

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Pilgrim Medical Center, Inc.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 22-2981240

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 393 Bloomfiled Ave. Montclair, NJ 07042 Essex County Location of principal assets, if different from principal place of business

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership Other. Specify:

Debtor Pilgrim Medical Center, Inc. Case number (if known) \_\_\_\_\_  
Name

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

\_\_\_\_\_

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor Pilgrim Medical Center, Inc. Case number (if known) \_\_\_\_\_  
Name

11. **Why is the case filed in this district?** *Check all that apply:*  
 Debtor has had its domicile, 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.  
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**  
 No  
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.  
**Why does the property need immediate attention?** *(Check all that apply.)*  
 It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_  
 It needs to be physically secured or protected from the weather.  
 It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).  
 Other \_\_\_\_\_  
**Where is the property?** \_\_\_\_\_  
 Number, Street, City, State & ZIP Code  
**Is the property insured?**  
 No  
 Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

13. **Debtor's estimation of available funds** *Check one:*  
 Funds will be available for distribution to unsecured creditors.  
 After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**  
 1-49  
 50-99  
 100-199  
 200-999  
 1,000-5,000  
 5001-10,000  
 10,001-25,000  
 25,001-50,000  
 50,001-100,000  
 More than 100,000

15. **Estimated Assets**  
 \$0 - \$50,000  
 \$50,001 - \$100,000  
 \$100,001 - \$500,000  
 \$500,001 - \$1 million  
 \$1,000,001 - \$10 million  
 \$10,000,001 - \$50 million  
 \$50,000,001 - \$100 million  
 \$100,000,001 - \$500 million  
 \$500,000,001 - \$1 billion  
 \$1,000,000,001 - \$10 billion  
 \$10,000,000,001 - \$50 billion  
 More than \$50 billion

16. **Estimated liabilities**  
 \$0 - \$50,000  
 \$50,001 - \$100,000  
 \$100,001 - \$500,000  
 \$500,001 - \$1 million  
 \$1,000,001 - \$10 million  
 \$10,000,001 - \$50 million  
 \$50,000,001 - \$100 million  
 \$100,000,001 - \$500 million  
 \$500,000,001 - \$1 billion  
 \$1,000,000,001 - \$10 billion  
 \$10,000,000,001 - \$50 billion  
 More than \$50 billion

Debtor Pilgrim Medical Center, Inc. Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signature**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  
I have been authorized to file this petition on behalf of the debtor.  
I have examined the information in this petition and have a reasonable belief that the information is true and correct.  
I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 22, 2016  
MM / DD / YYYY

**X /s/ Nicholas V. Campanella**  
Signature of authorized representative of debtor  
Title Shareholder

**Nicholas V. Campanella**  
Printed name

**18. Signature of attorney**

**X /s/ David L. Stevens**  
Signature of attorney for debtor

Date **March 22, 2016**  
MM / DD / YYYY

**David L. Stevens**  
Printed name

**Scura, Wigfield, Heyer & Stevens, LLP**  
Firm name

**1599 Hamburg Turnpike**  
**Wayne, NJ 07470**  
Number, Street, City, State & ZIP Code

Contact phone 973-696-8391 Email address \_\_\_\_\_

**034422007 NJ**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Pilgrim Medical Center, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

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A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Chase Bank N.A. 270 Park Ave. Attn: Bankruptcy New York, NY 10017		Trade debt				\$12,906.63
Deutsch Atkins, P.C. 25 Main St. - Ste. 104 Court Plaza North Hackensack, NJ 07601		Attorneys' fees - Jaqueline Jalil, Luisa Rojas & Tania Mena (Docket No. L-7913-13)				\$64,520.83
First Insurance Funding Corp. PO Box 66468 Chicago, IL 60666		Trade debt				\$4,784.30
Henry Schein PO Box 371952 Pittsburgh, PA 15250		Trade debt				\$8,961.94
Horizon Blue Cross & Blue Shield PO Box 10130 Newark, NJ 07101		Trade debt				\$4,083.27
Hospira Worldwide, Inc. 75 Remittance Drive Ste. 6136 Chicago, IL 60675		Trade debt				\$1,193.26
HPSRX Enterprises, Inc. 1640 Roanoke Blvd Salem, VA 24153		Trade debt				\$1,997.50
Jacqueline Jalil c/o Deutsch Atkins, P.C. 25 Main St., Ste. 104 Court Plaza North Hackensack, NJ 07601		Jalil, Luisa Rojas, Tania Mena v. Pilgrim Medical Center et als. (Docket No. L-7913-13 - J-021645-16)				\$334,920.00

