

B1 (Official Form 1)(1/08)

United States Bankruptcy Court District of Nevada		Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Desert Pines Family Health Centers		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): DBA Desert Pines Chiropractic		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) 88-0298339		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): 3551 E Bonanza Rd, Ste 108 Las Vegas, NV <div style="text-align: right; font-size: small;">ZIP Code 89110-2198</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>	
County of Residence or of the Principal Place of Business: Clark		County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>	
Location of Principal Assets of Business Debtor (if different from street address above): 3551 E Bonanza Rd, Ste 108 Las Vegas, NV 89110-2198			
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 <hr/> 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).	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 <hr/> 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 checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input 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 \$2,190,000. <hr/> 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).	
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input 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			
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			
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 checked="" 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			

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Desert Pines Family Health Centers	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	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: - None -	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.) <input type="checkbox"/> 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 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? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> 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)			
<input checked="" type="checkbox"/> 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. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> 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)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> 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 <input type="checkbox"/> 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. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Desert Pines Family Health Centers**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 Attorney*

X /s/ Timothy S. Cory
Signature of Attorney for Debtor(s)

Timothy S. Cory 1972
Printed Name of Attorney for Debtor(s)

Timothy S. Cory & Associates
Firm Name
8831 W. Sahara Ave.
Las Vegas, NV 89117

Address

Email: tim.cory@corylaw.us

(702) 388-1996 Fax: (702) 382-7903
Telephone Number

January 19, 2010
Date

*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.

Signature of Debtor (Corporation/Partnership)

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

X /s/ Douglas Hermansen
Signature of Authorized Individual

Douglas Hermansen
Printed Name of Authorized Individual

President/Treasurer/Director
Title of Authorized Individual

January 19, 2010
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

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 19 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

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.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
District of Nevada

In re **Desert Pines Family Health Centers**

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) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Advanta Bank Corp PO Box 8088 Philadelphia, PA 19101-8088	Advanta Bank Corp PO Box 8088 Philadelphia, PA 19101-8088	Credit card purchases		14,239.00
Bank of America PO Box 15710 Wilmington, DE 19886-5710	Bank of America PO Box 15710 Wilmington, DE 19886-5710	Business Capital		55,000.00
Bank of Nevada PO Box 26237 Las Vegas, NV 89126	Bank of Nevada PO Box 26237 Las Vegas, NV 89126	Desert Pines Family Health Centers		228,000.00 (200,000.00 secured)
Dubowsky Law Office 330 South 3rd Street Las Vegas, NV 89101-6042	Dubowsky Law Office 330 South 3rd Street Las Vegas, NV 89101-6042	United West Labs, Inc. law suit for lab services		13,000.00
Embarq Telephone Service 1930 220th St Ste 101 Bothell, WA 98021	Embarq Telephone Service 1930 220th St Ste 101 Bothell, WA 98021	Phone Services		867.22
Imperatrice, Amarant, Capuzzi & Bell 3405 W Chester Pike Newtown Square, PA 19073	Imperatrice, Amarant, Capuzzi & Bell 3405 W Chester Pike Newtown Square, PA 19073	Lumenis Skin Laser (repossessed)		Unknown
Internal Revenue Service Ogden, UT 84201-0038	Internal Revenue Service Ogden, UT 84201-0038	4th Q 2008 941 Taxes		8,561.00
Marriott PO Box 15298 Wilmington, DE 19850-5298	Marriott PO Box 15298 Wilmington, DE 19850-5298	Credit card purchases		27,932.00
Marriott Rewards PO Box 15298 Wilmington, DE 19850-5298	Marriott Rewards PO Box 15298 Wilmington, DE 19850-5298	Credit card purchases		21,300.00
McCarthy, Burgess & Wolf 2600 Cannon Rd Bedford, OH 44146	McCarthy, Burgess & Wolf 2600 Cannon Rd Bedford, OH 44146	Embarq Yellow Pages for business ad		19,702.00
McCarthy, Burgess & Wolf 2600 Cannon Rd Bedford, OH 44146	McCarthy, Burgess & Wolf 2600 Cannon Rd Bedford, OH 44146	Embarq Yellow Pages for business ad		9,859.00
Office Depot PO Box 4155 Sarasota, FL 34230-4155	Office Depot PO Box 4155 Sarasota, FL 34230-4155	Office Supplies		2,007.73

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

In re **Desert Pines Family Health Centers**

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>
Quality Card Products, LLC 6061 Telegraph Rd, Units I/J/K Toledo, OH 43612	Quality Card Products, LLC 6061 Telegraph Rd, Units I/J/K Toledo, OH 43612	Medications		4,401.00
Wells Fargo 300 Tri State Intl, Ste 400 Lincolnshire, IL 60069	Wells Fargo 300 Tri State Intl, Ste 400 Lincolnshire, IL 60069	Spa Equipment		Unknown
Wells Fargo PO Box 348750 Sacramento, CA 95834	Wells Fargo PO Box 348750 Sacramento, CA 95834	Business Capital		80,000.00

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

I, the President/Treasurer/Director 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 19, 2010**Signature **/s/ Douglas Hermansen****Douglas Hermansen****President/Treasurer/Director**

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.

Desert Pines Family Health Centers
3551 E Bonanza Rd, Ste 108
Las Vegas, NV 89110-2198

Timothy S. Cory
Timothy S. Cory & Associates
8831 W. Sahara Ave.
Las Vegas, NV 89117

Advanta Bank Corp
Acct No xxxx-xxxx-xxxx-2976
PO Box 8088
Philadelphia, PA 19101-8088

Bank of America
Acct No xxxx-xxxx-xxxx-7127
PO Box 15710
Wilmington, DE 19886-5710

Bank of Nevada
Acct No xxxxx8175
PO Box 26237
Las Vegas, NV 89126

Cumorah Credit Union
Acct No xxxxxx0487
PO Box 70060
Las Vegas, NV 89170

Dubowsky Law Office
Acct No xxxx xx. xxx8535
330 South 3rd Street
Las Vegas, NV 89101-6042

Embarq Telephone Service
Acct No xxxxxxxxxx4654
1930 220th St Ste 101
Bothell, WA 98021

Imperatrice, Amarant, Capuzzi & Bell
Acct No Royal Bank America Lease
3405 W Chester Pike
Newtown Square, PA 19073

Internal Revenue Service
Acct No xx-xxx8339
Ogden, UT 84201-0038

Marriott
Acct No xxxx-xxxx-xxxx-4389
PO Box 15298
Wilmington, DE 19850-5298

Marriott Rewards
Acct No xxxx-xxxx-xxxx-0727
PO Box 15298
Wilmington, DE 19850-5298

McCarthy, Burgess & Wolf
Acct No xxxxx7732
2600 Cannon Rd
Bedford, OH 44146

Office Depot
Acct No xxxx1544
PO Box 4155
Sarasota, FL 34230-4155

Quality Card Products, LLC
Acct No DESPIN
6061 Telegraph Rd, Units I/J/K
Toledo, OH 43612

Wells Fargo
Acct No xxxx-xxxx-xxxx-3658
PO Box 348750
Sacramento, CA 95834

Wells Fargo
Acct No ending in 00001
300 Tri State Intl, Ste 400
Lincolnshire, IL 60069

Wells Fargo Financial
800 Walnut Street
Des Moines, IA 50309