

B1 (Official Form 1)(04/13)

| | | |
|--|---|---|
| United States Bankruptcy Court District of Nevada | | Voluntary Petition |
| Name of Debtor (if individual, enter Last, First, Middle): Flamingo-Pecos Surgery Center, LLC | | 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 Surgery Center of Southern Nevada | | 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)/Complete EIN (if more than one, state all) 02-0544082 | | 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): 4275 Burnham Ave. Ste. 101 Las Vegas, NV | | Street Address of Joint Debtor (No. and Street, City, and State): |
| ZIP Code 89119 | | ZIP Code |
| 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): | | Mailing Address of Joint Debtor (if different from street address): |
| ZIP Code | | ZIP Code |
| Location of Principal Assets of Business Debtor (if different from street address above): | | |
| 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 checked="" 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 type="checkbox"/> Other | 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 |
| Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | 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). | 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 type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" 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 \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). 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 *** Zachariah Larson 7787 *** <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 type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" 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 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 checked="" 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 type="checkbox"/> \$500,001 to \$1 million <input checked="" 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): Flamingo-Pecos Surgery Center, LLC | |
| 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 | | Exhibit B | |
| (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. | | (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.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord) | | | |
| <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 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. | | | |
| <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | | |

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|---|--|
| <p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p> | <p>Name of Debtor(s): Flamingo-Pecos Surgery Center, LLC</p> |
| Signatures | |
| <p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p> | <p style="text-align: center;">Signature of a Foreign Representative</p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>X _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p> |
| <p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Zachariah Larson</u> Signature of Attorney for Debtor(s)</p> <p><u>Zachariah Larson 7787</u> Printed Name of Attorney for Debtor(s)</p> <p><u>LARSON & ZIRZOW, LLC</u> Firm Name</p> <p><u>810 S. Casino Center Blvd. #101</u> <u>Las Vegas, NV 89101</u></p> <p>_____ Address</p> <p style="text-align: right;">Email: mzirzow@lzlawnv.com</p> <p><u>(702) 382-1170 Fax: (702) 382-1169</u> Telephone Number</p> <p><u>December 31, 2014</u> Date</p> <p><small>*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.</small></p> | <p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>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:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p> |
| <p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ William Smith, MD</u> Signature of Authorized Individual</p> <p><u>William Smith, MD</u> Printed Name of Authorized Individual</p> <p><u>Board President</u> Title of Authorized Individual</p> <p><u>December 31, 2014</u> Date</p> | |

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
District of Nevada**

In re Flamingo-Pecos Surgery Center, LLC

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) | (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> |
| Boston Scientific Attn: Bankruptcy Dept/Managing Agent 300 Boston Scientific Way Marlborough, MA 01752-1234 | Boston Scientific Attn: Bankruptcy Dept/Managing Agent 300 Boston Scientific Way Marlborough, MA 01752-1234 | Trade Dept | | 66,207.35 |
| Charles Tadlock, MD Attn: Bankruptcy Dept/Managing Agent Center for Pain Management 6725 S. Eastern Ave # 6 Las Vegas, NV 89119 | Charles Tadlock, MD Attn: Bankruptcy Dept/Managing Agent Center for Pain Management Las Vegas, NV 89119 | Business Expense | | 46,000.00 |
| Cochlear Americas Attn: Bankruptcy Dept/Managing Agent Dept. 811 Denver, CO 80291-0811 | Cochlear Americas Attn: Bankruptcy Dept/Managing Agent Dept. 811 Denver, CO 80291-0811 | Trade Debt | | 427,872.32 |
| DesMed, LLC C/o Ensemble Real Estate Services, LLC 4722 North 24th Street, Suite 400 Phoenix, AZ 85016 | DesMed, LLC C/o Ensemble Real Estate Services, LLC 4722 North 24th Street, Suite 400 Phoenix, AZ 85016 | Trade Debt/Rental Lease (4275 Burnham Ave., Ste. 101, Las Vegas, Nevada) | Disputed | 194,593.84 |
| Dodd Hyer MD 7326 W. Cheyenne Ave. Las Vegas, NV 89129 | Dodd Hyer MD 7326 W. Cheyenne Ave. Las Vegas, NV 89129 | Loan plus interest | | 61,112.88 |
| Epiphany Surgery Centers, LLC Charles Tadlock, MD Attn: Bankruptcy Dept/Managing Agent 6 Rue Duville Way Henderson, NV 89011 | Epiphany Surgery Centers, LLC Charles Tadlock, MD Attn: Bankruptcy Dept/Managing Agent Henderson, NV 89011 | Business Partner / Loan plus interest | | 102,416.44 |
| Epiphany Surgical Solutions 2110 E. Flamingo Rd. Suite 109 Las Vegas, NV 89119 | Epiphany Surgical Solutions 2110 E. Flamingo Rd. Suite 109 Las Vegas, NV 89119 | Trade Debt | | 355,645.48 |

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

In re **Flamingo-Pecos Surgery Center, LLC**

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> |
| John Anson, MD Attn: Bankruptcy Dept/Managing Agent 5068 Spanish Heights Dr Las Vegas, NV 89148 | John Anson, MD Attn: Bankruptcy Dept/Managing Agent 5068 Spanish Heights Dr Las Vegas, NV 89148 | Business Partner / Loan plus interest | | 56,693.15 |
| JP Morgan Chase Bank, NA Attn: Bankruptcy Dept/Managing Agent Commercial Card Solutions P.O. Box 2015 Elgin, IL 60121 | JP Morgan Chase Bank, NA Attn: Bankruptcy Dept/Managing Agent Commercial Card Solutions Elgin, IL 60121 | Credit Card Purchases | | 231,488.49 |
| LDR Spine USA Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 671716 Dallas, TX 75267-1716 | LDR Spine USA Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 671716 Dallas, TX 75267-1716 | Trade Dept | | 48,000.00 |
| Medical Electronics Attn: Bankruptcy Dept/Managing Agent 1525 E. Edinger Ave. Santa Ana, CA 92705 | Medical Electronics Attn: Bankruptcy Dept/Managing Agent 1525 E. Edinger Ave. Santa Ana, CA 92705 | Business Debt/Biomedical Service Contract | Disputed | 42,541.38 |
| Medtronic SD USA, Inc. Attn: Bankruptcy Dept/Managing Agent 4642 Collection Center Dr. Chicago, IL 60693 | Medtronic SD USA, Inc. Attn: Bankruptcy Dept/Managing Agent 4642 Collection Center Dr. Chicago, IL 60693 | Trade Debt | | 161,211.66 |
| NUVASIVE, INC. Attn: Bankruptcy Dept/Managing Agent PO Box 51221 San Diego, CA 92121 | NUVASIVE, INC. Attn: Bankruptcy Dept/Managing Agent PO Box 51221 San Diego, CA 92121 | Business Debt | | 369,500.12 |
| Ortho-Bio-Design LLC Attn: Bankruptcy Dept/Managing Agent 1660 W. Second Street Cleveland, OH 44113 | Ortho-Bio-Design LLC Attn: Bankruptcy Dept/Managing Agent 1660 W. Second Street Cleveland, OH 44113 | Business Debt | | 44,239.00 |
| Patriot-Reading Associates LLC Attn: Bankruptcy Dept/Managing Agent PO Box 7313 Westlake Village, CA 91359 | Patriot-Reading Associates LLC Attn: Bankruptcy Dept/Managing Agent PO Box 7313 Westlake Village, CA 91359 | Business Debt/Rental Lease (10195 W. Twain Ave., Las Vegas, NV 89147) | Disputed | 171,510.64 |
| SI-Bone Inc. Attn: Bankruptcy Dept/Managing Agent Dept 3195 PO Box 123195 Dallas, TX 75312 | SI-Bone Inc. Attn: Bankruptcy Dept/Managing Agent Dept 3195 Dallas, TX 75312 | Business Debt | | 60,030.15 |

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

In re Flamingo-Pecos Surgery Center, LLC

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> |
| SPINEOLOGY, Inc. Attn: Bankruptcy Dept/Managing Agent VB Box 119 PO Box 9202 Minneapolis, MN 55480 | SPINEOLOGY, Inc. Attn: Bankruptcy Dept/Managing Agent VB Box 119 Minneapolis, MN 55480 | Business Debt | | 117,427.00 |
| SPINESMITH Partners Attn: Bankruptcy Dept/Managing Agent 93 Red River St. Austin, TX 78701 | SPINESMITH Partners Attn: Bankruptcy Dept/Managing Agent 93 Red River St. Austin, TX 78701 | Business Debt | | 48,300.00 |
| Wells Fargo Attn: Bankruptcy Dept/Managing Agent Payment Center Remittance PO Box 54349 Los Angeles, CA 90054 | Wells Fargo Attn: Bankruptcy Dept/Managing Agent Payment Center Remittance Los Angeles, CA 90054 | Business Debt | | 135,999.35 |
| William Smith, MD Attn: Bankruptcy Dept/Managing Agent 3061 S. Maryland Pkwy. #200 Las Vegas, NV 89109 | William Smith, MD Attn: Bankruptcy Dept/Managing Agent 3061 S. Maryland Pkwy. #200 Las Vegas, NV 89109 | Business Partner / Loan plus interest | | 450,611.37 |

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

I, the Board President 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 December 31, 2014Signature /s/ William Smith, MD**William Smith, MD
Board President**

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.

B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
District of Nevada

In re Flamingo-Pecos Surgery Center, LLC,
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|-------------------|--------------|--------------|-------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 2,925,606.62 | | |
| C - Property Claimed as Exempt | No | 0 | | | |
| D - Creditors Holding Secured Claims | Yes | 3 | | 1,517,379.14 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 20 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 70 | | 4,245,170.28 | |
| G - Executory Contracts and Unexpired Leases | Yes | 5 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | No | 0 | | | N/A |
| J - Current Expenditures of Individual Debtor(s) | No | 0 | | | N/A |
| Total Number of Sheets of ALL Schedules | | 103 | | | |
| | | Total Assets | 2,925,606.62 | | |
| | | Total Liabilities | | 5,762,549.42 | |

B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court
District of Nevada

In re Flamingo-Pecos Surgery Center, LLC,
Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E) | |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | |
| Student Loan Obligations (from Schedule F) | |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | |
| TOTAL | |

State the following:

| | |
|---|--|
| Average Income (from Schedule I, Line 12) | |
| Average Expenses (from Schedule J, Line 22) | |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | |

State the following:

| | | |
|--|--|--|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | |
| 4. Total from Schedule F | | |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | |

B6A (Official Form 6A) (12/07)

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|--------------------------------------|---|------------------------------------|--|-------------------------|
|--------------------------------------|---|------------------------------------|--|-------------------------|

None

Sub-Total > **0.00** (Total of this page)
 Total > **0.00**
 (Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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 and Fed. R. Bankr. P. 1007(m).

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|--|------------------|--|---|---|
| 1. Cash on hand | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Wells Fargo checking account #2129 | - | 39.02 |
| | | Wells Fargo payroll account #3760 | - | 2,151.78 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | | Westland Enterprises for 2110 E. Flamingo Rd. #109 | - | 5,986.75 |
| | | Desmed, LLC for 4275 Burnham Ave. #101 | - | 13,544.70 |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | X | | | |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | X | | | |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| | | | Sub-Total > | 21,722.25 |
| | | | (Total of this page) | |

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|--|---|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401k Retirement Plan located at Principal | - | Unknown |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. Accounts receivable. | | Account Receivables | - | 2,195,139.30 |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |

Sub-Total > **2,195,139.30**
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC,
Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|---|--------------------------------------|---|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | Machinery, Fixtures, Equipment as of December 31, 2013 | | - | 708,745.07 |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |

| | |
|----------------------|---------------------|
| Sub-Total > | 708,745.07 |
| (Total of this page) | |
| Total > | 2,925,606.62 |

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6D (Official Form 6D) (12/07)

In re Flamingo-Pecos Surgery Center, LLC Case No. _____
 Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R H W J C | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|----------------------------|--|----------|---------------------|-------------------------|-----------------|---|---------------------------|
| | | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | Value \$ | | | | | |
| Account No. Creditor #: 1 Cardinal Health Attn: Bankruptcy Dept/Managing Agent Medical Products & Services 7000 Cardinal Place West Campus 1H6406C Dublin, OH 43017 | - | 2014 UCC Trade Debt (UCC on various equipment) | Unknown | | | | 166,808.77 | Unknown |
| Account No. Cardinal Health Attn: Bankruptcy Dept/Managing Agent Medical Products & Services P.O. Box 100316 Pasadena, CA 91189-0316 | | Representing: Cardinal Health | | | | | Notice Only | |
| Account No. Creditor #: 2 CHG - Meridian U.S. Finance, Ltd. Attn: Bankruptcy Dept/Managing Agent 21800 Oxnard St. Ste. 400 Woodland Hills, CA 91367 | - | 2013 UCC Equipment Lease (UCC on various equipment assigned to Skandinaviska Enskilda Banken AB) | Unknown | | | X | Unknown | Unknown |
| Account No. Creditor #: 3 Data Sales Co., Inc. Attn: Bankruptcy Dept. / Managing Agent NW 7305 P.O. Box 1450 Minneapolis, MN 55485 | - | 11/01/2014 UCC Trade Debt/Medical Equipment Lease (UCC on various equipment) | Unknown | | | X | 21,411.98 | Unknown |
| Subtotal | | | | | | | 188,220.75 | 0.00 |
| (Total of this page) | | | | | | | | |

2 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|---------------------|------------------------------------|---------------------|-------------------------|-----------------|---|---------------------------|
| | | H W J C | | | | | |
| Account No. xxxxxxxx7001 | | | | | | | |
| Creditor #: 4 JP Morgan Chase Bank, NA Attn: Bankruptcy Dept/Managing Agent 3770 Howard Hughes Parkway, Suite 240 Las Vegas, NV 89169 | | - | X | X | X | 834,216.88 | Unknown |
| | | | | | | | |
| Account No. | | | | | | | |
| Poli & Ball, P.L.C. Attn: James B. Ball, Esq. 3311 S. Rainbow Blvd #215 Las Vegas, NV 89146 | | | | | | Notice Only | |
| | | | | | | | |
| Account No. xxxxxxxx7002 | | | | | | | |
| Creditor #: 5 JP Morgan Chase Bank, NA Attn: Bankruptcy Dept/Managing Agent 3770 Howard Hughes Parkway, Suite 240 Las Vegas, NV 89169 | | - | X | X | X | 474,658.87 | Unknown |
| | | | | | | | |
| Account No. | | | | | | | |
| Poli & Ball, P.L.C. Attn: James B. Ball, Esq. 3311 S. Rainbow Blvd #215 Las Vegas, NV 89146 | | | | | | Notice Only | |
| | | | | | | | |
| Account No. | | | | | | | |
| Creditor #: 6 RESCO Leasing Company Attn: Bankruptcy Dept/Managing Agent PO Box 65598 Salt Lake City, UT 84165 | X | - | | | X | 20,282.64 | Unknown |
| | | | | | | | |
| | | | | | | | |
| Subtotal | | | | | | 1,329,158.39 | 0.00 |
| (Total of this page) | | | | | | | |