Debtor **Pilgrim Medical Center, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Luisa Rojas c/o Deutsch Atkins, P.C. 25 Main St., Ste. 104 Court Plaza North Hackensack, NJ 07601		Jaqueline Jalil, Luisa Rojas & Tania Mena v. Pilgrim Medical Center (Docket No. L-7913-13 - J-021645-16)				\$324,826.66
McKesson Medical Surgical PO Box 634404 Cincinnati, OH 45263		Trade debt				\$37,282.96
MCN Properties 393 Bloomfield Ave. Montclair, NJ 07042		Trade debt				\$20,474.24
MedGyn PO Box 3126 Hinsdale, IL 60522		Trade debt				\$3,780.00
New Jersey Dept. of Health Attn: Cindy Smith 369 S. Warren St. - 7th Fl. PO Box 360 Trenton, NJ 08625		Trade debt				\$10,972.85
Ofis Lab 44 Engle Street Englewood, NJ 07631		Trade debt				\$3,450.00
Pilgrim Gynecology Group 393 Bloomfield Ave. Montclair, NJ 07042		Trade debt				\$44,558.00
PSE&G P.O. Box 14444 New Brunswick, NJ 08906-4444		Trade debt				\$1,855.74
RX Value Canada Accounting Dept. 5624 Blossom Montreal Quebec H4W 2T1, Canada		Trade debt				\$2,000.00
Studio 42 423 Bloomfield Ave. Montclair, NJ 07042		Trade debt				\$10,389.29
Tania Mena c/o Deutsch Atkins, P.C. 25 Main St., Ste. 104 Court Plaza North Hackensack, NJ 07601		Jaqueline Jalil, Luisa Rojas, Tania Mena v. Pilgrim Medical Center et als. (Docket No. L-7913-13 - J-021645-16)				\$383,640.00

Debtor Pilgrim Medical Center, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Verizon PO Box 4833 Trenton, NJ 08650		Trade debt				<b>\$1,851.00</b>

**Fill in this information to identify the case:**

Debtor name Pilgrim Medical Center, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.



**Fill in this information to identify the case:**

Debtor name Pilgrim Medical Center, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206E/F**  
**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p><b>A&amp;E AmerTel</b>  <b>88 W. Newell Ave</b>  <b>PO Box 292</b>  <b>Rutherford, NJ 07070</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: right;"><b>\$183.00</b></p>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p><b>American Express</b>  <b>PO Box 1270</b>  <b>Newark, NJ 07101</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: right;"><b>\$539.00</b></p>
3.3	<p>Nonpriority creditor's name and mailing address</p> <p><b>Artic Falls</b>  <b>58 Sand Park Road</b>  <b>Cedar Grove, NJ 07009</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: right;"><b>\$69.42</b></p>
3.4	<p>Nonpriority creditor's name and mailing address</p> <p><b>AT&amp;T</b>  <b>PO Box 2969</b>  <b>Omaha, NE 68103</b></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="text-align: right;"><b>\$321.50</b></p>

