth Rock Assurance
PO Box 903
Lincroft, NJ 07738

Progressive
Liberty Insurance Association
525 Route 33
Millstone Township, NJ 08535

PSE&G
Attention: Bankruptcy Department
PO Box 490
Cranford, NJ 07016

S.A.S. Gas & Trading, LLC
155 West 1st Ave
Roselle, NJ 07203

Sansone
900 Route 35 South
Ocean, NJ 07712

Santander
Attn: Bankruptcy Department
PO Box 560284
Dallas, TX 75356-0284

Smolin Lupin
331 Newman Springs Road
Suite 145
Red Bank, NJ 07701

Sovereign
PO Box 14833
Reading, PA 19612-4833

Sprint
PO Box 4181
Carol Stream, IL 60197-4181

Stone Mountain Printing, Inc.
74 Main Street
Woodbridge, NJ 07095

Szaferman, Lakind, Blumstein & Blader
Quakerbridge Executive Center
101 Grovers Mill Road, Suite 200
Lawrenceville, NJ 08648

Verizon
PO Box 4833
Trenton, NJ 08650-4833

Wells Fargo
PO Box 6426
Carol Stream, IL 60197

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

In re Nationwide Ambulance Services, Inc.

Debtor(s)

Case No. _____

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Nationwide Ambulance Services, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s) equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

January 11, 2013

Date

/s/ Barry W. Frost, Esq.

Barry W. Frost, Esq.

Signature of Attorney or Litigant

Counsel for Nationwide Ambulance Services, Inc.

Teich Groh

691 State Highway 33

Mercerville

Trenton, NJ 08619-4492

609-890-1500 Fax:609-890-6961