

Official Form 1 (04/07)

United States Bankruptcy Court
DISTRICT OF Nevada

Chapter 7

Name of Debtor (if individual, enter Last, First, Middle): Centers For Long Term Care of Tappahannock, 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./Complete EIN or other Tax I.D. No. (if more than one, state all): 3006

Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):

Street Address of Debtor (No. and Street, City, and State):
955 S. Virginia St Suite 116 Reno, NV 89502 ZIP CODE

Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE

County of Residence or of the Principal Place of Business: Clark Nevada

County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):
8550 W Desert Inn # 102-151 Las Vegas NV 89117 ZIP CODE

Mailing Address of Joint Debtor (if different from street address):
ZIP CODE

Location of Principal Assets of Business Debtor (if different from street address above): Clark County ZIP CODE 89117

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

Full Filing Fee attached.

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.

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:

Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).

Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.

Check all applicable boxes:

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).

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		Estimated Assets		Estimated Liabilities	
1-49	50-99	\$0 to \$10,000	\$100,000 to \$1 million	\$0 to \$50,000	\$100,000 to \$1 million
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100-199	200-999	\$1 million to \$100 million	\$1 million to \$100 million	\$50,000 to \$100,000	\$1 million to \$100 million
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,000-5,000	5,001-10,000	More than \$100 million	More than \$100 million	More than \$100 million	More than \$100 million
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS SPACE IS FOR COURT USE ONLY

RECEIVED AND FILED

2007 MAY 24 P 3:22

U.S. BANKRUPTCY COURT
CLARK COUNTY, NEVADA

SCANNED

Form B1, Page 2

Official Form 1 (04/07)
Voluntary Petition
(This page must be completed and filed in every case.)

Name of Debtor(s): Centers For Long Term Care of Tappahannock Inc

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)

Location Where Filed:	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)

Name of Debtor:	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(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.)

Exhibit A is attached and made a part of this petition.

Exhibit B

(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 have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X _____
 Signature of Attorney for Debtor(s) (Date)

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.

Statement 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 with 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.

Official Form 1 (04/07)
Voluntary Petition
(This page must be completed and filed in every case.)

Name of Debtor(s):

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
 Signature of Debtor

X _____
 Signature of Joint Debtor

 Telephone Number (if not represented by attorney)

 Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
 (Signature of Foreign Representative)

 (Printed Name of Foreign Representative)

 Date

X _____
 Signature of Attorney
 Signature of Attorney for Debtor(s)

 Printed Name of Attorney for Debtor(s)
 Kristin Regal

 Firm Name
 The Law Firm of K.A. Regal, PLLC

 Address
 15305 Dallas Parkway
 Suite 200
 Addison TX 75001

 Telephone Number
 972 455 2828

 Date
 5/24/2007

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(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 19B is attached.

 Printed Name and title, if any, of Bankruptcy Petition Preparer

 Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

 Address

X _____

 Date

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
 Signature of Authorized Individual
 Gary Trabet

 Printed Name of Authorized Individual
 President

 Title of Authorized Individual

 Date
 5/24/2007

 Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Form 4
(10/05)

United States Bankruptcy Court

District Of Nevada

Centers For Long Term Care
In re Teppaherach, Inc
Debtor

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and 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>

Date: _____


Debtor

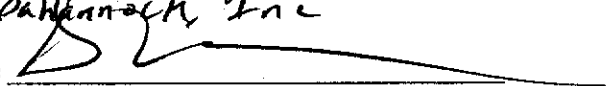
[Declaration as in Form 2]

Official Form 2
6/90

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

I, [the president or other officer or an authorized agent of the corporation] [or a member or an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing [list or schedule or amendment or other document (describe)] and that it is true and correct to the best of my information and belief.

Date 5/24/2007

Century For Long Term Care of
Tappahannock Inc
by 
Signature _____

Gary Trubert, President
(Print Name and Title)

Centers for Long Term Care of Tappahannock, Inc., a Nevada Corporation

Name of Creditor & complete mailing address including zip code	Name, telephone # & complete mailing address including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to set off	Amount of Claim [If secured also state value of security]
Pharmeria-409251		Trade Debt	Subject to Set Off	\$24,943.70
Bank of America, Lock Box 409 P O Box 409251				
Atlanta, GA 30384-9251		Trade Debt	Subject to Set Off	\$20,453.72
McKesson Medical-Surgical				
Minnesota Supply Inc. P O Box 27100				
Golden, MN 55427-0100		Trade Debt	Subject to Set Off	\$18,858.70
PFG-Virginia Foodservice Group, Inc. 7422 Ranco Rd.				
Richmond, VA 23228		Trade Debt	Subject to Set Off	\$17,073.97
CLC Rehab & Management, Inc. P O Box 156508				
Fort Worth, TX 76155		Trade Debt	Subject to Set Off	\$14,902.26
Rehab Choice, Inc. P O Box 798257				
St. Louis, MO 63179-8000		Trade Debt	Subject to Set Off	\$13,380.85
Direct Supply Healthcare Equip P O Box 88201				
Milwaukee, WI 53288-0201		Trade Debt	Subject to Set Off	\$12,612.00
Executive Healthcare Resources, Inc. P O Box 155635				
Fort Worth, TX 76155		Trade Debt	Subject to Set Off	\$10,715.60
Sten+Barr Medical, Inc. 14350 Carlson Circle				
Tampa, FL 33626		Trade Debt	Subject to Set Off	\$9,277.76
Regal Medical Services P O Box 1134				
Bedford, VA 24523				

Law Offices of Gary Trebert P O Box 155545 Fort Worth, TX 76155		Trade Debt	Subject to Set Off	\$8,000.00
Riverside Health Systems P O Box 37268 Baltimore, MD 21297-3268		Trade Debt	Subject to Set Off	\$7,909.93
Ecolab Institutional P O Box 70343 Chicago, IL 60673-0343		Trade Debt	Subject to Set Off	\$7,147.46
Dominion Virginia Power P O Box 26543 Richmond, VA 23290-0001		Trade Debt	Subject to Set Off	\$6,218.83
Lifecare Medical Transports, Inc. 1170 International Parkway Fredericksburg, VA 22406		Trade Debt	Subject to Set Off	\$5,771.00
Therapy Resources, Inc. 11044 Richardson Rd. Suite A-23 Ashland, VA 23005		Trade Debt	Subject to Set Off	\$4,100.00
Christine Fournier Consultant Dietician 238 Saint James Ln. Montross, VA 22520-4210		Trade Debt	Subject to Set Off	\$3,023.25
Professional Nurses, Inc. 1901 Huguenot rd. Suite 307 Richmond, VA 23235		Trade Debt	Subject to Set Off	\$2,754.44
Fire-X Corporation P O Box 9757 Richmond, VA 23228		Trade Debt	Subject to Set Off	\$2,585.00
Verizon - 804 443 4308 P O Box 17577 Baltimore, MD 21297-0513		Trade Debt	Subject to Set Off	\$2,048.91
Atkins Propane, Inc. P O Box 70 St. Stephens Ch, VA 23148-0070		Trade Debt	Subject to Set Off	\$2,036.22