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B T O R H W J C | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------------------------|--|----------------|---------------------|-------------------------|-----------------|---|---------------------------|
| | | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | | | | | | |
| Account No. | | | | | | | | |
| Creditor #: 7 Skandinaviska Enskilda Banken AB Attn: Bankruptcy Dept/Managing Agent 245 Park Avenue, 33rd Floor New York, NY 10167-0061 | | 2013 | | | | X | | |
| | | UCC | | | | | | |
| | | (UCC assignee on various equipment with CHG-Meridian U.S. Finance, Ltd.) | | | | | | |
| | | Value \$ | Unknown | | | | Unknown | Unknown |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | | Value \$ | | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | | Value \$ | | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | | Value \$ | | | | | | |
| Subtotal (Total of this page) | | | | | | | 0.00 | 0.00 |
| Total (Report on Summary of Schedules) | | | | | | | 1,517,379.14 | 0.00 |

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Total
(Report on Summary of Schedules)

| | | |
|---|---------------------|-------------|
| Subtotal (Total of this page) | 0.00 | 0.00 |
| Total (Report on Summary of Schedules) | 1,517,379.14 | 0.00 |

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

 Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 1 Adriana R. Lineres 2524 Hightree Street North Las Vegas, NV 89030-5924 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 2 Ai Ling Yong 5075 Indian River Dr. #174 Las Vegas, NV 89146 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 3 Amanda Bartlett 6762 Hyla Roman Ave. Las Vegas, NV 89131-2247 | - | Current Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 4 Angela M. Rodriguez 4869 Irene Ave. Las Vegas, NV 89110 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 5 Angela Martinez 543 N. Lamb Blvd #21 Las Vegas, NV 89110 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 1 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 6 Anita M. Turek 8970 Mable Light Ave. Las Vegas, NV 89178-0113 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 7 Arleen Vicentina 5009 Spencer Street Unit A Las Vegas, NV 89119 | - | Current Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 8 Ashley Thomas 4217 Great Egret Lane North Las Vegas, NV 89084 | - | Current Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 9 Carol D. Pormento 6423 Salmon Mountain Ave. Las Vegas, NV 89122-3565 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 10 Cathy A. Clabaugh 1760 Duneville Street Las Vegas, NV 89146-1255 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | 0.00 | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 2 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 11 Cerita L. Booker 10931 Color Magic Street Henderson, NV 89052 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 12 Christopher J. Jones 2236 Tedesca Dr. Henderson, NV 89052 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 13 Claire M. Trebaol-Clark 6310 Woodbury Ave. Las Vegas, NV 89103-3247 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 14 Coree A. Bersamina 7503 Comanche Canyon Ave. Las Vegas, NV 89113 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 15 Danae Bello 5738 Tropic Blue St. North Las Vegas, NV 89031 | - | | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet **3** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 16 David K. Chapman 5423 Eastwick Cir Las Vegas, NV 89142-0199 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 17 David Kaye Dearing 3928 Lighthouse Ave. Las Vegas, NV 89110 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 18 Dean J. Ocampo 4517 Denali Ave. North Las Vegas, NV 89032 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 19 Denize E.Z. Landry 4619 Harvest Night Street Las Vegas, NV 89129-3229 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 20 Diane L. Gilchrist 4305 N. Bonita Vista St. Las Vegas, NV 89129 | - | | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 4 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 21 Donna M. Tribble 1339 Minute Street Henderson, NV 89052-6483 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 22 Dovelyn J. Krueger 631 N. Stephanie St. #400 Henderson, NV 89014 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 23 Edna Mae E. Valdevieso 8910 Marlarga St. Las Vegas, NV 89123 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 24 Elly M. Simpson 3620 Chama Ave. Las Vegas, NV 89121 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 25 Ernest G. Macasieb 6543 Solitary Ave. Las Vegas, NV 89110-5149 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 5 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | H W J C | Husband, Wife, Joint, or Community | D I S P U T E D | U N L I Q U I D A T E D | C O N T I N G E N T | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---------------------------------|------------------|------------------------------------|--------------------------------------|--|--|--------------------|---|
| | | | | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 26 Frances K. Torres 8252 Mesa Bloom St. North Las Vegas, NV 89085 | - | | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 27 Fredelyn G. Ferrer 1192 Horizon Range Ave. Henderson, NV 89012 | - | | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 28 Gabriella F. Jacobo 8921 Footstep Ave. Las Vegas, NV 89149-3001 | - | | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 29 Gayle A. Sotelo-Lopez 5325 Variety Ave. North Las Vegas, NV 89031-0424 | - | | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 30 Greer D. Perkins 1147 Red Sea St Henderson, NV 89002 | - | | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 | 0.00 |
| (Total of this page) | | | | | | | 0.00 | 0.00 |

Sheet **6** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 31 Gregory L. Grindstaff 6520 Folkstone Ave. #102 Las Vegas, NV 89108 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 32 Jane M. Nash 115 Highwood Ave. North Las Vegas, NV 89031 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 33 Jeffery E. Headington 700 Salt Flats Cir Henderson, NV 89011-4917 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 34 Jeffrey A. Shaulis 5124 Red Glory Dr. Las Vegas, NV 89130 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 35 Jerome C. Sephas 9465 W. Post Rd Apt. 1001 Las Vegas, NV 89148 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 7 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 36 Joanna B. Harmon 68 E. Serene Ave. Unit 314 Las Vegas, NV 89123 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 37 Judy C. Monasterio 1937 Broken Lance Ave. North Las Vegas, NV 89031 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 38 Karen Nicole Hyer 712 Jacobs Ladder Las Vegas, NV 89138 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 39 Katherine A. Kessler 1309 Denver Street Boulder City, NV 89005 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 40 Kathleen M. Langin 2332 Tinsley Ct. Las Vegas, NV 89134 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet **8** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 41 Kathryn L. Barbato 2353 Weaverville Dr. Henderson, NV 89044-4519 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 42 Keith Sheppard 1655 E. Sahara Ave. Apt. 3120 Las Vegas, NV 89104-3440 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 43 Kellie L. Tederman 536 Greenbriar Pl Boulder City, NV 89005 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 44 Kelly A. Marcum 7825 Paper Flower Court Las Vegas, NV 89128 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 45 Kenneth B. Evans 1095 Fairchild St. Las Vegas, NV 89110-2795 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 9 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 46 Kimberely A. Pinuelas 489 Via Palermo Drive Henderson, NV 89011 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 47 Kimberly A. Benes 11465 Drappo Ave. Las Vegas, NV 89138 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 48 Kitty B. Carmody 755 Tossa De Mar Ave. Henderson, NV 89002 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 49 Linda M. Bryant 1494 Breckford Court Las Vegas, NV 89110-1948 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 50 Lorena M. Carrillo 3050 S. Nellis Blvd. #1122 Las Vegas, NV 89121 | - | | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet **10** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 51 Lottie A. Barnes 2167 Pont National Dr. Henderson, NV 89044 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 52 Lyn Morris 682 Forest Peak St. Henderson, NV 89011 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 53 Lynne V. Carino 10000 S. Maryland Pkwy Apt. 2030 Las Vegas, NV 89183 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 54 Manuela S. Ferreira 5924 Shawnee Ave. Las Vegas, NV 89107 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 55 Maria Salve R. Ibarreta 2225 Pinebreeze Ln. #201 Las Vegas, NV 89119 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 11 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---------------------------------|------------------------------------|---|--|--|--------------------------------------|--------------------|---|
| | | H | W | | | | | J |
| Account No. Creditor #: 56 Mark E. Sullivan 3167 Turtle Head Peak Dr. Las Vegas, NV 89135 | - | | | | | | Unknown | Unknown |
| Account No. Creditor #: 57 Marsha J. Dumo 11 White Tail Court Henderson, NV 89074-6135 | - | | | | | | Unknown | Unknown |
| Account No. Creditor #: 58 Mary J. Bosi 1425 Sunblush Lane Las Vegas, NV 89117 | - | | | | | | Unknown | Unknown |
| Account No. Creditor #: 59 Melanie J. Downard 1585 Commanche Dr. Las Vegas, NV 89169-3115 | - | | | | | | Unknown | Unknown |
| Account No. Creditor #: 60 Melda P Mercado 333 Welsh Mist Ct. Las Vegas, NV 89183 | - | | | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 | 0.00 |
| (Total of this page) | | | | | | | 0.00 | 0.00 |

Sheet **12** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 61 Melita P. Baker 5328 Rizari Court Las Vegas, NV 89130 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 62 Melody L. Dixon 6735 Casa Linda Dr. Las Vegas, NV 89103-1019 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 63 Michael K. Kern 1861 Bogey Way Henderson, NV 89074 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 64 Michael S. Livingston 2499 Foxmoore Court Henderson, NV 89052 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 65 Michelle K.J. Barnes 2167 Pont National Dr. Henderson, NV 89044 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet **13** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 66 Michelle Martin 1344 N. Hollywood Blvd. Las Vegas, NV 89110 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 67 Nadia H. Sayegh 2240 Armacost Dr. Henderson, NV 89074 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 68 Naomi V. Jones 8956 Goddess Court Las Vegas, NV 89117-1080 | - | Current Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 69 Nicola J. Brocket 682 Forest Peak St. Henderson, NV 89011 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 70 Olivia L. Petersen 1872 Hillsboro Drive Henderson, NV 89074 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 14 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 71 Patricia M. Souffrant 8064 Hackberry Drive Las Vegas, NV 89123 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 72 Patty M. Villeneuve 7952 Quail Cap St Las Vegas, NV 89131-4677 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 73 Priscilla Rodriguez 405 Sunburst Drive Henderson, NV 89002-8333 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 74 Raymond A. Tellez 3392 Commendation Dr. Las Vegas, NV 89117 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 75 Rebecca Carlos 9672 Blue Calico Dr. Las Vegas, NV 89123 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 15 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 76 Richard D. Elumba 2900 Sunridge Heights Pkwy Apt 212 Henderson, NV 89052-4471 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 77 Robert A. Metzger 12409 Bright Harbor Ave. Las Vegas, NV 89135 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 78 Robert W. Barnes 2167 Pont National Drive Henderson, NV 89052 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 79 Robert W. Morris 2008 Spruce Brook Dr. Henderson, NV 89074-1529 | - | | | | | Unknown | Unknown |
| Account No. Creditor #: 80 Sarah E. Delaughter-Crawford 906 Chotaw Ave. North Las Vegas, NV 89031-1853 | - | | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 16 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|--|---------------------------------|--|--|--|--------------------------------------|--------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 81 Serena I. Ramey 6620 Pickford Lane Las Vegas, NV 89107 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 82 Shannon Lemaster 6486 Acorn Oaks Street Las Vegas, NV 89148 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 83 Sharon Smith 5900 W. Tropicanan Ave. Unit 341 Las Vegas, NV 89103 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 84 Shawana L. Moss PO Box 364793 North Las Vegas, NV 89036-8793 | - | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 85 Susan L. Masi 3208 Sabrina Ct. Las Vegas, NV 89117 | - | Terminated Employee | | | | Unknown | Unknown |
| Subtotal | | | | | | | 0.00 |
| (Total of this page) | | | | | | 0.00 | 0.00 |

Sheet 17 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B T O R | H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY | |
|--|--------------------------------------|--|--|--|--|--------------------------------------|---|---|-------------|
| | | | | | | | | AMOUNT ENTITLED TO PRIORITY | |
| Account No. Creditor #: 86 Teresita Noel 6109 Endless Peace Court Las Vegas, NV 89148 | - | | Terminated Employee | | | | Unknown | Unknown | |
| Account No. Creditor #: 87 Tereza A. Fugitt 10546 Harvest Green Way Las Vegas, NV 89135 | - | | Terminated Employee | | | | Unknown | Unknown | |
| Account No. Creditor #: 88 Tiffany Hernando 5541 Oakwood Ridge St. Las Vegas, NV 89130 | - | | Current Employee | | | | Unknown | Unknown | |
| Account No. Creditor #: 89 Vernett V. Palmer 522 Rancho Del Norte Dr. North Las Vegas, NV 89031-2814 | - | | Terminated Employee | | | | Unknown | Unknown | |
| Account No. Creditor #: 90 Veronica F. Patag 1150 Oberlin Court Las Vegas, NV 89135-1334 | - | | Terminated Employee | | | | Unknown | Unknown | |
| Subtotal | | | | | | | | 0.00 | 0.00 |
| (Total of this page) | | | | | | | | 0.00 | 0.00 |

Sheet **18** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Flamingo-Pecos Surgery Center, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R | H W J C | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY |
|---|---------------------------------|------------------|------------------------------------|--|--|--------------------------------------|--------------------|---|
| | | | | | | | | AMOUNT ENTITLED TO PRIORITY |
| Account No. Creditor #: 91 Vicki A. Montijo 2834 El Toreador St. Las Vegas, NV 89189-1794 | - | | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 92 Walter E. Bailey 650 S. Town Center Dr. #1031 Las Vegas, NV 89144 | - | | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 93 William T. Schoonmaker 7367 Amigo Street Las Vegas, NV 89123 | - | | Terminated Employee | | | | Unknown | Unknown |
| Account No. Creditor #: 94 Yvette A. Stevens 1701 Rock Springs Dr. #1097 Las Vegas, NV 89128-3130 | - | | Terminated Employee | | | | Unknown | Unknown |
| Account No. | | | | | | | | |

Sheet **19** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

Total

(Report on Summary of Schedules)

| | |
|-------------|-------------|
| 0.00 | 0.00 |
| 0.00 | 0.00 |

B6F (Official Form 6F) (12/07)

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R H U S B A N D W I F E J O I N T C O M M U N I T Y | Husband, Wife, Joint, or Community | | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---|---|--|--|--|--|--------------------------------------|------------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | | | |
| Account No. Creditor #: 1 702 Pest Management Attn: Bankruptcy Dept/Managing Agent 4601 Victoria Beach Way Las Vegas, NV 89130 | - | 12/20/2013 Business Debt | | | | | | 144.00 |
| Account No. Creditor #: 2 A.M. Surgical Inc. Attn: Bankruptcy Dept/Managing Agent 290 E. Main St. Suite 200 Smithtown, NY 11787 | - | 04/24/2014 Trade Dept | | | | | | 6,496.82 |
| Account No. Creditor #: 3 Accent Attn: Bankruptcy Dept/Managing Agent P.O. Box 952366 Saint Louis, MO 63195 | - | Business Expense/Overpayment | | | | | | 39,738.21 |
| Account No. Creditor #: 4 Accurate Backflow Company Attn: Bankruptcy Dept/Managing Agent 4200 N. Pecos Suite 32 Las Vegas, NV 89115 | - | 03/04/2014 Trade Debt | | | | | | 350.00 |
| Subtotal (Total of this page) | | | | | | | | 46,729.03 |