Debtor Pilgrim Medical Center, Inc. Case number (if known) \_\_\_\_\_  
Name

3.5 Nonpriority creditor's name and mailing address **Biomed Technologies, Inc.** **11 Howard Blvd - Ste. 100B** **Mount Arlington, NJ 07856** **As of the petition filing date, the claim is:** *Check all that apply.* **\$326.63**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_ **Basis for the claim:** Trade Debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.6 Nonpriority creditor's name and mailing address **BioReference Laboratories** **481 Edward H. Ross Drive** **Elmwood Park, NJ 07407** **As of the petition filing date, the claim is:** *Check all that apply.* **\$115.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_ **Basis for the claim:** Trade debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.7 Nonpriority creditor's name and mailing address **Bowco Laboratories, Inc.** **75 Freeman St.** **PO Box 1219** **Woodbridge, NJ 07095** **As of the petition filing date, the claim is:** *Check all that apply.* **\$53.50**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_ **Basis for the claim:** Trade debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.8 Nonpriority creditor's name and mailing address **Burgess Chemist #2** **559 N. Franklin Ave.** **Nutley, NJ 07110** **As of the petition filing date, the claim is:** *Check all that apply.* **\$375.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_ **Basis for the claim:** Trade debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.9 Nonpriority creditor's name and mailing address **Chase Bank N.A.** **270 Park Ave.** **Attn: Bankruptcy** **New York, NY 10017** **As of the petition filing date, the claim is:** *Check all that apply.* **\$12,906.63**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_ **Basis for the claim:** Trade debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.10 Nonpriority creditor's name and mailing address **Choice Helath** **1310 Madrid St. - Ste. 101** **Marshall, MN 56258** **As of the petition filing date, the claim is:** *Check all that apply.* **\$473.62**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_ **Basis for the claim:** Trade debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.11 Nonpriority creditor's name and mailing address **Day to Day Essentials** **472 US Highway Rt. 46** **Fairfield, NJ 07004** **As of the petition filing date, the claim is:** *Check all that apply.* **\$376.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_ **Basis for the claim:** Trade debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

Debtor **Pilgrim Medical Center, Inc.** Case number (if known) \_\_\_\_\_  
Name

3.12 Nonpriority creditor's name and mailing address **Deutsch Atkins, P.C.** **25 Main St. - Ste. 104** **Court Plaza North** **Hackensack, NJ 07601** **As of the petition filing date, the claim is:** *Check all that apply.* **\$64,520.83**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred 12/4/2015  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Attorneys' fees - Jaqueline Jalil, Luisa Rojas & Tania Mena (Docket No. L-7913-13)  
 Is the claim subject to offset?  No  Yes

3.13 Nonpriority creditor's name and mailing address **Diagnostic Technology, Inc.** **240 Vanderbilt Motor Parkway** **Hauppauge, NY 11788** **As of the petition filing date, the claim is:** *Check all that apply.* **\$153.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.14 Nonpriority creditor's name and mailing address **Document Solutions** **PO Box 911608** **Denver, CO 80291** **As of the petition filing date, the claim is:** *Check all that apply.* **\$915.75**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.15 Nonpriority creditor's name and mailing address **Electronic Unlimited, Inc.** **152 English Street** **Fort Lee, NJ 07024** **As of the petition filing date, the claim is:** *Check all that apply.* **\$109.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.16 Nonpriority creditor's name and mailing address **First Insurance Funding Corp.** **PO Box 66468** **Chicago, IL 60666** **As of the petition filing date, the claim is:** *Check all that apply.* **\$4,784.30**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.17 Nonpriority creditor's name and mailing address **Henry Schein** **PO Box 371952** **Pittsburgh, PA 15250** **As of the petition filing date, the claim is:** *Check all that apply.* **\$8,961.94**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.18 Nonpriority creditor's name and mailing address **Home Depot** **PO Box 653000** **Dallas, TX 75265-3000** **As of the petition filing date, the claim is:** *Check all that apply.* **\$654.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

Debtor **Pilgrim Medical Center, Inc.** Case number (if known) \_\_\_\_\_  
Name

3.19 Nonpriority creditor's name and mailing address **Horizon Blue Cross & Blue Shield** **PO Box 10130** **Newark, NJ 07101** **As of the petition filing date, the claim is:** *Check all that apply.* **\$4,083.27**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.20 Nonpriority creditor's name and mailing address **Hospira Worldwide, Inc.** **75 Remittance Drive Ste. 6136** **Chicago, IL 60675** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,193.26**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.21 Nonpriority creditor's name and mailing address **HPSRX Enterprises, Inc.** **1640 Roanoke Blvd** **Salem, VA 24153** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,997.50**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.22 Nonpriority creditor's name and mailing address **IDM Medical Gas Co.** **620 Braen Ave.** **Wyckoff, NJ 07481** **As of the petition filing date, the claim is:** *Check all that apply.* **\$214.34**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.23 Nonpriority creditor's name and mailing address **Immucor, Inc.** **PO Box 102118** **Atlanta, GA 30368** **As of the petition filing date, the claim is:** *Check all that apply.* **\$451.38**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.24 Nonpriority creditor's name and mailing address **Information Distruction Systems** **101 7th St.** **Passaic, NJ 07055** **As of the petition filing date, the claim is:** *Check all that apply.* **\$96.30**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

