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| Fill in this information to identify the case: | Page 1 01 4 |
|---|--------------------------------------|
| United States Bankruptcy Court for the: District of New Jersey (State) Case number (If known): Chapter1 | ☐ Check if this is an amended filing |

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

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 the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| 1. | Debtor's name | NJ Community Spine and Pain, LLC | | | | |
|----|---|---|--|--|--|--|
| 2. | All other names debtor used in the last 8 years Include any assumed names, trade names, and doing business as names | Ocean Integrated Wellness | Center | | | |
| 3. | Debtor's federal Employer Identification Number (EIN) | 4 6 _ 0 7 1 8 9 7 8 | | | | |
| 4. | Debtor's address | Principal place of business 864 Rt. 37 West | Mailing address, if different from principal place of business | | | |
| | | Number Street | Number Street | | | |
| | | Toms River NJ 08755 | P.O. Box | | | |
| | | City State ZIP Code Ocean County | City State ZIP Code Location of principal assets, if different from principal place of business | | | |
| | | County | Number Street | | | |
| | | | City State ZIP Code | | | |
| 5. | Debtor's website (URL) | http://www.oceanintegrate | dwellness.com/ | | | |
| 6. | Type of debtor | Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: | | | | |

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NJ Community Spine and Pain, LLC Debtor Case number (if known) A. Check one: 7. Describe debtor's business 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. 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 . Check one: Under which chapter of the **Bankruptcy Code is the** ☐ Chapter 7 debtor filing? ☐ 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 □ No filed by or against the debtor ☐ Yes. District When within the last 8 years? Case number MM / DD / YYYY If more than 2 cases, attach a When District Case number separate list. MM / DD / YYYY 10. Are any bankruptcy cases Ži No pending or being filed by a ☐ Yes. Debtor Relationship business partner or an affiliate of the debtor? District MM / DD / YYYY List all cases. If more than 1, attach a separate list. Case number, if known

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|----|-----------|-------|-----|-----------------|-------------|---|
| | | | Do | cument | Page 3 of 4 | |
| NJ | Community | Spine | and | Pain, | LLC | |

| Debtor | Name | | | own) | | | |
|---------------------------------|--|---|--|--|--|--|--|
| | - Talle | | | | | | |
| 11. Why is 1 | the case filed in this | Check all that apply: | | | | | |
| district | ? | Debtor has had its domi | cile, principal place of business, or principal place of business, or principal date of this petition or for a longer pa | cipal assets in this district for 180 days | | | |
| | | district. | immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. | | | | |
| | | ☐ A bankruptcy case conc | erning debtor's affiliate, general partner | , or partnership is pending in this district. | | | |
| | | | | | | | |
| | e debtor own or have | No 🔁 No | | | | | |
| • | ossession of any real property or personal property hat needs immediate ttention? | Yes. Answer below for e | ach property that needs immediate atte | ntion. Attach additional sheets if needed. | | | |
| that nee | | | perty need immediate attention? (Ch | eck all that apply.) | | | |
| attentio | | ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. | | | | | |
| | | What is the haz | What is the hazard? | | | | |
| | | ☐ It needs to be p | ☐ It needs to be physically secured or protected from the weather. | | | | |
| | | ☐ It includes peris | ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without | | | | |
| | | | kample, livestock, seasonal goods, mea | | | | |
| | | _ | • , | | | | |
| | | ☐ Other | | | | | |
| | | | | | | | |
| | | Where is the prop | | | | | |
| | | | Number Street | | | | |
| | | | | | | | |
| | | | City | State ZIP Code | | | |
| | | | | | | | |
| | | Is the property ins | sured? | | | | |
| | | □ No | igency | | | | |
| | | Tes. Insurance a | gency | | | | |
| | | Contact nar | me | | | | |
| | | Phone | | | | | |
| | | | | | | | |
| | | | | | | | |
| S | tatistical and admin | istrative information | | | | | |
| | | | | | | | |
| | | | | | | | |
| | s estimation of | Check one: | | | | | |
| | s estimation of e funds | Funds will be available f | or distribution to unsecured creditors. | | | | |
| | | Funds will be available f | | ailable for distribution to unsecured creditors. | | | |
| | | Funds will be available f | expenses are paid, no funds will be ava | | | | |
| availabl | e funds ed number of | Funds will be available f | | ailable for distribution to unsecured creditors 25,001-50,000 50,001-100,000 | | | |
| availabl | e funds ed number of | Funds will be available f After any administrative 1-49 50-99 100-199 | expenses are paid, no funds will be ava | 2 5,001-50,000 | | | |
| availabl | e funds ed number of | Funds will be available f After any administrative 1-49 50-99 | expenses are paid, no funds will be ava ☐ 1,000-5,000 ☐ 5,001-10,000 | □ 25,001-50,000 □ 50,001-100,000 | | | |
| availabl | e funds ed number of | After any administrative After any administrative 1-49 50-99 100-199 200-999 | □ 1,000-5,000 □ 5,001-10,000 □ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 | | | |
| availabl | e funds ed number of 's | Funds will be available f After any administrative 1-49 50-99 100-199 | expenses are paid, no funds will be ava ☐ 1,000-5,000 ☐ 5,001-10,000 | □ 25,001-50,000 □ 50,001-100,000 | | | |
| availabl 14. Estimat creditor | e funds ed number of 's | ☐ Funds will be available f ☐ After any administrative ☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 ☐ 30-\$50,000 | □ 1,000-5,000 □ 5,001-10,000 □ 10,001-25,000 □ \$1,000,001-\$10 million | □ 25,001-50,000 □ 50,001-100,000 □ More than 100,000 | | | |

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| NJ Community | Spine and Pain | | | | | |
|--|--|---|---|--|--|--|
| btor Name | | Case number (if ki | nown) | | | |
| Estimated liabilities | □ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 図 \$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 | | | |
| Request for Relief, Dec | laration, and Signatures | | | | | |
| | | atement in connection with a bankrupt 18 U.S.C. §§ 152, 1341, 1519, and 35 | | | | |
| 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 deb | tor. | | | |
| | I have examined the inf correct. | ormation in this petition and have a rea | asonable belief that the information is true and | | | |
| | I declare under panalty of p | orium that the foregoing is true and co | rroot | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| | Executed on MM LDD / YYYY | | | | | |
| | Vincent Giardina | | | | | |
| | Signature of authorized rep | resentative of debtor Printed | Iname | | | |
| | TitleManager | | | | | |
| | | 1/2/ | A. A | | | |
| . Signature of attorney | * //h/ | Date Date | 11/28/2017 | | | |
| | Signature of attorney for d | | MM /DD /YYYY | | | |
| | Richard D. Gaines Printed name Law Offices of Richard D. Gaines, Esq. | | | | | |
| | | | | | | |
| | Firm name 155 Marion | Drive | | | | |
| | Number Street West Orang | (A | NJ 07052 | | | |
| | City | | ate ZIP Code | | | |
| | 570-857-018 | 0 | rdenisgaines@earthlink | | | |
| | Contact phone | Er | mail address | | | |
| | 266601072 | | NI T | | | |
| | 266681973 | | NJ | | | |