69 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 5 Acumed, LLC Attn: Bankruptcy Dept/Managing Agent 7995 Collection Center Drive Chicago, IL 60693 | - | | 07/05/2013 Trade Debt | | | | 13,221.42 | |
| Account No. Creditor #: 6 Adrienne Grant 6405 Evergreen Las Vegas, NV 89107 | - | | Business Expense/Overpayment | | | | 389.40 | |
| Account No. Creditor #: 7 Aesculap, Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 536404 Pittsburgh, PA 15253-5906 | - | | 12/19/2013 Trade Dept | | | | 7,158.23 | |
| Account No. Creditor #: 8 Aetna Life Insurance Co. Attn: Bankruptcy Dept.Managing Agent P.O. Box 7247-0213 Philadelphia, PA 19170-0213 | - | | 10/01/2014 Trade Dept | | | | 588.00 | |
| Account No. Creditor #: 9 After Math Claims Science Inc. Attn: Bankruptcy Dept/Managing Agent 1230-5 Madera Rd. Suite 140 Simi Valley, CA 93065-4045 | - | | Business Expense/Overpayment | | | | 138.00 | |
| Sheet no. <u>1</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 21,495.05 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|--------------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 10 Albert Khavkin, DO Attn: Bankruptcy Dept/Managing Agent 204 Luxaire Ct Las Vegas, NV 89144 | - | | 06/24/2013 Trade Debt | | | | 200.00 |
| Account No. Creditor #: 11 Allergan USA, Inc. Attn: Bankruptcy Dept/Managing Agent 12975 Collection Center Drive Chicago, IL 60693 | - | | 08/14/2014 Trade Dept | | | | 678.94 |
| Account No. Creditor #: 12 AlSCO, Inc. Attn: Bankruptcy Dept/Managing Agent 3243 E. Deseret Drive Saint George, UT 84790 | - | | 09/25/21014 Trade Dept/Contract for Linen/Uniform | | | X | 16,870.52 |
| Account No. AlSCO, Inc. Attn: Bankruptcy Dept/Managing Agent 175 S. West Temple Street Suite 510 Salt Lake City, UT 84101 | | | Representing: AlSCO, Inc. | | | | Notice Only |
| Account No. Creditor #: 13 American Credit Exchange Attn: Bankruptcy Dept/Managing Agent 5920 S. Rainbow Blvd. Suite 7 Las Vegas, NV 89118 | - | | 08/01/2014 Trade Debt/Collection Service Agreement | | | X | 26.95 |
| Sheet no. <u>2</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 17,776.41 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 14 Amerigroup Corporation Attn: Bankruptcy Dept/Managing Agent P.O. Box 93473 Atlanta, GA 31193-4743 | - | | Business Expense/Overpayment | | | | 2,695.49 |
| Account No. Creditor #: 15 AMS Sales Corporation Attn: Bankruptcy Dept/Managing Agent Drawer CS 198422 Atlanta, GA 30384-8422 | - | | 03/18/2013 Trade Dept | | | | 2,620.00 |
| Account No. Creditor #: 16 AmTrust North America Attn: Bankruptcy Dept/Managing Agent P.O. Box 318004 Cleveland, OH 44131-0520 | - | | 11/01/2014 Workers Compensation | | | | 1,224.00 |
| Account No. Creditor #: 17 Anesthesia Labels Attn: Bankruptcy Dept/Managing Agent 3900 W. Avera Drive Suite 301 Sioux Falls, SD 57108-5721 | - | | 02/11/2014 Business Debt | | | | 47.50 |
| Account No. Creditor #: 18 Anthem Blue Cross Blue Shield Attn: Bankruptcy Dept/Managing Agent P.O. Box 92420 Cleveland, OH 44193 | - | | Business Expense/Overpayment | | | | 0.00 |
| Subtotal (Total of this page) | | | | | | | 6,586.99 |

Sheet no. 3 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|--|--|--------------------------------------|------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 19 Antonia Becerra-Dearzola 2215 Webster St. North Las Vegas, NV 89030 | - | | Business Expense/Overpayment | | | 53.00 |
| Account No. Creditor #: 20 Arita Pain Medicine Attn: Adam Arita, MD 9708 Highridge Drive Las Vegas, NV 89134 | - | | 06/28/2013 Trade Dept | | | 200.00 |
| Account No. Creditor #: 21 Arizona Muncipal Risk Retentn Attn: Bankruptcy Dept/Managing Agent 14902 N. 73rd St. Scottsdale, AZ 85260 | - | | Business Expense/Overpayment | | | 1,451.22 |
| Account No. Creditor #: 22 Arlene Solomon 2375 Heather Ave. Long Beach, CA 90815 | - | | Business Expense/Overpayment | | | 2,750.00 |
| Account No. Creditor #: 23 Arthrex, Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 403511 Atlanta, GA 30384-3511 | - | | 3025/2014 Trade Debt | | | 32,807.16 |
| Subtotal (Total of this page) | | | | | | 37,261.38 |

Sheet no. 4 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---------------------------------|------------------------------------|---|--|--------------------------------------|-----------------|
| | | H W J C | | | | |
| Account No. Creditor #: 24 Ashton Taylor 2861 Cooper Cove Drive Henderson, NV 89074 | - | | Business Expense/Overpayment | | | 50.00 |
| Account No. Creditor #: 25 Assured Document Management Attn: Bankruptcy Dept/Managing Agent 8050 Arville St. Suite 105 Las Vegas, NV 89139 | - | | 11/03/2014 Business Debt/Document Storage Contract | | X | 876.18 |
| Account No. Creditor #: 26 Audrey Mishalow 526 Camforth Drive Henderson, NV 89014 | - | | Business Expense/Overpayment | | | 18.83 |
| Account No. Creditor #: 27 Automatic Data Processing, Inc. Attn: Bankruptcy Dept/Managing Agent One ADP Boulevard Roseland, NJ 07068 | - | | 2008 Payroll contract | | X | Unknown |
| Account No. Creditor #: 28 Bacterin International Attn: Bankruptcy Dept/Managing Agent Dept CH 16872 Palatine, IL 60055-6872 | - | | 08/06/2013 Trade Dept | | | 3,175.00 |
| | | | | | Subtotal (Total of this page) | 4,120.01 |

Sheet no. 5 of 69 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 29 Bailus Cook & Keleisis, Ltd. Attn: Bankruptcy Dept/Managing Agent 400 S. 4th St. Suite 300 Las Vegas, NV 89101-6206 | - | | 05/15/2013 Trade Dept | | | | 1,344.16 |
| Account No. Creditor #: 30 Baker Law Offices PC Attn: Bankruptcy Dept/Managing Agent 500 S. 8th St. Las Vegas, NV 89101 | - | | Business Expense/Overpayment | | | | 836.00 |
| Account No. 9667 Creditor #: 31 Bank of America Attn: Bankruptcy Dept/Managing Agent P.O. Box 15731 Wilmington, DE 19886-5731 | - | | 12/26/2011 Credit Card Purchases | | | | 39,032.83 |
| Account No. Creditor #: 32 Baxter Healthcare Corp. Attn: Bankruptcy Dept/Managing Agent P.O. Box 100714 Pasadena, CA 91189 | - | | 07/27/2013 Trade Dept | | | | 1,423.99 |
| Account No. Creditor #: 33 BCBS Michigan Attn: Michigan Recoveries/Bankruptcy Dept #B535 Detroit, MI 48231-0366 | - | | Business Expense/Overpayment | | | | 98.21 |
| Subtotal (Total of this page) | | | | | | | 42,735.19 |

Sheet no. 6 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | |
|---|--------------------------------------|------------------------------------|---|--|--------------------------------------|----------------------------------|---|
| | | H W J C | | | | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. |
| Account No. Creditor #: 34 Beatty Marketing & Sales LLC Attn: Bankruptcy Dept/Managing Agent 17371 N.E. 67th Ct. Suite A-12 Redmond, WA 98052 | - | | 10/09/2013 Trade Dept | | | 370.52 | |
| Account No. Creditor #: 35 Benson & Bingham LLC Attn: Joseph L. Benson II, Esq. 626 S. 10th Street Las Vegas, NV 89101 | - | | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A696615 | X | X | X | 0.00 |
| Account No. Creditor #: 36 Bhatnagar Family Trust PK Bhatanagar, MD Attn: Bankruptcy Dept/Managing Agent 202 Royal Ascot Cir Las Vegas, NV 89144 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 37 Biomedical Enterprises, Inc. Attn: Bankruptcy Dept/Managing Agent Dept. 2297 P.O. Box 122297 Dallas, TX 75312-2297 | - | | 07/31/2013 Trade Dept | | | | 12,345.54 |
| Account No. Creditor #: 38 Biomet Sports Medicine Attn: Bankruptcy Dept/Managing Agent 75 Remittance Drive Suite 3283 Chicago, IL 60675-3283 | - | | 05/29/2014 Trade Dept | | | | 30,041.66 |
| Sheet no. <u>7</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 42,757.72 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---------------------------------|------------------------------------|--|--|--------------------------------------|------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 39 Black Mountain Surgical Attn: Bankruptcy Dept/Managing Agent 685 Finch Island Ave. Henderson, NV 89015 | - | | | | | 15,147.00 |
| Account No. Creditor #: 40 Boston Scientific Attn: Bankruptcy Dept/Managing Agent 300 Boston Scientific Way Marlborough, MA 01752-1234 | - | | | | | 66,207.35 |
| Account No. Creditor #: 41 Box Canyon Sugery Center Attn: Bankruptcy Dept/Managing Agent 2555 Box Canyon Drive 89128 | - | | | | | 48.20 |
| Account No. Creditor #: 42 Brasseler USA Medical, Inc. Attn: Bankruptcy Dept/Managing Agent One Brasseler Blvd. Savannah, GA 31419 | - | | | | | 291.93 |
| Account No. Creditor #: 43 Brian Shehan 3534 Winterschene Ct. Las Vegas, NV 89147 | - | | | | | 50.00 |
| Subtotal (Total of this page) | | | | | | 81,744.48 |

Sheet no. 8 of 69 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|--|--|--------------------------------------|-----------------|
| | | H W J C | | | | |
| Account No. Creditor #: 44 Brittany Gilbert 9945 Masked Duck Ave Las Vegas, NV 89117 | - | Business Expense/Overpayment | | | | 189.15 |
| Account No. Creditor #: 45 Brooke Spilsbury 224 Bethwick Drive Las Vegas, NV 89183 | - | Business Expense/Overpayment | | | | 61.00 |
| Account No. Creditor #: 46 Bruce Burnett, MD Attn: Bankruptcy Dept/Managing Agent 7312 W. Cheyenne Ave. Suite 4 Las Vegas, NV 89129 | - | 06/14/2013 Trade Debt | | | | 100.00 |
| Account No. Creditor #: 47 Burkhead Irrevocable Trust Daniel Burkhead, M.D. Attn: Bankruptcy Dept/Managing Agent 1808 White Hawk Ct. Las Vegas, NV 89134 | - | Busniess Partner | | | | Unknown |
| Account No. Creditor #: 48 C.R. Bard, Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 75767 Charlotte, NC 28275 | - | 06/12/2014 Trade Debt | | | | 5,504.53 |
| Sheet no. <u>9</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | Subtotal (Total of this page) | 5,854.68 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 49 Candy Cheng 10013 Heollenbeck St. Las Vegas, NV 89178 | | | Business Expense/Overpayment | | | | 50.00 | |
| Account No. Creditor #: 50 Canyon Medical Billing Attn: Bankruptcy Dept/Managing Agent 6325 S. Jones Blvd. Suite 400 Las Vegas, NV 89118 | | | Business Expense/Overpayment | | | | 16,973.77 | |
| Account No. Creditor #: 51 Carbofix Orthopedics Inc. Attn: Bankruptcy Dept/Managing Agent 506 Halle Park Drive Suite 102 Collierville, TN 38017 | | | 02/27/2014 Trade Debt | | | | 2,599.75 | |
| Account No. Creditor #: 52 Cardinal Health Pharm Distrib Attn: Bankruptcy Dept/Managing Agent 15898 Collections Center Drive Chicago, IL 60693 | | | 08/20/2014 Trade Debt | | | | 14,869.56 | |
| Account No. Creditor #: 53 CareFusion 2200, Inc. Attn: Bankruptcy Dept/Managing Agent 25146 Network Place Chicago, IL 60673-1250 | | | 03/11/2014 Trade Debt | | | | 8,926.25 | |
| Sheet no. <u>10</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 43,419.33 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|------------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 54 Cassandra Allen 283 Grand Olympia Drive Henderson, NV 89012 | - | | Business Expense/Overpayment | | | | 134.77 |
| Account No. Creditor #: 55 Centinel Spine Attn: Bankruptcy Dept/Managing Agent 505 Park Ave 14th Floor New York, NY 10022 | - | | 02/24/2014 Trade Debt | | | | 6,000.00 |
| Account No. Creditor #: 56 Century Link Attn: Bankruptcy Dept/Managing Agent PO Box 2961 Phoenix, AZ 85062 | - | | 08/22/2013 Utility Expense | | | | 92.07 |
| Account No. Creditor #: 57 Charles H. Tadlock C/o Clark & Richards, LLP Attn: Gordon C. Richards, Esq. 2470 St. Rose Pkwy., #310 Henderson, NV 89074 | - | | Litigation pending in the Eighth Judicial District Court; Case No. A698938 | X | X | X | Unknown |
| Account No. Creditor #: 58 Charles Tadlock, MD Attn: Bankruptcy Dept/Managing Agent Center for Pain Management 6725 S. Eastern Ave # 6 Las Vegas, NV 89119 | - | | 08/01/2013 Business Expense | | | | 46,000.00 |
| Sheet no. <u>11</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 52,226.84 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|-----------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 59 Charles W Spencer, MS, DABMP Attn: Bankruptcy Dept/Managing Agent 3753 Lone Mesa Drive Las Vegas, NV 89147 | - | | 02/24/2014 Business Expense | | | | 1,510.00 | |
| Account No. Creditor #: 60 Chase Attn: Bankruptcy Dept/Managing Agent P.O. Box 182223 Dept OH1-1272 Columbus, OH 43218 | - | | 01/10/2014 Credit Card Purchases | | | | 2,018.31 | |
| Account No. Creditor #: 61 Chris Bohannon 7040 Draby Ave. Las Vegas, NV 89117 | - | | Business Expense/Overpayment | | | | 59.50 | |
| Account No. Creditor #: 62 Chris Phillips, MD Attn: Bankruptcy Dept/Managing Agent 2240 Jamaica Ct. Las Vegas, NV 89117 | - | | 04/17/2013 Business Expense | | | | 100.00 | |
| Account No. Creditor #: 63 CIGNA Health & Life Insurance Attn: Bankruptcy Dept/Managing Agent P.O. Box 182223 Chattanooga, TN 37422-7223 | - | | Business Expense/Overpayment | | | | 205.56 | |
| Sheet no. <u>12</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 3,893.37 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|--|--|--------------------------------------|-------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 64 Cindy Valdez 8862 Polo Bay Circle Las Vegas, NV 89117 | | - | Business Expense/Overpayment | | | 59.66 |
| Account No. Creditor #: 65 Clark County Assessor c/o Bankruptcy Clerk 500 S. Grand Central Pkwy Box 551401 Las Vegas, NV 89155 | | - | 09/24/2014 Business Debt | | | 6,072.84 |
| Account No. Creditor #: 66 Cochlear Americas Attn: Bankruptcy Dept/Managing Agent Dept. 811 Denver, CO 80291-0811 | | - | 12/31/2013 Trade Debt | | | 427,872.32 |
| Account No. Creditor #: 67 Coloplast Corp Attn: Bankruptcy Dept/Managing Agent Dept. CH 19024 Palatine, IL 60055-9024 | | - | 05/02/2014 Trade Debt | | | 147.02 |
| Account No. Creditor #: 68 Conmed Linvatec Attn: Bankruptcy Dept/Managing Agent P.O. Box 301231 Dallas, TX 75303-1231 | | - | 01/31/2014 | | | 963.26 |
| Sheet no. <u>13</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | Subtotal (Total of this page) | 435,115.10 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|-----------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 69 Consolidated Medical Tech Attn: Bankruptcy Dept/Managing Agent 2505 Anthem Village Drive Suite E157 Henderson, NV 89052 | - | | 04/28/2014 Trade Debt | | | | 126.00 | |
| Account No. Creditor #: 70 Construction Industry & Labor Attn: Bankruptcy Dept/Managing Agent P.O. Box 26449 Las Vegas, NV 89126-0449 | - | | Business Expense/Overpayment | | | | 492.00 | |
| Account No. Creditor #: 71 Consultant Medical Electronics Attn: Bankruptcy Dept/Managing Agent 1236 Douglas Drive Las Vegas, NV 89102 | - | | 04/09/2014 Trade Debt | | | | 382.50 | |
| Account No. Creditor #: 72 Contra Costa County Rish Attn: Bankruptcy Dept/Managing Agent 2530 Arnold Drive Suite 140 Martinez, CA 94553 | - | | Business Expense/Overpayment | | | | 4,271.82 | |
| Account No. Creditor #: 73 Cook Medical, Inc. Attn: Bankruptcy Dept/Managing Agent 22988 Network Place Chicago, IL 60673-1229 | - | | 07/28/2014 Trade Dept | | | | 417.87 | |
| Sheet no. <u>14</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 5,690.19 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | |
|--|---------------------------------|------------------------------------|---|--|--|--------------------------------------|----------------------------------|------------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | | |
| Account No. Creditor #: 74 Cooper Surgical Attn: Bankruptcy Dept/Managng Agent P.O. Box 712280 Cincinnati, OH 45271-2280 | - | | 07/29/2013 Trade Dept | | | | 637.54 | |
| Account No. Creditor #: 75 Covidien Attn: Bankruptcy Dept/Managing Agent P.O. Box 120823 Dallas, TX 75312-0823 | - | | 11/06/2013 | | | | 3,554.02 | |
| Account No. Creditor #: 76 Cox Communications Attn: Bankruptcy Desk/Managing Agent PO Box 79175 Phoenix, AZ 85062-9175 | - | | 10/22/2014 Business Dept/Bundle Contract | | | X | 6,882.65 | |
| Account No. Creditor #: 77 CTQ Solutions, LLC - Voyance Attn: Bankruptcy Dept/Managing Agent 500 E. Main Street Suite 340 Branford, CT 06405 | - | | 2004 Patient Satisfaction Survey Contract | | | X | Unknown | |
| Account No. Creditor #: 78 Cubs Win, LLC Randall Weingarten, MD/Dodd Hyer, MD Attn: Bankruptcy Dept/Managing Agent 10410 S. Eastern Ave., Ste. 110 Henderson, NV 89052 | - | | Business Partner | | | | Unknown | |
| Sheet no. <u>15</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 11,074.21 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 79 Custom Medical Special Ties, Inc. Attn: Bankruptcy Dept/Managng Agent P.O. Box 177 330 E. Man St. Pine Level, NC 27568 | - | | 08/27/2014 Trade Debt | | | | 139.45 |
| Account No. Creditor #: 80 Daniel Kampa 2953 Deep Creek Lane Las Vegas, NV 89156 | - | | Business Expense/Overpayment | | | | 59.37 |
| Account No. Creditor #: 81 Darrel Davidson 1507 Irene Drive Boulder City, NV 89005 | - | | Business Expense/Overpayment | | | | 9.00 |
| Account No. Creditor #: 82 Deborah Garceau 244 Springtime St. Henderson, NV 89012 | - | | Business Expense/Overpayment | | | | 100.00 |
| Account No. Creditor #: 83 Denise Miller 1087 Aspen Breeze Ave Las Vegas, NV 89123 | - | | Business Expense/Overpayment | | | | 102.44 |
| Subtotal (Total of this page) | | | | | | | 410.26 |