3.25 Nonpriority creditor's name and mailing address **Interstate Waste of New Jersey** **PO Box 554046** **Detroit, MI 48255** **As of the petition filing date, the claim is:** *Check all that apply.* **\$718.38**  
 Contingent  
 Unliquidated  
 Disputed  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Trade debt  
 Is the claim subject to offset?  No  Yes

Debtor Pilgrim Medical Center, Inc. Case number (if known) \_\_\_\_\_

Name

3.26 Nonpriority creditor's name and mailing address **Jacqueline Jalil**  
**c/o Deutsch Atkins, P.C.**  
**25 Main St., Ste. 104**  
**Court Plaza North**  
**Hackensack, NJ 07601**  
Date or dates debt was incurred 2/2/2016  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$334,920.00**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Jalil, Luisa Rojas, Tania Mena v. Pilgrim Medical Center et als. (Docket No. L-7913-13 - J-021645-16)  
Is the claim subject to offset?  No  Yes

3.27 Nonpriority creditor's name and mailing address **Lowes**  
**PO Box 530914**  
**Atlanta, GA 30353**  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$188.25**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
Is the claim subject to offset?  No  Yes

3.28 Nonpriority creditor's name and mailing address **Luisa Rojas**  
**c/o Deutsch Atkins, P.C.**  
**25 Main St., Ste. 104**  
**Court Plaza North**  
**Hackensack, NJ 07601**  
Date or dates debt was incurred 2/2/2016  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$324,826.66**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Jaqueline Jalil, Luisa Rojas & Tania Mena v. Pilgrim Medical Center (Docket No. L-7913-13 - J-021645-16)  
Is the claim subject to offset?  No  Yes

3.29 Nonpriority creditor's name and mailing address **McKesson Medical Surgical**  
**PO Box 634404**  
**Cincinnati, OH 45263**  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$37,282.96**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
Is the claim subject to offset?  No  Yes

3.30 Nonpriority creditor's name and mailing address **MCN Properties**  
**393 Bloomfield Ave.**  
**Montclair, NJ 07042**  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$20,474.24**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
Is the claim subject to offset?  No  Yes

3.31 Nonpriority creditor's name and mailing address **MedGyn**  
**PO Box 3126**  
**Hinsdale, IL 60522**  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$3,780.00**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
Is the claim subject to offset?  No  Yes

3.32 Nonpriority creditor's name and mailing address **Medline Industries, Inc.**  
**PO Box 382075**  
**Pittsburgh, PA 15251**  
Date or dates debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$205.14**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
Is the claim subject to offset?  No  Yes

Debtor **Pilgrim Medical Center, Inc.** Case number (if known) \_\_\_\_\_  
Name

3.33 Nonpriority creditor's name and mailing address **Metro Fire & Safety**  
**509 Washington Ave.**  
**Carlstadt, NJ 07072**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$230.65**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.34 Nonpriority creditor's name and mailing address **New Jersey Dept. of Health**  
**Attn: Cindy Smith**  
**369 S. Warren St. - 7th Fl.**  
**PO Box 360**  
**Trenton, NJ 08625**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$10,972.85**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.35 Nonpriority creditor's name and mailing address **Ofis Lab**  
**44 Engle Street**  
**Englewood, NJ 07631**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$3,450.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.36 Nonpriority creditor's name and mailing address **Otis Elevator**  
**One Farm Springs**  
**Farmington, CT 06032**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$705.31**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.37 Nonpriority creditor's name and mailing address **Peaceful Corporation**  
**One Alpha Ave. #20**  
**Voorhees, NJ 08043**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$1,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.38 Nonpriority creditor's name and mailing address **Pilgrim Gynecology Group**  
**393 Bloomfield Ave.**  
**Montclair, NJ 07042**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$44,558.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.39 Nonpriority creditor's name and mailing address **Pro Health Capital**  
**PO Box 41602**  
**Philadelphia, PA 19101**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$749.91**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

