

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

United States Bankruptcy Court for the:  
 DISTRICT OF NEW JERSEY

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Case number (if known) \_\_\_\_\_ Chapter 11

Check if this an amended filing

## Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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 Aberdeen Medical Services, Inc.

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

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3. Debtor's federal Employer Identification Number (EIN) 22-3647913

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4. Debtor's address

<p><b>Principal place of business</b></p> <p><u>528A Fellowship Road</u>  <u>Mount Laurel, NJ 08054</u>  <small>Number, Street, City, State &amp; ZIP Code</small></p> <p><u>Burlington</u>  <small>County</small></p>	<p><b>Mailing address, if different from principal place of business</b></p> <p>_____  <small>P.O. Box, Number, Street, City, State &amp; ZIP Code</small></p> <p><b>Location of principal assets, if different from principal place of business</b></p> <p>_____  <small>Number, Street, City, State &amp; ZIP Code</small></p>
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5. Debtor's website (URL) \_\_\_\_\_

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6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor **Aberdeen Medical Services, Inc.**  
Name

Case number (if known)

**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(53A))
- 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. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

\_\_\_\_\_

**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 \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 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 operations, 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 _____
District _____	When _____ Case number, if known _____

Debtor **Aberdeen Medical Services, 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

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

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

16. Estimated liabilities

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

Debtor Aberdeen Medical Services, Inc. Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**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 June 2, 2016  
MM / DD / YYYY

**X /s/ Charles I. Tighe**  
Signature of authorized representative of debtor  
Title \_\_\_\_\_

**Charles I. Tighe**  
Printed name

**18. Signature of attorney** **X /s/ Ellen M. McDowell, Esq.**  
Signature of attorney for debtor

Date **June 2, 2016**  
MM / DD / YYYY

**Ellen M. McDowell, Esq.**  
Printed name

**McDowell Posternock Apell & Detrick**  
Firm name

**46 West Main St.**  
**Maple Shade, NJ 08052**  
Number, Street, City, State & ZIP Code

Contact phone **856-482-5544** Email address \_\_\_\_\_

Bar number and State \_\_\_\_\_

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

Debtor name Aberdeen Medical Services, 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**

12/15

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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express PO Box 1270 Newark, NJ 07101						\$14,871.00
American Express PO Box 1270 Newark, NJ 07101-1270						\$14,529.00
B. Braun International Systems 824 12th Ave. Bethlehem, PA 18018						\$424,852.00
Calypso PO Box 327 Seattle, WA 98111						\$192.00
Charles I. Tighe 5 Sheldon Place Moorestown, NJ 08057		back wages				\$1,010,257.00
Charles I. Tighe and Lynn M. Tighe 5 Sheldon Place Moorestown, NJ 08057		loans				\$123,759.00
DJO, LLC c/o Joseph A. Molinaro, LLC 648 Wyckoff Ave. Wyckoff, NJ 07481						\$87,500.00
GE Capital Information Technology Soluti						\$5,500.00
Horizon Blue Cross and Blue Shield 3 Penn Plaza East Newark, NJ 07105			Contingent Unliquidated Disputed			\$1,536,418.00

Debtor **Aberdeen Medical Services, 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,	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
Joseph W. Hammes, Trustee c/o Robert S. Snellings, Esq. 2001 Route 46 Waterview Plaza, Suite 206 Parsippany, NJ 07054						\$36,709.00
Kimberly-Clark Healthcare c/o Johnson, Morgan & White 6800 Broken Sound Parkway Attn.: Allan Katz Boca Raton, FL 33487						\$103,041.00
MavRx, LLC 48 Service Road, #210-A Melville, NY 11747						\$4,557.00
NetCarrier Telecom, Inc. 4000 N. Cannon Ave. Lansdale, PA 19446						\$3,298.00
NetJets Aviation, Inc. PO Box 933300 Atlanta, GA 31193						\$94,133.00
Ossur Americas 27051 Towne Centre Drive Foothill Ranch, CA 92610			Disputed			\$529,760.00
TFC Distributors, Inc. c/o Integrated Orthopedic Solutions 510 East 73rd St. Attn: Tom Meehan New York, NY 10021						\$32,600.00

American Express  
PO Box 1270  
Newark, NJ 07101

American Express  
PO Box 1270  
Newark, NJ 07101-1270

B. Braun International Systems  
824 12th Ave.  
Bethlehem, PA 18018

Calypso  
PO Box 327  
Seattle, WA 98111

Charles I. Tighe  
5 Sheldon Place  
Moorestown, NJ 08057

Charles I. Tighe and Lynn M. Tighe  
5 Sheldon Place  
Moorestown, NJ 08057

DJO, LLC  
c/o Joseph A. Molinaro, LLC  
648 Wyckoff Ave.  
Wyckoff, NJ 07481

GE Capital Information Technology Soluti

Horizon Blue Cross and Blue Shield  
3 Penn Plaza East  
Newark, NJ 07105

Joseph W. Hammes, Trustee  
c/o Robert S. Snellings, Esq.  
2001 Route 46  
Waterview Plaza, Suite 206  
Parsippany, NJ 07054

Kimberly-Clark Healthcare  
c/o Johnson, Morgan & White  
6800 Broken Sound Parkway  
Attn.: Allan Katz  
Boca Raton, FL 33487

MavRx, LLC  
48 Service Road, #210-A  
Melville, NY 11747

NetCarrier Telecom, Inc.  
4000 N. Cannon Ave.  
Lansdale, PA 19446

NetJets Aviation, Inc.  
PO Box 933300  
Atlanta, GA 31193

Ossur Americas  
27051 Towne Centre Drive  
Foothill Ranch, CA 92610

TFC Distributors, Inc.  
c/o Integrated Orthopedic Solutions  
510 East 73rd St.  
Attn: Tom Meehan  
New York, NY 10021



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

In re **Aberdeen Medical 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 **Aberdeen Medical 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:

**Charles I. Tighe  
5 Sheldon Place  
Moorestown, NJ 08057**

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None [*Check if applicable*]

**June 2, 2016**

Date

**/s/ Ellen M. McDowell, Esq.**

**Ellen M. McDowell, Esq.**

Signature of Attorney or Litigant

Counsel for **Aberdeen Medical Services, Inc.**

**McDowell Posternock Apell & Detrick**

**46 West Main St.**

**Maple Shade, NJ 08052**

**856-482-5544 Fax:856-482-5511**