Sheet no. 16 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|-------------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 84 Dennis Bond 809 Delores Drive Las Vegas, NV 89107 | - | | Business Expense/Overpayment | | | | 60.00 |
| Account No. Creditor #: 85 Depuy Orthopaedics, Inc. Attn: Bankruptcy Dept/Managing Agent 5972 Collections Center Drive Chicago, IL 60693 | - | | 09/30/2013 Trade Debt | | | | 5,340.90 |
| Account No. Creditor #: 86 DesMed, LLC C/o Ensemble Real Estate Services, LLC 4722 North 24th Street, Suite 400 Phoenix, AZ 85016 | - | | 11/01/2014 Trade Debt/Rental Lease (4275 Burnham Ave., Ste. 101, Las Vegas, Nevada) | | | X | 194,593.84 |
| Account No. Creditor #: 87 Dodd Hyer MD 7326 W. Cheyenne Ave. Las Vegas, NV 89129 | - | | as of December 31, 2013 Loan plus interest | | | | 61,112.88 |
| Account No. Creditor #: 88 Donald Williams 4255 Spencer St. #238 Las Vegas, NV 89119 | - | | Business Expense/Overpayment | | | | 10.00 |
| Subtotal (Total of this page) | | | | | | | 261,117.62 |

Sheet no. 17 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R E D F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|--|---|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 89 Douglas J. Seip Attn: Bankruptcy Dept/Managing Agent HC 33 Box 3010 Las Vegas, NV 89161 | - | Business Partner | | | | | Unknown |
| Account No. Creditor #: 90 Dr. Larry Goldstein, MD Attn: Bankruptcy Dept/Managing Agent 1954 Rhode Island Ave. Mc Lean, VA 22101 | - | Business Partner | | | | | Unknown |
| Account No. Creditor #: 91 Draeger Medical, Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 347482 Pittsburgh, PA 15251-4482 | - | 09/30/2013 Trade Debt | | | | | 2,569.70 |
| Account No. Creditor #: 92 Dulcinea Dasilvia-Headrick 1655 E. Sahara #2055 Las Vegas, NV 89104 | - | Business Expense/Overpayment | | | | | 100.00 |
| Account No. Creditor #: 93 Edd Evans, MD Attn: Bankruptcy Dept/Managing Agent 8100 Tower Bridge Ave. Las Vegas, NV 89117 | - | 06/04/2013 Trade Debt | | | | | 200.00 |
| | | | | | | Subtotal (Total of this page) | 2,869.70 |

Sheet no. 18 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | | | | |
| Account No. Creditor #: 94 Edward Dean 3124 Sidewheel Drive Bullhead City, AZ 86429 | - | Business Expense/Overpayment | | | | 670.00 |
| Account No. Creditor #: 95 Eglet Wall Christiansen Eglet Adams & Hamm, LLP c/o Kristina R. Weller, Esq. 10040 W. Cheyenne Ave., Ste. 170-151 Las Vegas, NV 89129 | - | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A707569 | X | X | X | 0.00 |
| Account No. Creditor #: 96 Elisa Rasmussen 10312 Crystal Arch Ave. Las Vegas, NV 89129 | - | Business Expense/Overpayment | | | | 66.91 |
| Account No. Creditor #: 97 Ellen McCrory 5300 E. Desert Inn Rd. #111 Las Vegas, NV 89121 | - | Business Expense/Overpayment | | | | 20.32 |
| Account No. Creditor #: 98 Elly Simpson Attn: Bankruptcy Dept/Managing Agent Bus | - | 03/31/2014 Business Expense/Employee Reimbursement | | | | 8,706.89 |
| Sheet no. <u>19</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | Subtotal (Total of this page) | 9,464.12 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---------------------------------|--|--|--|--------------------------------------|-------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 99 Emojean Boyer 2746 Capistrano Ave Las Vegas, NV 89121 | - | Business Expense/Overpayment | | | | 127.82 |
| Account No. Creditor #: 100 Epimed International Attn: Bankruptcy Dept/Managing Agent 141 Sal Landrio Drive Crossroad Business Park Johnstown, NY 12095 | - | 03/20/2014 Trade Dept | | | | 1,576.69 |
| Account No. Creditor #: 101 Epiphany Surgery Centers, LLC Charles Tadlock, MD Attn: Bankruptcy Dept/Managing Agent 6 Rue Duville Way Henderson, NV 89011 | - | as of December 31, 2013 Business Partner / Loan plus interest | | | | 102,416.44 |
| Account No. Creditor #: 102 Epiphany Surgical Solutions 2110 E. Flamingo Rd. Suite 109 Las Vegas, NV 89119 | - | 03/31/2013 Trade Debt | | | | 355,645.48 |
| Account No. Creditor #: 103 Family Life Insurance Attn: Bankruptcy Dept/Managing Agent 10700 NW Freeway Houston, TX 77092 | - | Business Expense/Overpayment | | | | 81.59 |
| Sheet no. <u>20</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | Subtotal (Total of this page) | 459,848.02 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 104 Federal Health Sign Co LLC Attn: Bankruptcy Dept/Managing Agent c/o CCC P.O. Box 141 Naperville, IL 60566 | - | | 01/31/2013 Trade Debt | | | | 12,879.04 |
| Account No. Creditor #: 105 FedEx Attn: Bankruptcy Dept/Managing Agent P.O.Box 7221 Pasadena, CA 91109-7321 | - | | 07/10/2014 Business Debt | | | | 146.37 |
| Account No. Creditor #: 106 First Insurance Funding Corp Attn: Bankruptcy Dept/Managing Agent P.O. Box 66468 Chicago, IL 60666-0468 | - | | Directors & Officers and Liability Insurance | | | | 13,121.48 |
| Account No. Creditor #: 107 Fiserv Health Attn: Bankruptcy Dept/Managing Agent P.O. Box 0450 Pueblo, CO 81002-0450 | - | | Business Expense/Overpayment | | | | 11,501.95 |
| Account No. Creditor #: 108 Flamingo Surgery Center Attn: Bankruptcy Dept/Managing Agent 2565 E. Flamingo Rd. Las Vegas, NV 89121-5203 | - | | Business Expense/Overpayment | | | | 2,004.49 |
| Subtotal (Total of this page) | | | | | | | 39,653.33 |

Sheet no. 21 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|---|--|--|--|--------------------------------------|---|---------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 109 Fred Redfern Attn: Bankruptcy Dept/Managing Agent 600 Whitney Ranch #D22 Henderson, NV 89014 | - | Business Partner | | | | | Unknown | |
| Account No. Creditor #: 110 G.C. Management, Inc. Attn: Bankruptcy Dept/Managing Agent 7983 Hackberry Drive Las Vegas, NV 89123 | - | 05/03/2013 Trade Debt | | | | | 100.00 | |
| Account No. Creditor #: 111 Gary Craig 2340 Orangeburg Pl. Henderson, NV 89044 | - | Business Expense/Overpayment | | | | | 180.68 | |
| Account No. Creditor #: 112 Gayle Breakie Skaggs 4970 N. Elgin Rd. Golden Valley, AZ 86413 | - | Business Expense/Overpayment | | | | | 21.05 | |
| Account No. Creditor #: 113 Gazda & Tadayon, LLC Attn: Lewis J. Gazda, Esq. 2600 S. Rainbow Blvd. Las Vegas, NV 89146 | - | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A663823 | | X | X | X | 0.00 | |
| Sheet no. <u>22</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 301.73 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|--|--|--|---|--------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 114 GE Healthcare Attn: Bankruptcy Dept/Managing Agent OEC 2984 Collections Center Drive Chicago, IL 60693 | - | 2010 Business Debt/C-Arm Service Contract | | | X | 37,283.66 |
| Account No. Creditor #: 115 George S. Gluck Attn: Bankruptcy Dept/Managing Agent 222 Karen Ave. Unit 2902 Las Vegas, NV 89109 | - | Business Partner/Litigation pending in the Eighth Judicial District Court; Case No. A709268 | X | X | X | Unknown |
| Account No. Sigal Chattah, Esq. 5875 S. Rainbow Blvd. #204 Las Vegas, NV 89118 | | Representing: George S. Gluck | | | | Notice Only |
| Account No. Creditor #: 116 Getinge USA, Inc. Attn: Bankruptcy Dept/Managing Agent 1265 Solutions Center Chicago, IL 60677 | - | 08/04/2014 Trade Debt/Equipment Contract | | | X | 19,517.49 |
| Account No. Creditor #: 117 Gina Martagon 7508 Flat Rock St. Las Vegas, NV 89131 | - | Business Expense/Overpayment | | | | 141.60 |
| | | | | | Subtotal (Total of this page) | 56,942.75 |

Sheet no. 23 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|---|------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 118 Glen J. Lerner & Assoc. Attn: Bankruptcy Dept/Managing Agent 4795 S. Durango Drive Las Vegas, NV 89147 | - | | | | | 50.00 |
| Account No. Creditor #: 119 Glen Lerner Injury Attorneys c/o Justin G. Randall, Esq. 4795 S. Durango Dr. Las Vegas, NV 89147 | - | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A690515 | X | X | X | 0.00 |
| Account No. Creditor #: 120 Globus Medical Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 203329 Dallas, TX 75320-3329 | - | 10/04/2013 Trade Debt | | | | 12,140.00 |
| Account No. Creditor #: 121 Grabow Family Trust Ryan Grabow, MD Attn: Bankruptcy Dept/Managing Agent 202 2028 Catalina Marie Ave. Henderson, NV 89074 | - | Business Partner | | | | Unknown |
| Account No. Creditor #: 122 Greer Perkins Attn: Bankruptcy Dept/Managing Agent 1147 Red Sea St Henderson, NV 89002 | - | 05/19/2014 Business Expense/Employee Reimbursement | | | | 68.58 |
| | | | | | Subtotal (Total of this page) | 12,258.58 |
| Sheet no. <u>24</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|-----------------|
| | | H W J C | | | | |
| Account No. Creditor #: 123 Guang Tsai, MD Attn: Bankruptcy Dept/Managing Agent 44 Laying Up Ct. Las Vegas, NV 89148 | - | | | | | 100.00 |
| Account No. Creditor #: 124 Henry Schein Inc. Attn: Bankruptcy Dept/Managing Agent PO Box 7156 Pasadena, CA 91109 | - | | | | | 859.55 |
| Account No. Creditor #: 125 Howard Law Firm PC Attn: James W. Howard, Esq. 3800 Howard Hughes Parkway Suite 1000 Las Vegas, NV 89169 | - | | X | X | X | 0.00 |
| Account No. Creditor #: 126 Howmedica Osteonics Corp Attn: Bankruptcy Dept/Managing Agent Stryker Craniomaxillofacial 21343 Network Place Chicago, IL 60673 | - | | | | | 1,220.46 |
| Account No. Creditor #: 127 i365 a Seagate Company fdba Evault, Inc. Attn: Bankruptcy Dept/Managing Agent 15422 Collections Center Drive Chicago, IL 60693 | - | | | | X | 699.00 |
| Subtotal (Total of this page) | | | | | | 2,879.01 |