Debtor **Pilgrim Medical Center, Inc.** Case number (if known) \_\_\_\_\_  
Name

3.40 Nonpriority creditor's name and mailing address **PSE&G**  
**P.O. Box 14444**  
**New Brunswick, NJ 08906-4444**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$1,855.74**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.41 Nonpriority creditor's name and mailing address **RC Service**  
**PO Box 248**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$359.00**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.42 Nonpriority creditor's name and mailing address **RX Value Canada**  
**Accounting Dept.**  
**5624 Blossom Montreal**  
**Quebec H4W 2T1, Canada**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$2,000.00**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.43 Nonpriority creditor's name and mailing address **Sears Credit Cards**  
**PO Box 688957**  
**Des Moines, IA 50368**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$866.52**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.44 Nonpriority creditor's name and mailing address **Signius Communications**  
**7 Elk St. - Lower Level**  
**New York, NY 10007**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$217.92**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

3.45 Nonpriority creditor's name and mailing address **Stericycle, Inc.**  
**PO Box 6582**  
**Carol Stream, IL 60197**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$323.07**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade deb  
 Is the claim subject to offset?  No  Yes

3.46 Nonpriority creditor's name and mailing address **Studio 42**  
**423 Bloomfield Ave.**  
**Montclair, NJ 07042**  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$10,389.29**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Trade debt  
 Is the claim subject to offset?  No  Yes

Debtor **Pilgrim Medical Center, Inc.** Case number (if known) \_\_\_\_\_  
Name

3.47	Nonpriority creditor's name and mailing address <b>Tania Mena</b> <b>c/o Deutsch Atkins, P.C.</b> <b>25 Main St., Ste. 104</b> <b>Court Plaza North</b> <b>Hackensack, NJ 07601</b> Date or dates debt was incurred <u>2/2/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Jaqueline Jalil, Luisa Rojas, Tania Mena v. Pilgrim Medical Center et als. (Docket No. L-7913-13 - J-021645-16)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$383,640.00</b>
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3.48	Nonpriority creditor's name and mailing address <b>The Hartford Insurance Co.</b> <b>PO Box 660916</b> <b>Dallas, TX 75266</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$719.50</b>
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3.49	Nonpriority creditor's name and mailing address <b>The Ruhof Corporation</b> <b>393 Sagamore Ave.</b> <b>Mineola, NY 11501</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$616.22</b>
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3.50	Nonpriority creditor's name and mailing address <b>Ultimate Security Systems, Inc.</b> <b>3 Royal Ave.</b> <b>PO Box 2086</b> <b>Livingston, NJ 07039</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,042.90</b>
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3.51	Nonpriority creditor's name and mailing address <b>Verizon</b> <b>PO Box 4833</b> <b>Trenton, NJ 08650</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,851.00</b>
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3.52	Nonpriority creditor's name and mailing address <b>Women's Health Management</b> <b>44 Engle St.</b> <b>Englewood, NJ 07631</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.



Debtor **Pilgrim Medical Center, Inc.**  
Name

Case number (if known)

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>1,291,817.68</u>
5c.	\$ <u>1,291,817.68</u>

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

In re **Pilgrim Medical Center, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Shareholder 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: **March 22, 2016**

**/s/ Nicholas V. Campanella**

**Nicholas V. Campanella/Shareholder**

Signer/Title

A&E AmerTel  
88 W. Newell Ave  
PO Box 292  
Rutherford, NJ 07070

Advanced Infection Control Concepts  
609 Lincoln Ave.  
Palmyra, NJ 08065

American Express  
PO Box 1270  
Newark, NJ 07101

Ameriwaste  
105 Stratford Pl.  
Lakewood, NJ 08701

Amtrust North America  
PO Box 6939  
Cleveland, OH 44101

AnswerNet  
3930 Commerce Ave.  
Willow Grove, PA 19090

Artic Falls  
58 Sand Park Road  
Cedar Grove, NJ 07009

AT&T  
PO Box 2969  
Omaha, NE 68103

Berkeley Medevices  
1330 S. 51st St.  
Richmond, CA 94804

Biomed Technologies, Inc.  
11 Howard Blvd - Ste. 100B  
Mount Arlington, NJ 07856