Sheet no. 25 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 128 IDeAcom Attn: Bankruptcy Dept/Managing Agent 6101 South 900 East Salt Lake City, UT 84121 | - | | 11/26/2013 Trade Debt | | | | 1,242.07 | |
| Account No. Creditor #: 129 Instrateck, Inc. Attn: Bankruptcy Dept/Managing Agent 15200 Middlebrook Drive Suite G Houston, TX 77058 | - | | 12/13/2013 Trade Debt | | | | 2,146.00 | |
| Account No. Creditor #: 130 Integra Lifesciences Corp Attn: Bankruptcy Dept/Managng Agent P.O. Box 404129 Atlanta, GA 30384-4129 | - | | 07/25/2014 Trade Debt | | | | 18,533.35 | |
| Account No. Creditor #: 131 Intrega Plain Management Attn: Bankruptcy Dept/Managing Agent P.O. Box 100416 Atlanta, GA 30384-0416 | - | | 11/03/2013 Trade Debt | | | | 391.05 | |
| Account No. Creditor #: 132 Invomed Attn: Bankruptcy Dept/Managing Agent P.O. Box 225 Moorpark, CA 93020 | - | | 05/12/2014 Trade Debt | | | | 6,113.60 | |
| Sheet no. <u>26</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 28,426.07 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 133 Invotec International Inc Attn: Bankruptcy Dept/Managing Agent 6833 Phillips Industrial Blvd Jacksonville, FL 32256 | - | | 08/18/2014 Trade Debt | | | | 1,063.53 |
| Account No. Creditor #: 134 J & J Health Care Systems, Inc. Attn: Bankruptcy Dept/Managing Agent 5972 Collections Center Drive Chicago, IL 60693 | - | | 09/29/2014 Trade Debt | | | | 0.00 |
| Account No. Creditor #: 135 James Joyce 4871 Auburn Ave. Las Vegas, NV 89108 | - | | Business Expense/Overpayment | | | | 25.00 |
| Account No. Creditor #: 136 James Kukurin 2255 Aargon Canyon St. Las Vegas, NV 89135 | - | | Business Expense/Overpayment | | | | 286.00 |
| Account No. Creditor #: 137 James Lucas 3190 E. Packard Ave. Kingman, AZ 86409 | - | | Business Expense/Overpayment | | | | 100.00 |
| Subtotal (Total of this page) | | | | | | | 1,474.53 |

Sheet no. 27 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|--------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 138 James Vahey, MD Attn: Bankruptcy Dept/Managing Agent 8585 S. Eastern Ave. #100 Las Vegas, NV 89123 | - | Business Partner | | | | Unknown |
| Account No. Creditor #: 139 James Vahey, MD LTD Attn: Bankruptcy Dept/Managing Agent Hand Center of Nevada 8585 S. Eastern Ave. #100 Las Vegas, NV 89123 | - | 04/19/2013 Business Expense | | | | 100.00 |
| Account No. Creditor #: 140 Jamie Clear 2583 Corner Brook Circle Henderson, NV 89052 | - | Business Expense/Overpayment | | | | 29.65 |
| Account No. Creditor #: 141 Jani-King of Las Vegas, Inc. Attn: Bankruptcy Dept/Managing Agent File 51013 Los Angeles, CA 90074-1013 | - | 08/01/2013 Trade Debt/Janitorial Contract | | | X | 5,225.00 |
| Account No. Jani-King International Healthcare Services Division Attn: Bankruptcy Dept/Managing Agent 3157 N. Rainbow Blvd #490 Las Vegas, NV 89108 | | Representing: Jani-King of Las Vegas, Inc. | | | | Notice Only |
| Sheet no. <u>28</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | Subtotal (Total of this page) | 5,354.65 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|--|---|--|--|--------------------------------------|-----------------|
| | | | | | | | |
| Account No. Creditor #: 142 Jason E. Garber C/o Bailus Cook & Kelesis, Ltd. Attn: Mark P. Cook, Esq. Las Vegas, NV 89101 | - | | Litigation pending in the Eighth Judicial District Court; Case No. A700424-C | X | X | X | Unknown |
| Account No. Creditor #: 143 Jason Garber, MD Attn: Bankruptcy Dept/Managing Agent 9817 Mountain Grove Las Vegas, NV 89134 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 144 Jaswinder Samra Attn: Bankruptcy Dept/Managing Agent 1804 Paseo Overlook Ct. Las Vegas, NV 89128 | - | | 06/12/2013 Business Expense | | | | 200.00 |
| Account No. Creditor #: 145 JCB Laboratories Attn: Bankruptcy Dept/Managing Agent 7335 W. 33rd St. N Wichita, KS 67205 | - | | 08/01/2014 Trade Debt | | | | 6,045.18 |
| Account No. Creditor #: 146 Jeanette Sanchez 7580 Hickman Ave Las Vegas, NV 89129 | - | | Business Expense/Overpayment | | | | 172.50 |
| Subtotal (Total of this page) | | | | | | | 6,417.68 |

Sheet no. 29 of 69 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|--|--|--|--------------------------------------|------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 147 Jessica Freeman P.O. Box 1735 Logandale, NV 89021 | - | Business Expense/Overpayment | | | | 50.00 |
| Account No. Creditor #: 148 Joanne McCallister 11209 Newbury Hills Ave. Las Vegas, NV 89138 | - | Business Expense/Overpayment | | | | 25.00 |
| Account No. Creditor #: 149 John Anson, MD Attn: Bankruptcy Dept/Managing Agent 5068 Spanish Heights Dr Las Vegas, NV 89148 | - | as of December 31, 2013 Business Partner / Loan plus interest | | | | 56,693.15 |
| Account No. Creditor #: 150 John Moreno 10237 Clark Woolridge Ct. Las Vegas, NV 89129-5003 | - | Business Expense/Overpayment | | | | 49.28 |
| Account No. Creditor #: 151 John Peterson 5074 Jeffrey's St. Unit 202 Las Vegas, NV 89119 | - | Business Expense/Overpayment | | | | 50.00 |
| Sheet no. <u>30</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | Subtotal (Total of this page) | 56,867.43 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|--|---------------------------------|------------------------------------|--|--|--|--------------------------------------|---|-------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 152 Jose Catala 10117 Pinnacle View Las Vegas, NV 89134 | - | | Business Expense/Overpayment | | | | 168.21 | |
| Account No. xxxx-xxxx-xxxx-3356 Creditor #: 153 JP Morgan Chase Bank, NA Attn: Bankruptcy Dept/Managing Agent Commercial Card Solutions P.O. Box 2015 Elgin, IL 60121 | - | | 05/27/2013 Credit Card Purchases | | | | 231,488.49 | |
| Account No. Creditor #: 154 Kamal Salibi P.O. Box 1722 Pukalani, HI 96788 | - | | Business Expense/Overpayment | | | | 44.60 | |
| Account No. Creditor #: 155 Karl Storz Endoscopy - America Attn: Bankruptcy Dept/Managing Agent Bank of America File 53514 1000 W. Temple St Los Angeles, CA 90074 | - | | 04/16/2014 Business Expense/Litigation pending in the Superior Court of the State of California for the County of Los Angeles, Southwest District; Case No. YC069383 | X | X | X | 31,694.73 | |
| Account No. Creditor #: 156 Katz Law Group, Ltd Attn: Bankruptcy Dept/Managing Agent 8965 S. Eastern Ave. Las Vegas, NV 89123 | - | | 01/21/2014 Trade Debt | | | | 29,308.86 | |
| Sheet no. <u>31</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 292,704.89 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|-----------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 157 Keith Wiperman 5074 Jessica Joy St. Las Vegas, NV 89149 | - | | Business Expense/Overpayment | | | | 50.00 | |
| Account No. Creditor #: 158 Kerri Nicoletti 2020 Pawnee Drive Kingman, AZ 86401 | - | | Business Expense/Overpayment | | | | 76.27 | |
| Account No. Creditor #: 159 Key Surgical, Inc. Attn: Bankruptcy Dept/Managing Agent 8101 Wallace Rd. Eden Prairie, MN 55344 | - | | 11/20/2013 Trade Debt | | | | 25.00 | |
| Account No. Creditor #: 160 Kimberly Foster 2526 Kilmaron Circle Henderson, NV 89014 | - | | Business Expense/Overpayment | | | | 977.00 | |
| Account No. Creditor #: 161 Kunin & Carman c/o Shoshana Kunin-Leavitt, Esq. 3551 East Bonanza Rd., Ste. 110 Las Vegas, NV 89110 | - | | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A708977 | X | X | X | 0.00 | |
| Sheet no. <u>32</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 1,128.27 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 162 Kurz Medical, Inc. Attn: Bankruptcy Dept/Managing Agent 5126 S. Royal Atlanta Drive Tucker, GA 30084 | - | | 04/08/2014 Trade Debt | | | | 1,861.40 |
| Account No. Creditor #: 163 Laboratory Medicine Consultants Attn: Bankruptcy Dept/Managing Agent 3059 S. Maryland Pkwy Las Vegas, NV 89109 | - | | 09/03/2014 Trade Debt | | | | 1,800.00 |
| Account No. Creditor #: 164 Landauer, Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 809051 Chicago, IL 60680-9051 | - | | 03/18/2014 Trade Debt/Service Contract | | | X | 3,118.39 |
| Account No. Creditor #: 165 Las Vegas Review Journal Attn: Bankruptcy Dept/Managing Agent P.O. Box 920 Las Vegas, NV 89125-0920 | - | | 05/31/2014 Trade Debt | | | | 345.50 |
| Account No. Creditor #: 166 Laurie Larsen, MD Attn: Bankruptcy Dept/Managing Agent 3131 La Canada St. #217 Las Vegas, NV, NV 89169 | - | | Business Partner | | | | Unknown |
| Sheet no. <u>33</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 7,125.29 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---------------------------------|---|--|--|--------------------------------------|------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 167 Law Office of Eric R. Blank PC Attn: Eric R. Blank, Esq. 7860 W. Sahara Ave., Ste. 110 Las Vegas, NV 89117 | - | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A706790 | X | X | X | 0.00 |
| Account No. Creditor #: 168 Lawyer Mechanical Services Attn: Bankruptcy Dept/Managing Agent 3036 S. Valley View Blvd Las Vegas, NV 89102 | - | 07/13/2014 Trade Debt | | | | 2,340.33 |
| Account No. Creditor #: 169 LDR Spine USA Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 671716 Dallas, TX 75267-1716 | - | 08/28/2014 Trade Dept | | | | 48,000.00 |
| Account No. Creditor #: 170 Lemor Davidovici 1817 Placid Ravine St. Las Vegas, NV 89117 | - | Business Expense/Overpayment | | | | 240.00 |
| Account No. Creditor #: 171 LifeCell Corporation Attn: Bankruptcy Dept/Managng Agent P.O. Box 301582 Dallas, TX 75303-1582 | - | 08/28/2013 Trade Debt | | | | 3,059.00 |
| | | | | | Subtotal (Total of this page) | 53,639.33 |

Sheet no. 34 of 69 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|------------------------------------|---|--|--------------------------------------|-----------------|
| | | H W J C | | | | |
| Account No. Creditor #: 172 LMC Pathology Services Attn: Bankruptcy Dept/Managing Agent 3059 S. Maryland Pkwy, Ste. 100 Las Vegas, NV 89109 | - | | 2010 Lab Contract | | X | Unknown |
| Account No. Creditor #: 173 Loftin Equipment Co Attn: Bankruptcy Dept/Managing Agent P.O. Box 10376 Phoenix, AZ 85064 | - | | 06/20/2014 Trade Debt/Maintenance Contract | | X | 1,524.62 |
| Account No. Creditor #: 174 Lou Wilson 7533 Flat Rock St. Las Vegas, NV 89131 | - | | Business Expense/Overpayment | | | 9.99 |
| Account No. Creditor #: 175 Luong Estate Major LLC Minh Luong, DDS Attn: Bankruptcy Dept/Managing Agent 27 Via Mira Monte Henderson, NV 89011 | - | | Business Partner | | | Unknown |
| Account No. Creditor #: 176 Maquet Medical Systems USA Attn: Bankruptcy Dept/Managing Agent 3615 Solutions Center Chicago, IL 60677-3006 | - | | 04/15/2014 Trade Debt | | | 1,400.00 |
| | | | | | Subtotal (Total of this page) | 2,934.61 |

Sheet no. 35 of 69 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 177 Maria Arroyo 3504 Perching Bird Lane North Las Vegas, NV 89084 | | - | Business Expense/Overpayment | | | | 124.00 | |
| Account No. Creditor #: 178 Maria Ramos 3260 Bluebird St. Las Vegas, NV 89121 | | - | Business Expense/Overpayment | | | | 77.00 | |
| Account No. Creditor #: 179 Marie Edelman 696 Pansy Place Henderson, NV 89052 | | - | Business Expense/Overpayment | | | | 76.31 | |
| Account No. Creditor #: 180 Mario F. Tarquino C/o Bailey Kennedy, LLP Attn: Dennis L. Kennedy, Esq. 8984 Spanish Ridge Ave. Las Vegas, NV 89148 | | - | Litigation pending in the Eighth Judicial District Court; Case No. A700424-C | X | X | X | Unknown | |
| Account No. Creditor #: 181 Marjorie Belsky, MD Attn: Bankruptcy Dept/Managing Agent 11664 Morning Grove Dr. Las Vegas, NV 89135 | | - | as of December 31, 2013 Business Partner / Loan plus interest | | | | 20,084.38 | |
| Sheet no. <u>36</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 20,361.69 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 182 Mark Perez, MD LLC Attn: Bankruptcy Dept/Managing Agent 4275 Burnham Ave. Las Vegas, NV 89119 | - | | Business Expense/Overpayment | | | | 25.00 |
| Account No. Creditor #: 183 Mary Grear, R. Ph. Attn: Bankruptcy Dept/Managing Agent 1644 Shootout Place Henderson, NV 89002 | - | | 10/14/2014 Trade Debt/Pharmacy Consulting Contract | | | X | 7,062.50 |
| Account No. Creditor #: 184 Mary Saylor 10193 Jeffcott St. Las Vegas, NV 89178 | - | | Business Expense/Overpayment | | | | 25.00 |
| Account No. Creditor #: 185 Matthew Ng, MD Attn: Bankruptcy Dept/Managing Agent 10757 Rivdendell Ave. Las Vegas, NV 89135 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 186 Matthew T. Raddue, MD Attn: Bankruptcy Dept/Managng Agent 524 Puenta Del Rey St. Las Vegas, NV 89138 | - | | 05/28/2013 Trade Debt | | | | 100.00 |
| Subtotal (Total of this page) | | | | | | | 7,212.50 |

Sheet no. 37 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|--------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 187 McCook Equipment Service Co Attn: Bankruptcy Dept/Managing Agent 4973 Old Ranch Rd La Verne, CA 91750 | - | | | | | 1,500.00 |
| Account No. Creditor #: 188 MDStrategies Attn: Bankruptcy Dept/Managing Agent PO Box 2723 Cypress, TX 77410 | - | | | | X | Unknown |
| Account No. Medx Solutions, LLC DBA MDStrategies Attn: Bankruptcy Dept/Managing Agent PO Box 841552 Houston, TX 77284 | | | | | | Notice Only |
| Account No. Toledo Clinic, Inc. Outpatient Surgery Center Attn: Bankruptcy Dept/Managing Agent 4235 Secor Road Toledo, OH 43623 | | | | | | Notice Only |
| Account No. Creditor #: 189 Medartis, Inc. Attn: Bankruptcy Dept/Managing Agent 224 Balley Creek Blvd Suite 100 Exton, PA 19341 | - | | | | | 1,717.00 |
| Subtotal (Total of this page) | | | | | | 3,217.00 |

Sheet no. 38 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 190 MEDICAID Attn: Bankruptcy Dept/Managing Agent P.O. Box 30042 Reno, NV 89520 | - | | Business Expense/Overpayment | | | | 1,091.06 |
| Account No. Creditor #: 191 Medical Electronics Attn: Bankruptcy Dept/Managing Agent 1525 E. Edinger Ave. Santa Ana, CA 92705 | - | | 10/31/2014 Business Debt/Biomedical Service Contract | | | X | 42,541.38 |
| Account No. Creditor #: 192 MedShape, Inc Attn: Bankruptcy Dept/Managing Agent 1575 Northside Dr. NW Ste. 440 Atlanta, GA 30318 | - | | 11/01/2013 Business Debt | | | | 1,480.00 |
| Account No. Creditor #: 193 Medtronic SD USA, Inc. Attn: Bankruptcy Dept/Managing Agent 4642 Collection Center Dr. Chicago, IL 60693 | - | | 08/01/2013 Business Debt | | | | 14,502.50 |
| Account No. Creditor #: 194 Medtronic SD USA, Inc. Attn: Bankruptcy Dept/Managing Agent 4642 Collection Center Dr. Chicago, IL 60693 | - | | 05/23/2014 Trade Debt | | | | 161,211.66 |
| Subtotal (Total of this page) | | | | | | | 220,826.60 |

Sheet no. 39 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 195 Medx Solutions, LLC Attn: Bankruptcy Dept/Managing Agent P.O. Box 2723 Cypress, TX 77410 | - | | 08/31/2014 Trade Debt | | | | 2,949.75 |
| Account No. Creditor #: 196 Mellissa Olivas 281 Seal Court Henderson, NV 89074 | - | | Business Expense/Overpayment | | | | 219.83 |
| Account No. Creditor #: 197 Mentor Worldwide LLC Attn: Bankruptcy Dept/Managing Agent 15600 Collection Center Dr Chicago, IL 60693 | - | | 05/14/2014 Business Debt | | | | 591.88 |
| Account No. Creditor #: 198 Mercury Group, LLC Andrew M. Cash, MD Attn: Bankruptcy Dept/Managing Agent 5130 S. Fort Apache Rd. # 215-415 Las Vegas, NV 89148 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 199 Merit Medical Systems, Inc. Attn: Bankruptcy Dept/Managing Agent po bOX 951129 South Jordan, UT 84095 | - | | 05/06/2014 Business Debt | | | | 1,189.11 |
| Sheet no. <u>40</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 4,950.57 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | |
|--|---------------------------------|------------------------------------|--|--|--------------------------------------|-----------------|---|
| | | H W J C | | | | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. |
| Account No. Creditor #: 200 Michael Fishell, M.D. C/o Foley & Lardner LLP Attn: Kimberly Klinsport, Esq. 555 S. Flower Street, Suite 3500 Los Angeles, CA 90071-2300 | - | | | X | X | X | Unknown |
| Account No. Michael Fishell, M.D. C/o Foley & Lardner LLP Attn: Thomas F. Carlucci, Esq. 555 California Street, 17th Floor San Francisco, CA 94104 | | | | | | | Notice Only |
| Account No. Creditor #: 201 Michael Valpiani, MD Attn: Bankruptcy Dept/Managing Agent 162 Ultra Drive Henderson, NV 89074 | - | | | X | X | X | Unknown |
| Account No. Reisman Sorokac C/o Joshua H. Reisman, Esq. 8965 S. Eastern Ave. #382 Las Vegas, NV 89123 | | | | | | | Notice Only |
| Account No. Creditor #: 202 Michael Wylie 1400 Sierra Vista Place Boulder City, NV 89005 | - | | | | | | 100.00 |
| Subtotal (Total of this page) | | | | | | 100.00 | |

Sheet no. 41 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 203 MICRO AIRE Attn: Bankruptcy Dept/Managing Agent Lock Box 96565 Chicago, IL 60693 | - | | 03/24/2014 Business Debt | | | | 4,973.00 |
| Account No. Creditor #: 204 Mindray DS USA, Inc. Attn: Bankruptcy Dept/Managing Agent 24312 Network PI Chicago, IL 60673-1243 | - | | 02/20/2014 Business Debt | | | | 6.92 |
| Account No. Creditor #: 205 Ming Wei Wu Attn: Bankruptcy Dept/Managing Agent 370 Whitly Bay Las Vegas, NV 89148 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 206 Miriam Fridlander 8301 W. Flamingo Rd., Apt. 1097 Las Vegas, NV 89147 | - | | Business Expense/Overpayment | | | | 5.00 |
| Account No. Creditor #: 207 MIZUHO Orthopedic Systems Inc Attn: Bankruptcy Dept/Managing Agent Dept CH 16977 Palatine, IL 60055 | - | | 12/04/20013 Business Debt | | | | 1,640.25 |
| Sheet no. <u>42</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 6,625.17 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 208 Mobile Instrument Service Attn: Bankruptcy Dept/Managing Agent 333 Water Avenue Bellefontaine, OH 43311 | - | | 01/31/2014 Business Debt | | | | 2,052.93 |
| Account No. Creditor #: 209 Nancy Warner 2515 Avocado Lane Lake Havasu City, AZ 86406 | - | | Business Expense/Overpayment | | | | 3,919.10 |
| Account No. Creditor #: 210 National EMS Academy Attn: Bankruptcy Dept/Managing Agent PO Box 90635 Henderson, NV 89009 | - | | 05/27/2013 Business Debt | | | | 1,500.00 |
| Account No. Creditor #: 211 Nettles Law Firm aka Law Offices of Brian D. Nettles Inc. Attn: Brian D. Nettles, Esq. 1389 Galleria Dr. #200 Henderson, NV 89014 | - | | 2012 Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A657298 | X | X | X | 0.00 |
| Account No. Creditor #: 212 Nevada State Treasurer Attn: Bankruptcy Dept/Managing Agent PO Box 749549 Los Angeles, CA 90074 | - | | 12/31/2013 Business Debt | | | | 48.00 |
| Subtotal (Total of this page) | | | | | | | 7,520.03 |

Sheet no. 43 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 213 NextGen Fire Protection Attn: Bankruptcy Dept/Managing Agent 7165 Bermuda Rd. Las Vegas, NV 89119 | - | | 08/15/2014 Business Debt/Fire Alarm Contract | | | X | 1,387.50 |
| Account No. Creditor #: 214 Nicolis Goodman 7017 Rio Grande Gorge Ct. Las Vegas, NV 89130 | - | | Business Expense/Overpayment | | | | 59.41 |
| Account No. Creditor #: 215 Noah Levine, DPM Attn: Bankruptcy Dept/Managing Agent 7125 Grand Montecity Pkwy. # 110 Las Vegas, NV 89149 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 216 NRAI, Inc Attn: Bankruptcy Dept/Managing Agent PO Box 4349 Carol Stream, IL 60197 | - | | 07/02/2014 Business Debt | | | | 295.00 |
| Account No. Creditor #: 217 Nusmile Pedatric Crowns Attn: Bankruptcy Dept/Managing Agent 3315 West 12th Street Houston, TX 77008 | - | | 03/04/2014 Business Debt | | | | 859.78 |
| Sheet no. <u>44</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 2,601.69 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|-------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 218 NUVASIVE, INC. Attn: Bankruptcy Dept/Managing Agent PO Box 51221 San Diego, CA 92121 | - | | 10/30/2014 Business Debt | | | | 369,500.12 | |
| Account No. Creditor #: 219 NV Energy Attn: Bankruptcy Dept/Managing Agent PO Box 30086 Reno, NV 89520 | - | | 1022/2014 Utlilty Expense | | | | 7,481.54 | |
| Account No. Creditor #: 220 Olympus America Inc. Attn: Bankruptcy Dept/Managing Agent PO Box 120600 Dallas, TX 75312 | - | | 09/08/2014 Business Debt | | | | 6,605.17 | |
| Account No. Creditor #: 221 Opportunity Village ARC, Inc. Attn: Bankruptcy Dept/Managing Agent 6050 S. Buffalo Drive Las Vegas, NV 89113 | - | | 10/31/2014 Business Debt/Shredding Contract | | | X | 420.00 | |
| Account No. Creditor #: 222 OPTUM Attn: Bankruptcy Dept/Managing Agent PO Box 88050 Chicago, IL 60680 | - | | 01/21/2014 Business Debt | | | | 511.97 | |
| Sheet no. <u>45</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 384,518.80 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|------------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 223 Orion Ortho, LLC Attn: Bankruptcy Dept/Managing Agent 10049 Trapper Mountain St Las Vegas, NV 89178 | - | | 04/09/2013 Business Debt | | | | 2,120.00 |
| Account No. Creditor #: 224 Ortho-Bio-Design LLC Attn: Bankruptcy Dept/Managing Agent 1660 W. Second Street Cleveland, OH 44113 | - | | 1/07/2014 Business Debt | | | | 44,239.00 |
| Account No. Creditor #: 225 Oscar Gonzales 5253 Branch Ct. Las Vegas, NV 89110 | - | | Business Expense/Overpayment | | | | 54.17 |
| Account No. Creditor #: 226 OSTEOMED, LP Attn: Bankruptcy Dept/Managing Agent 2241Collection Center Drive Chicago, IL 60693 | - | | 05/22/2014 Business Debt | | | | 11,772.00 |
| Account No. Creditor #: 227 OTOMED, Inc. Attn: Bankruptcy Dept/Managing Agent PO Box 1814 Lake Havasu City, AZ 86405 | - | | 10/30/2013 Business Debt | | | | 324.60 |
| Subtotal (Total of this page) | | | | | | | 58,509.77 |

Sheet no. 46 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 228 Over Payment Recovery Services Attn: Bankruptcy Dept/Managing Agent P.O. Box 292437 Nashville, TN 37229-2437 | - | | | | | 733.38 |
| Account No. Creditor #: 229 Overpayment Recovery Attn: Bankruptcy Dept/Managing Agent P.O. Box 92420 Cleveland, OH 44193 | - | | | | | 5,773.61 |
| Account No. Creditor #: 230 Ovidiu Brescan Attn: Bankruptcy Dept/Managing Agent 8753 Castle View Ave. Las Vegas, NV 89129 | - | | 05/09/2013 | | | 100.00 |
| Account No. Creditor #: 231 Pankaj K. Bhatnagar, MD 6850 N. Durango Dr. Ste. 204 Las Vegas, NV 89149 | - | | as of December 31, 2013 | | | 20,083.84 |
| Account No. Creditor #: 232 Patriot Technologies Inc Attn: Bankruptcy Dept/Managing Agent dba Reliable Radiology 4109 E. Chicago Ave. Las Vegas, NV 89104 | - | | Business Debt | | | 260.00 |
| Subtotal (Total of this page) | | | | | | 26,950.83 |

Sheet no. 47 of 69 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|-------------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 233 Patriot-Reading Associates LLC Attn: Bankruptcy Dept/Managing Agent PO Box 7313 Westlake Village, CA 91359 | - | | 11/01/2014 Business Debt/Rental Lease (10195 W. Twain Ave., Las Vegas, NV 89147) | | | X | 171,510.64 |
| Account No. Creditor #: 234 Paula Reilly 1150 Calvert St. Henderson, NV 89002 | - | | Business Expense/Overpayment | | | | 32.71 |
| Account No. Creditor #: 235 PhySource Solutions Attn: Bankruptcy Dept/Managing Agent PO Box 421439 San Diego, CA 92142 | - | | 09/01/2014 Business Debt/Billing Contract | | | X | 33,735.80 |
| Account No. Creditor #: 236 Pitney Bowes Attn: Bankruptcy Dept/Managing Agent Global Financial Services PO Box 371887 Pittsburgh, PA 15250 | - | | 09/23/2014 Business Debt/Equipment Contract | | | X | 770.42 |
| Account No. Creditor #: 237 Pitney Bowes Inc. Attn: Bankruptcy Dept/Managing Agent PO Box 371896 Pittsburgh, PA 15250 | - | | 06/27/2014 Business Debt/Equipment Contract | | | X | 89.08 |
| Sheet no. <u>48</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) | 206,138.65 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 238 Platinum Nursing, LLC Attn: Bankruptcy Dept/Managing Agent C/OPRN Funding, LLC PO Box 637924 Cincinnati, OH 45263 | - | | | | | 20,933.27 |
| Account No. Creditor #: 239 Precision Dynamics Corp Attn: Bankruptcy Dept/Managing Agent 4193 Solutions Center LockBox No. 774193 Chicago, IL 60677 | - | | | | | 567.46 |
| Account No. Creditor #: 240 Prescott's Inc. Attn: Bankruptcy Dept/Managing Agent 18940 Emigrant Trail East Monument, CO 80132 | - | | | | | 2,567.10 |
| Account No. Creditor #: 241 Priority Healthcare Attn: Bankruptcy Dept/Managing Agent dba Curascript Specialty PO Box 533307 Charlotte, NC 28290 | - | | | | | 53.55 |
| Account No. Creditor #: 242 Protection One Attn: Bankruptcy Dept/Managing Agent Bus Alarm Monitoring, Inc. PO Box 219044 Kansas City, MO 64121 | - | | | | X | 1,037.44 |
| Subtotal (Total of this page) | | | | | | 25,158.82 |
| Sheet no. <u>49</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|------------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 243 Providence Medical Technology Attn: Bankruptcy Dept/Managing Agent 3650 Mt. Diablo Blvd., Ste. 104 Lafayette, CA 94549 | - | | 06/26/2014 Business Debt | | | | 7,783.57 |
| Account No. Creditor #: 244 Public Storage 21195 Attn: Bankruptcy Dept/Managing Agent 1400 E. Tropicana Ave Las Vegas, NV 89119 | - | | 07/11/2014 Business Debt | | | | 458.30 |
| Account No. Creditor #: 245 Purchase Power Attn: Bankruptcy Dept/Managing Agent PO Box 371874 Pittsburgh, PA 15250 | - | | 10/05/2014 Business Debt | | | | 1,496.23 |
| Account No. Creditor #: 246 Qualey Law Group Inc. Attn: Robert S. Qualey, Esq. 2320 Paseo Del Prado Bldg. B Ste. 205 Las Vegas, NV 89102 | - | | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A700435 | X | X | X | 0.00 |
| Account No. Creditor #: 247 Quality Control Systems Inc Attn: Bankruptcy Dept/Managing Agent 61 Continental Dr., Ste 200 Reno, NV 89509 | - | | 09/01/2014 Business Debt/HVAC Contract | | | X | 4,550.00 |
| Subtotal (Total of this page) | | | | | | | 14,288.10 |

Sheet no. 50 of 69 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 248 Quest Diagnostics Attn: Bankruptcy Dept/Managing Agent PO Box 740709 Atlanta, GA 30374 | - | | 09/25/2014 Business Debt | | | | 220.50 |
| Account No. Creditor #: 249 Quirk Law Firm, LLP Attn: Trevor M. Quirk, Esq. 1900 E. Flamingo Rd. Las Vegas, NV 89101 | - | | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A616308 | X | X | X | 0.00 |
| Account No. Creditor #: 250 R. Allen Byrd PC Attn: Bankruptcy Dept/Managing Agent 6165 N. Grand Canyon Drive Las Vegas, NV 89149 | - | | 04/19/2013 Trade Debt | | | | 100.00 |
| Account No. Creditor #: 251 R. Allen Byrd PC Attn: Bankruptcy Dept/Managing Agent 6165 N. Grand Canyon Drive Las Vegas, NV 89149 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 252 Rafael Duran Loera Attn: Bankruptcy Dept/Managing Agent 2701 Arrowhead St. North Las Vegas, NV 89030 | - | | 03/14/2014 Trade Debt | | | | 87.82 |
| Subtotal (Total of this page) | | | | | | | 408.32 |