BioReference Laboratories  
481 Edward H. Ross Drive  
Elmwood Park, NJ 07407

Bowco Laboratories, Inc.  
75 Freeman St.  
PO Box 1219  
Woodbridge, NJ 07095

Burgess Chemist #2  
559 N. Franklin Ave.  
Nutley, NJ 07110

Chase Bank N.A.  
270 Park Ave.  
Attn: Bankruptcy  
New York, NY 10017

Choice Helalth  
1310 Madrid St. - Ste. 101  
Marshall, MN 56258

Civco Medical Solutions  
PO Box 933598  
Atlanta, GA 31193

Comenity my BJ's  
PO Box 659834  
San Antonio, TX 78265

Day to Day Essentials  
472 US Highway Rt. 46  
Fairfield, NJ 07004

Deutsch Atkins, P.C.  
25 Main St. - Ste. 104  
Court Plaza North  
Hackensack, NJ 07601

Diagnostic Technology, Inc.  
240 Vanderbilt Motor Parkway  
Hauppauge, NY 11788

DiTizii & Son  
204 Forest St.  
Montclair, NJ 07042

Document Solutions  
PO Box 911608  
Denver, CO 80291

Electronic Unlimited, Inc.  
152 English Street  
Fort Lee, NJ 07024

Erie Cotton  
PO Box 267  
Erie, PA 16512

Ever Bank Financial Corp.  
501 Riverside Ave.  
Jacksonville, FL 32202

FedEx  
PO Box 371461  
Pittsburgh, PA 15250

First Insurance Funding Corp.  
PO Box 66468  
Chicago, IL 60666

Henry Schein  
PO Box 371952  
Pittsburgh, PA 15250

Home Depot  
PO Box 653000  
Dallas, TX 75265-3000

Horizon Blue Cross & Blue Shield  
PO Box 10130  
Newark, NJ 07101

Hospira Worldwide, Inc.  
75 Remittance Drive Ste. 6136  
Chicago, IL 60675

HPSRX Enterprises, Inc.  
1640 Roanoke Blvd  
Salem, VA 24153

HR Direct  
PO Box 451179  
Fort Lauderdale, FL 33345

IDM Medical Gas Co.  
620 Braen Ave.  
Wyckoff, NJ 07481

Immucor, Inc.  
PO Box 102118  
Atlanta, GA 30368

Information Distruction Systems  
101 7th St.  
Passaic, NJ 07055

Integrated Medical Systems Int. Inc.  
PO Box 2725  
Columbus, GA 31902

Interstate Locksmith, Inc.  
2277 Rt. 33 East  
Golden Crest Corp. Center 407  
Trenton, NJ 08690

Interstate Waste of New Jersey  
PO Box 554046  
Detroit, MI 48255

IWS-NJ  
PO Box 554046  
Detroit, MI 48255

Jacqueline Jalil  
c/o Deutsch Atkins, P.C.  
25 Main St., Ste. 104  
Court Plaza North  
Hackensack, NJ 07601

Jadoo & Zalenski  
c/o Michael Zalenski, Esq.  
100 South Van Brunt St.  
Englewood, NJ 07631

Keane Insurance Group, Inc.  
135 W. Adams  
Saint Louis, MO 63122

KinSaa Consulting  
201 Porter Ave.  
Bergenfield, NJ 07621

Lauren D. Kafka  
28 West Pamrapo Court  
Glen Rock, NJ 07452

Law Office of Crew Schielke, LLC  
Crew Schielke, Esq.  
39 Park Place - Ste. 204  
Englewood, NJ 07631