Sheet no. 51 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | | | | |
| Account No. Creditor #: 253 Rea Pellation 2723 Paseo Verde Drive Lake Havasu City, AZ 86406 | - | | | | | 78.21 |
| Account No. Creditor #: 254 Rebeca Medrano c/o David D. Boehrer, Esq. 1481 W. Warm Springs Rd., #139 Henderson, NV 89014 | - | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A674176 | X | X | X | 0.00 |
| Account No. Creditor #: 255 Republic Services # 620 Attn: Bankruptcy Dept/Managing Agent PO Box 78829 Phoenix, AZ 85062 | - | 10/31/2014 Business Debt/Medical Waste Contract | | | X | 2,104.55 |
| Account No. Creditor #: 256 Rosa Morales-Delee 539 Holick Ave. Henderson, NV 89011 | - | Business Expense/Overpayment | | | | 326.27 |
| Account No. Creditor #: 257 Rosalina King 9004 Moss Creek Circle Las Vegas, NV 89117 | - | Business Expense/Overpayment | | | | 64.97 |
| Sheet no. <u>52</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | Subtotal (Total of this page) | 2,574.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM | |
|---|--------------------------------------|------------------------------------|---|--|--------------------------------------|-----------------|---|
| | | H W J C | | | | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. |
| Account No. Creditor #: 258 Ross Law Group, Inc. dba Law Office of Karen H. Ross 9480 S. Eastern Ave. #220 Las Vegas, NV 89123 | - | | Interpleader Complaint pending in the Eighth Judicial District Court; Case No. A710770 | X | X | X | 0.00 |
| Account No. Creditor #: 259 Ruhof Corporation Attn: Bankruptcy Dept/Managing Agent 393 Sagamore Ave. Mineola, NY 11501 | - | | 12/05/2013 Business Debt | | | | 274.60 |
| Account No. Creditor #: 260 SAS Consulting, LLC Scott Slavis, MD Attn: Bankruptcy Dept/Managing Agent 10301 Summit Canyon Las Vegas, NV 89144 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 261 SEGWAY Orthopaedics, Inc. Attn: Bankruptcy Dept/Managing Agent 5205 Avenida Encinas Ste. C Carlsbad, CA 92008 | - | | 03/28/2014 Business Debt | | | | 4,530.00 |
| Account No. Creditor #: 262 Sharon Anesthesia, Inc Attn: Bankruptcy Dept/Managing Agent PO Box 21666 Tampa, FL 33622 | - | | 04/23/2014 Business Debt | | | | 250.50 |
| Subtotal (Total of this page) | | | | | | 5,055.10 | |

Sheet no. 53 of 69 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|---|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 263 Sheldon Freedman, MD Attn: Bankruptcy Dept/Managing Agent 2181 S. Buffalo Dr. Las Vegas, NV 89117 | - | Business Partner | | | | | Unknown |
| Account No. Creditor #: 264 Shirley Huffman 928 Seabury Hill Ct. Las Vegas, NV 89128 | - | Business Expense/Overpayment | | | | | 28.00 |
| Account No. Creditor #: 265 SI-Bone Inc. Attn: Bankruptcy Dept/Managing Agent Dept 3195 PO Box 123195 Dallas, TX 75312 | - | 08/01/2014 Business Debt | | | | | 60,030.15 |
| Account No. Creditor #: 266 Sierra Health & Life - Refund Recoveries Attn: Bankruptcy Dept/Managing Agent P.O. Box 15645 Las Vegas, NV 89114 | - | Business Expense/Overpayment | | | | | 1,011.93 |
| Account No. Creditor #: 267 Skeletal Kinetics Attn: Bankruptcy Dept/Managing Agent 10201 Bubb Rd. Cupertino, CA 95014 | - | 04/29/2013 Business Debt | | | | | 3,500.00 |
| Subtotal (Total of this page) | | | | | | | 64,570.08 |

Sheet no. 54 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 268 Smith & Nephew Attn: Bankruptcy Dept/Managing Agent Endoscopy Division PO Box 60333 | - | | 03/22/2014 Business Debt | | | | 2,272.27 | |
| Account No. Creditor #: 269 Sonia Doratt 6601 Pepperidge Way Las Vegas, NV 89108 | - | | Business Expense/Overpayment | | | | 235.35 | |
| Account No. Creditor #: 270 Source Medical Solutions, Inc. Attn: Bankruptcy Dept/Managing Agent Attn: Accounts Receivable PO Box 11407 Birmingham, AL 35246 | - | | 10/31/2014 Business Debt/Software Contract | | | X | 20,415.72 | |
| Account No. Source Medical Solutions, Inc. Attn: Bankruptcy Dept/Managing Agent 100 Grandview Place Birmingham, AL 35243 | | | Representing: Source Medical Solutions, Inc. | | | | Notice Only | |
| Account No. Creditor #: 271 Southern Nevada Internists Attn: Bankruptcy Dept/Managing Agent Attn: Brian E. Lee, MD 4409 S. Pecos RD Las Vegas, NV 89121 | - | | 02/28/2014 Business Debt | | | | 150.00 | |
| Sheet no. <u>55</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 23,073.34 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|-------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 272 Southwest Surgical, LLC Attn: Bankruptcy Dept/Managing Agent 29280 N. 70th Way Scottsdale, AZ 85266 | - | | 12/19/2012 Business Debt | | | | 6,500.00 | |
| Account No. Creditor #: 273 SPINEOLOGY, Inc. Attn: Bankruptcy Dept/Managing Agent VB Box 119 PO Box 9202 Minneapolis, MN 55480 | - | | 10/08/2014 Business Debt | | | | 117,427.00 | |
| Account No. Creditor #: 274 SPINESMITH Partners Attn: Bankruptcy Dept/Managing Agent 93 Red River St. Austin, TX 78701 | - | | 07/29/2014 Business Debt | | | | 48,300.00 | |
| Account No. Creditor #: 275 St. Jude Medical Attn: Bankruptcy Dept/Managing Agent 22400 Network Place Chicago, IL 60673 | - | | 02/03/2014 Business Debt | | | | 28,823.82 | |
| Account No. Creditor #: 276 Staples Business Advantage Attn: Bankruptcy Dept/Managing Agent Dept LA PO Box 83689 Chicago, IL 60696 | - | | 07/12/2014 Business Debt | | | | 5,582.53 | |
| Sheet no. <u>56</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 206,633.35 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 277 State of Nevada - Victims of Crime Prog Attn: Bankruptcy Dept/Managing Agent Las Vegas, NV 89193 | - | | Business Expense/Overpayment | | | | 4,944.63 |
| Account No. Creditor #: 278 Steadmed Medical LLC Attn: Bankruptcy Dept/Managing Agent 3801 Hullen St., Ste 251 Fort Worth, TX 76107 | - | | 03/21/2014 Business Debt | | | | 2,955.05 |
| Account No. Creditor #: 279 Stephanie Davidson 7821 Dana Point Court Las Vegas, NV 89117 | - | | 05/02/2013 Trade Debt | | | | 100.00 |
| Account No. Creditor #: 280 Stephen Gentile 3975 N. Nellis Blvd., #1150 Las Vegas, NV 89115 | - | | Business Expense/Overpayment | | | | 50.00 |
| Account No. Creditor #: 281 Stephen Lowe 130 Wentworth Drive Henderson, NV 89074 | - | | 12/31/2013 Employee Benefits - Cobra Refund | | | | 403.92 |
| Subtotal (Total of this page) | | | | | | | 8,453.60 |

Sheet no. 57 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|---|--------------------------------------|--|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 282 Steve Becker, MD Attn: Bankruptcy Dept/Managing Agent 1901 Plaza Del Padre Las Vegas, NV 89102 | - | Business Partner | | | | | Unknown |
| Account No. Creditor #: 283 Stryker Endoscopy Attn: Bankruptcy Dept/Managing Agent c/o Stryker Sales Corp. PO Box 93276 Chicago, IL 60673 | - | 03/06/2014 Business Debt | | | | | 10,332.10 |
| Account No. Creditor #: 284 Stryker Instruments Attn: Bankruptcy Dept/Managing Agent PO Box 70119 Chicago, IL 60673 | - | 07/02/2014 Business Debt | | | | | 27,007.01 |
| Account No. Creditor #: 285 Stryker Orthopaedics Attn: Bankruptcy Dept/Managing Agent Box 93213 Chicago, IL 60673 | - | 05/09/2014 Business Debt | | | | | 31,858.11 |
| Account No. Creditor #: 286 Stuart Kaplan Attn: Bankruptcy Dept/Managing Agent 804 Canyon Greens Drive Las Vegas, NV 89144 | - | Business Partner/Litigation pending in the Eighth Judicial District Court; Case No. A698938 | | X | X | X | Unknown |
| Subtotal (Total of this page) | | | | | | | 69,197.22 |

Sheet no. 58 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|--------------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Bailus Cook & Keleisis, Ltd. Attn: Bankruptcy Dept/Managing Agent 517 S. 9th Street Las Vegas, NV 89101 | | | | | | | Notice Only |
| Account No. Creditor #: 287 Superior Medical Supply, Inc. Attn: Bankruptcy Dept/Managing Agent PO Box 270930 Louisville, CO 80027 | | | 01/14/2014 Business Debt | | | | 3,653.66 |
| Account No. Creditor #: 288 Surattana Lee 5000 Alta Drive, #134 Las Vegas, NV 89107 | | | Business Expense/Overpayment | | | | 28.00 |
| Account No. Creditor #: 289 Surgical Direct Attn: Bankruptcy Dept/Managing Agent 726 S. Woodland Blvd. Deland, FL 32720 | | | 09/30/2013 Business Debt | | | | 295.99 |
| Account No. Creditor #: 290 Surgical Notes Attn: Bankruptcy Dept/Managing Agent 3100 Monticello Ave., Suite 450 Dallas, TX 75205 | | | 09/30/2014 Business Debt/Transcription Contract | | | X | 2,318.97 |
| Subtotal (Total of this page) | | | | | | | 6,296.62 |

Sheet no. 59 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 291 Symmetry Surgical Attn: Bankruptcy Dept/Managing Agent PO Box 759159 Baltimore, MD 21275 | - | | 06/26/2014 Business Debt | | | | 49.98 |
| Account No. Creditor #: 292 SYNTHESES Attn: Bankruptcy Dept/Managing Agent PO Box 8538-662 Philadelphia, PA 19171 | - | | 03/03/2014 Business Debt | | | | 7,210.60 |
| Account No. Creditor #: 293 T.J. O-Lee, MD Attn: Bankruptcy Dept/Managing Agent 2466 Ram Crossing Way Henderson, NV 89074 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 294 Teachers Health Trust Attn: Bankruptcy Dept/Managing Agent P.O. Box 96238 Las Vegas, NV 89193 | - | | Business Expense/Overpayment | | | | 381.17 |
| Account No. Creditor #: 295 Teamsters Local 14 Attn: Bankruptcy Dept/Managing Agent P.O. Box 27287 Las Vegas, NV 89126 | - | | Business Expense/Overpayment | | | | 1,215.00 |
| Subtotal (Total of this page) | | | | | | | 8,856.75 |

Sheet no. 60 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R E D F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|---|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 296 TENEX Health Attn: Bankruptcy Dept/Managing Agent 26902 Vista Terrace Lake Forest, CA 92630 | - | | 11/01/2013 Business Debt | | | | 2,480.90 |
| Account No. Creditor #: 297 Terrance Kwiatkowski Attn: Bankruptcy Dept/Managing Agent PO Box 530521 Henderson, NV 89053 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 298 Tess Siegmeier 3909 Red Trumpet Ct. North Las Vegas, NV 89081 | - | | Business Expense/Overpayment | | | | 36.73 |
| Account No. Creditor #: 299 The Firm Attn: Bankruptcy Dept/Managing Agent 200 E. Charleston Blvd Las Vegas, NV 89104 | - | | Business Expense/Overpayment | | | | 3,396.25 |
| Account No. Creditor #: 300 The Hartford Attn: Bankruptcy Dept/Managng Agent P.O. Box 660916 Dallas, TX 75266-0916 | - | | Business Dept | | | | 1,258.90 |
| Subtotal (Total of this page) | | | | | | | 7,172.78 |

Sheet no. 61 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---------------------------------|---|--|--|--------------------------------------|-----------------|
| | | H W J C | | | | |
| Account No. Creditor #: 301 The Julian Trust David Biesinger, DPM Attn: Bankruptcy Dept/Managing Agent | - | Business Partner | | | | Unknown |
| Account No. Creditor #: 302 The Retirement Advantage Inc. Attn: Bankruptcy Dept/Managing Agent Po Box 8822 Carol Stream, IL 60197 | - | 11/05/2014 Business Debt | | | | 2,680.00 |
| Account No. Creditor #: 303 Theda McLean 9509 Bottle Creek Lane Las Vegas, NV 89117 | - | Business Expense/Overpayment | | | | 35.00 |
| Account No. Creditor #: 304 Thomas Knickmeyer 2047 Bluebell Point Ct Henderson, NV 89012 | - | Business Expense/Overpayment | | | | 106.22 |
| Account No. Creditor #: 305 Thomnas Vater Attn: Bankruptcy Dept/Managing Agent 7200 W. Cathedral Rock, Suite 210 Las Vegas, NV 89128 | - | Business Partner | | | | Unknown |
| Sheet no. <u>62</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | Subtotal (Total of this page) | 2,821.22 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. xxxx2419 Creditor #: 306 Time Payment Corp. Attn: Bankruptcy Dept/Managing Agent PO Box 3069 Woburn, MA 01888 | - | | 09/15/2014 Business Debt/Water Contract | | | X | 914.27 |
| Account No. 31952419 Time Payment Corp. Attn: Bankruptcy Dept/Managing Agent 10 M Commerce Way Woburn, MA 01801 | | | Representing: Time Payment Corp. | | | | Notice Only |
| Account No. Creditor #: 307 Timothy Wilson Attn: Bankruptcy Dept/Managing Agent 1762 Amarone Way Henderson, NV 89012 | - | | Business Partner | | | | Unknown |
| Account No. Creditor #: 308 TissueNet Distribution Svcs LLC Attn: Bankruptcy Dept/Managing Agent C/O Actional Capital Corporation PO Box 56346 Atlanta, GA 30343 | - | | 11/01/2012 Business Debt | | | | 2,500.00 |
| Account No. Creditor #: 309 Toby Orthopaedics, LLC Attn: Bankruptcy Dept/Managing Agent 1805 Ponce de Leon Blvd., Suite 501 Miami, FL 33134 | - | | 06/12/2013 Business Debt | | | | 579.58 |
| | | | | | | Subtotal (Total of this page) | 3,993.85 |