LBR Scientific, Inc.  
79 Hackensack St.  
East Rutherford, NJ 07073

Linda Snyder  
83 Rose Ave.  
Woodcliff Lake, NJ 07677

Lotito Painting & Contracting  
PO Box 889  
Cliffside Park, NJ 07010

Lowe's  
PO Box 530914  
Atlanta, GA 30353

Luisa Rojas  
c/o Deutsch Atkins, P.C.  
25 Main St., Ste. 104  
Court Plaza North  
Hackensack, NJ 07601

Mary Ann Keller  
265 Rt. 517  
Hamburg, NJ 07419

McCormick Plumbing  
127 Valley Rd. #4  
Montclair, NJ 07042

McKesson Medical Surgical  
PO Box 634404  
Cincinnati, OH 45263

McKesson Specialty Health  
15212 Collections Center Drive  
Chicago, IL 60693

MCN Properties  
393 Bloomfield Ave.  
Montclair, NJ 07042

MD Advantage  
100 Franklin Corner Rd.  
Lawrence Township, NJ 08648

Med Label, Inc.  
4 Briarhurst Dr.  
PO Box 721  
Flanders, NJ 07836

MedGyn  
PO Box 3126  
Hinsdale, IL 60522

Medica Corporation  
5 Oak Park Dr.  
Bedford, MA 01730

Medicus Health  
4767 Broadmoor Ave. SE - Ste. 6  
Grand Rapids, MI 49512

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

MedRecon  
257 South Ave.  
Garwood, NJ 07027



Meli Plumbing & Heating Co.  
PO Box 100  
Hackensack, NJ 07602

Melissa Bazalar  
17 12th Ave.  
Paterson, NJ 07501

Memorial Sloan Kettering  
1275 York Ave.  
New York, NY 10065

MetLife Insurance  
200 Park Ave.  
New York, NY 10166

Metro Fire & Safety  
509 Washington Ave.  
Carlstadt, NJ 07072

New Jersey Dept. of Health  
Attn: Cindy Smith  
369 S. Warren St. - 7th Fl.  
PO Box 360  
Trenton, NJ 08625

Nicholas V. Campanella  
384 Sunset Blvd  
Wyckoff, NJ 07481

Nino Paradiso RPH  
75 Route 23  
Little Falls, NJ 07424

Northeastern Infection Control Educators  
65 Elizabeth St.  
Pemberton, NJ 08068

Obstetrics Gynecology Assoc. of Tenafly  
2 Dean Drive - Ste. 2  
Tenafly, NJ 07670

Ofis Lab  
44 Engle Street  
Englewood, NJ 07631

Otis Elevator  
One Farm Springs  
Farmington, CT 06032

Peaceful Corporation  
One Alpha Ave. #20  
Voorhees, NJ 08043

Pilgrim Gynecology Group  
393 Bloomfield Ave.  
Montclair, NJ 07042

Pro Health Capital  
PO Box 41602  
Philadelphia, PA 19101

PSE&G  
P.O. Box 14444  
New Brunswick, NJ 08906-4444

RC Service  
PO Box 248

RX Value Canada  
Accounting Dept.  
5624 Blossom Montreal  
Quebec H4W 2T1, Canada

Sears  
PO Box 183082  
Columbus, OH 43218-3082

Sears Credit Cards  
PO Box 688957  
Des Moines, IA 50368

Selective Insurance Co.  
PO Box 371468  
Pittsburgh, PA 15250

Signius Communications  
7 Elk St. - Lower Level  
New York, NY 10007

Sinartec  
441 B 7th St.  
Palisades Park, NJ 07650

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

Studio 42  
423 Bloomfield Ave.  
Montclair, NJ 07042

Tania Mena  
c/o Deutsch Atkins, P.C.  
25 Main St., Ste. 104  
Court Plaza North  
Hackensack, NJ 07601

The Hartford Insurance Co.  
PO Box 660916  
Dallas, TX 75266

The Ruhof Corporation  
393 Sagamore Ave.  
Mineola, NY 11501

Ultimate Security Systems, Inc.  
3 Royal Ave.  
PO Box 2086  
Livingston, NJ 07039

Verizon  
PO Box 4833  
Trenton, NJ 08650

Women's Health Management  
44 Engle St.  
Englewood, NJ 07631