Sheet no. 63 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 310 TRI-Med Attn: Bankruptcy Dept/Managing Agent PO Box 55189 Valencia, CA 91385 | - | | 2/25/2014 Business Debt | | | | 15,760.00 | |
| Account No. Creditor #: 311 Tricare for Life Attn: Bankruptcy Dept/Managing Agent P.O. Box 7889 Madison, WI 53707-7889 | - | | Business Expense/Overpayment | | | | 98.21 | |
| Account No. Creditor #: 312 TriWest Healthcare Alliance Attn: Bankruptcy Dept/Managing Agent P.O. Box 77030 Madison, WI 53707 | - | | Business Expense/Overpayment | | | | 5,408.03 | |
| Account No. Creditor #: 313 UMR Attn: Bankruptcy Dept/Managing Agent P.O. Box 30541 Salt Lake City, UT 84130 | - | | Business Expense/Overpayment | | | | 8,604.54 | |
| Account No. Creditor #: 314 United Healthcare Insurance Co. Attn: Bankruptcy Dept/Managing Agent P.O. Box 740819 Atlanta, GA 30374-0819 | - | | Business Expense/Overpayment | | | | 12.84 | |
| Sheet no. <u>64</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 29,883.62 |

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M |
|--|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|
| | | H W J C | | | | | |
| Account No. Creditor #: 315 Valley Enterprises Attn: Bankruptcy Dept/Managing Agent PO Box 28288 Las Vegas, NV 89126 | - | | 10/01/2014 Business Debt/Janitorial Contract | | | X | 1,054.00 |
| Account No. Creditor #: 316 Vanessa McCracken 55 Westheimer Drive Henderson, NV 89074 | - | | Business Expense/Overpayment | | | | 25.00 |
| Account No. Creditor #: 317 VILEX, Inc Attn: Bankruptcy Dept/Managing Agent 111 Moffitt St McMinnville, TN 37110 | - | | 10/22/2013 Business Debt | | | | 2,250.00 |
| Account No. Creditor #: 318 Voyance LLC Attn: Bankruptcy Dept/Managing Agent 500 E. Main St. Suite 340 Branford, CT 06405 | - | | 09/30/2014 Trade Debt | | | | 1,553.44 |
| Account No. Creditor #: 319 W. L. Gore & Associates, Inc. Attn: Bankruptcy Dept/Managing Agent P.O. Box 751331 Charlotte, NC 28275 | - | | 11/22/2013 Trade Debt | | | | 3,792.00 |
| | | | | | | Subtotal (Total of this page) | 8,674.44 |

Sheet no. 65 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|--------------------|
| | | H W J C | | | | |
| Account No. xxxx-xxxx-xxxx-3382 Creditor #: 320 Wells Fargo Attn: Bankruptcy Dept/Managing Agent Payment Center Remittance PO Box 54349 Los Angeles, CA 90054 | - | | | | | 135,999.35 |
| Account No. Creditor #: 321 Wells Fargo Bank Attn: Bankruptcy Dept/Managing Agent CHG#80435100, MAC:U1240-126 260 N. Charles Lindbergh Drive Salt Lake City, UT 84116 | - | | | | | 8,999.34 |
| Account No. Creditor #: 322 Westland Enterprises LLC Attn: Bankruptcy Dept/Managing Agent Attn: Fred Kavli 1801 Solar Drive, Ste 250 Oxnard, CA 93031 | - | | X | X | X | 19,133.92 |
| Account No. Richard L. Tobler, LTD. Attn: Richard L. Tobler, Esq. 3654 N. Rancho Drive, Suite 102 Las Vegas, NV 89130-3179 | | Representing: Westland Enterprises LLC | | | | Notice Only |
| Account No. Creditor #: 323 William Carpenter 1803 Baja Lane Henderson, NV 89012 | - | | | | | 326.30 |
| Subtotal (Total of this page) | | | | | | 164,458.91 |

Sheet no. 66 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---------------------------------|--|--|--|--------------------------------------|-------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 324 William D. Smith C/o Bailus Cook & Kelesis, Ltd. Attn: Mark P. Cook, Esq. Las Vegas, NV 89101 | - | Litigation pending in the Eighth Judicial District Court; Case No. A700424-C | X | X | X | Unknown |
| Account No. Creditor #: 325 William D. Smith C/o Bailus Cook & Kelesis, Ltd. Attn: Mark P. Cook, Esq. Las Vegas, NV 89101 | - | Litigation pending in the Eighth Judicial District Court; Case No. A698938 | X | X | X | Unknown |
| Account No. Creditor #: 326 William Muir, MD Attn: Bankruptcy Dept/Managing Agent 653 N. Town Center #210 Las Vegas, NV 89144 | - | Business Partner | | | | Unknown |
| Account No. Creditor #: 327 William Rizzo 146 Triberg Ct. Henderson, NV 89074 | - | Business Expense/Overpayment | | | | 150.00 |
| Account No. Creditor #: 328 William Smith, MD Attn: Bankruptcy Dept/Managing Agent 3061 S. Maryland Pkwy. #200 Las Vegas, NV 89109 | - | as of December 31, 2013 Business Partner / Loan plus interest | | | | 450,611.37 |
| | | | | | Subtotal (Total of this page) | 450,761.37 |

Sheet no. 67 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|--|--|--------------------------------------|------------------|
| | | H W J C | | | | |
| Account No. Creditor #: 329 Wright Medical Technology Attn: Bankruptcy Dept/Managing Agent PO Box 503482 Saint Louis, MO 63150 | - | | 07/28/2014 Business Debt | | | 25,037.14 |
| Account No. Creditor #: 330 XO Communications Attn: Bankruptcy Dept/Managing Agent File 50550 Los Angeles, CA 90074 | - | | 07/01/2013 Business Debt | | | 6,850.54 |
| Account No. Creditor #: 331 Yu Tian, MD Attn: Bankruptcy Dept/Managing Agent 7512 Via Signorelli St Las Vegas, NV 89131 | - | | 06/27/2013 Business Debt | | | 200.00 |
| Account No. Creditor #: 332 Zen Anesthesia LLC Attn: Bankruptcy Dept./Managing Agent 10016 Summit Canyon Drive Las Vegas, NV 89144 | - | | 06/03/2013 Business Debt | | | 100.00 |
| Account No. Creditor #: 333 Zimmer USA, Inc. Attn: Bankruptcy Dept/Managing Agent 14235 Collections Center Dr. Chicago, IL 60693 | - | | 04/25/20141 Business Debt | | | 447.96 |
| Subtotal (Total of this page) | | | | | | 32,635.64 |

Sheet no. 68 of 69 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Flamingo-Pecos Surgery Center, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | A M O U N T O F C L A I M | |
|---|--------------------------------------|------------------------------------|--|--|--|--------------------------------------|---|---------------------|
| | | H W J C | | | | | | |
| Account No. Creditor #: 334 ZIRMED, Inc. Attn: Bankruptcy Dept/Managing Agent 1311 Solutions Center Chicago, IL 60677 | | - | 10/10/2014 Business Debt/Medical Claims Contract | | | X | 372.00 | |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |
| Sheet no. <u>69</u> of <u>69</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) | 372.00 |
| | | | | | | | Total (Report on Summary of Schedules) | 4,245,170.28 |

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|--|--|
| Airtec Gases, LLC Attn: Bankruptcy Dept/Managing Agent 2900 S. Highland Dr. Suite 19A Las Vegas, NV 89109 | Oxygen, Nitrous oxide, Medical Gas Cylinder Rental - East contract, year to year |
| Airtec Gases, LLC Attn: Bankruptcy Dept/Managing Agent 2900 S. Highland Dr. Suite 19A Las Vegas, NV 89109 | Oxygen, Nitrous oxide, Medical Gas Cylinder Rental - West contract, year to year |
| AlSCO, Inc. Attn: Bankruptcy Dept/Managing Agent 3243 E. Deseret Drive Saint George, UT 84790 | Linen/Uniform Rental Service - east contract, month to month |
| AlSCO, Inc. Attn: Bankruptcy Dept/Managing Agent 3243 E. Deseret Drive Saint George, UT 84790 | Linen/Uniform Rental Service - west contract ending April 2017 |
| American Credit Exchange Attn: Bankruptcy Dept/Managing Agent 5920 S. Rainbow Blvd. Suite 7 Las Vegas, NV 89118 | Collection Service agreement, end of contract, month to month |
| Assured Document Management Attn: Bankruptcy Dept/Managing Agent 8050 Arville St. Suite 105 Las Vegas, NV 89139 | Document storage contract, month to month |
| Automatic Data Processing, Inc. Attn: Bankruptcy Dept/Managing Agent One ADP Boulevard Roseland, NJ 07068 | Payroll month to month contract |
| CHG - Meridian U.S. Finance, Ltd. Attn: Bankruptcy Dept/Managing Agent 21800 Oxnard St. Ste. 400 Woodland Hills, CA 91367 | Washer/Sterilizer/Boilers Lease expires July 2018 (Equipment returned October 2014) |

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|--|--|
| Cox Communications Attn: Bankruptcy Desk/Managing Agent PO Box 79175 Phoenix, AZ 85062-9175 | Phone, Internet, TV Service contract ending October 2017 |
| CTQ Solutions, LLC - Voyance Attn: Bankruptcy Dept/Managing Agent 500 E. Main Street Suite 340 Branford, CT 06405 | Patient satisfaction surveys, contract month to month |
| Data Sales Co., Inc. Attn: Bankruptcy Dept. / Managing Agent NW 7305 P.O. Box 1450 Minneapolis, MN 55485 | Misc. Medical Equipment Lease expires December 1, 2015 |
| DesMed, LLC C/o Ensemble Real Estate Services, LLC 4722 North 24th Street, Suite 400 Phoenix, AZ 85016 | Desert Springs Medical Plaza II rental lease at 4275 Burnham Ave, Suite 101, Las Vegas, Nevada, expires January 2025 |
| GE Healthcare Attn: Bankruptcy Dept/Managing Agent OEC 2984 Collections Center Drive Chicago, IL 60693 | 0315 C-Arm Service Contract ending September 2019 |
| GE Healthcare Attn: Bankruptcy Dept/Managing Agent OEC 2984 Collections Center Drive Chicago, IL 60693 | 1800 C-Arm Service Contract ending August 2015 |
| GE Healthcare Attn: Bankruptcy Dept/Managing Agent OEC 2984 Collections Center Drive Chicago, IL 60693 | 1461 C-Arm Service Contract ending January 2015 |
| GE Healthcare Attn: Bankruptcy Dept/Managing Agent OEC 2984 Collections Center Drive Chicago, IL 60693 | 2912 C-Arm Service Contract ending August 2013 |
| Getinge USA, Inc. Attn: Bankruptcy Dept/Managing Agent 1777 E. Henrietta Road Rochester, NY 14623-3133 | Generator/Boiler/Washer Sterilizer PM Service Contract expires December 2014 |

Sheet 1 of 4 continuation sheets attached to the Schedule of Executory Contracts and Unexpired Leases

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|---|--|
| i365 a Seagate Company fdba Evault, Inc. Attn: Bankruptcy Dept/Managing Agent 15422 Collections Center Dr. Chicago, IL 60693 | Online backup and recovery service, contract year to year |
| Jani-King International Healthcare Services Division Attn: Bankruptcy Dept/Managing Agent 3157 N. Rainbow Blvd #490 Las Vegas, NV 89108 | Janitorial contract, month to month |
| Laundauer Attn: Bankruptcy Dept/Managing Agent 2 Science Road Glenwood, IL 60425-1586 | Luxel Dosimetry Service contract month to month |
| LMC Pathology Services Attn: Bankruptcy Dept/Managing Agent 3059 S. Maryland Pkwy, Ste. 100 Las Vegas, NV 89109 | Lab/Pathology Services - east contract year to year |
| LMC Pathology Services Attn: Bankruptcy Dept/Managing Agent 3059 S. Maryland Pkwy, Ste. 100 Las Vegas, NV 89109 | Lab/Pathology Services - west contract year to year |
| Loftin Equipment Co Attn: Bankruptcy Dept/Managing Agent P.O. Box 10376 Phoenix, AZ 85064 | Generator service & maintenance contract ending May 2015 |
| Mary Grear, R. Ph. Attn: Bankruptcy Dept/Managing Agent 1644 Shootout Place Henderson, NV 89002 | Pharmacy consulting contract year to year |
| MDStrategies Attn: Bankruptcy Dept/Managing Agent PO Box 2723 Cypress, TX 77410 | Coding audit service contract year to year |
| Medical Electronics Attn: Bankruptcy Dept/Managing Agent 1525 E. Edinger Ave. Santa Ana, CA 92705 | Biomedical Service - east contract year to year |
| Medical Electronics Attn: Bankruptcy Dept/Managing Agent 1525 E. Edinger Ave. Santa Ana, CA 92705 | Biomedical Service - west contract ending April 2015 |

Sheet 2 of 4 continuation sheets attached to the Schedule of Executory Contracts and Unexpired Leases

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|---|--|
| NextGen Fire Protection Attn: Bankruptcy Desk/Managing Agent 7165 Bermuda Rd. Las Vegas, NV 89119 | Fire Alarm monitoring contract ending June 2017 |
| Opportunity Village Attn: Bankruptcy Desk/Managing Agent 6050 S. Buffalo Dr. Las Vegas, NV 89113 | Shredding service contract month to month |
| Patriot-Reading Associates LLC Attn: Bankruptcy Dept/Managing Agent PO Box 7313 Westlake Village, CA 91359 | Hualapai Surgery Center, LLC rental lease at 10195 W. Twain Ave., Las Vegas, Nevada 89147, ending May 2025 |
| PhySource Solutions Attn: Bankruptcy Dept/Managing Agent PO Box 421439 San Diego, CA 92142 | Billing service agreement expires March 2017 |
| Pitney Bowes Attn: Bankruptcy Dept/Managing Agent Global Financial Services PO Box 371887 Pittsburgh, PA 15250 | Mailing system contract ending February 2015 |
| Protection One Attn: Bankruptcy Dept/Managing Agent Bus Alarm Monitoring, Inc. PO Box 219044 Kansas City, MO 64121 | Security alarm system - east contract year to year |
| Protection One Attn: Bankruptcy Dept/Managing Agent Bus Alarm Monitoring, Inc. PO Box 219044 Kansas City, MO 64121 | Security alarm system - west contract ending March 2017 |
| Quality Control Systems Inc Attn: Bankruptcy Dept/Managing Agent 3220 W. Post Road Las Vegas, NV 89118 | HVAC service contract year to year |
| Republic Services Attn: Bankruptcy Dept. / Managing Agent 770 E. Sahara Ave. Las Vegas, NV 89104-2943 | Medical waste program - east contract month to month |
| Republic Services Attn: Bankruptcy Dept. / Managing Agent 770 E. Sahara Ave. Las Vegas, NV 89104-2943 | Medical waste program - west contact month to month |

Sheet 3 of 4 continuation sheets attached to the Schedule of Executory Contracts and Unexpired Leases

In re Flamingo-Pecos Surgery Center, LLC

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

(Continuation Sheet)

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|--|--|
| REVCO Leasing Company Attn: Bankruptcy Dept/Managing Agent 3244 South 300 West Salt Lake City, UT 84115 | Six (6) copier leases expiring May 2018 (equipment returned October 2014) |
| Source Medical Solutions, Inc. Attn: Bankruptcy Dept/Managing Agent Attn: Accounts Receivable PO Box 11407 Birmingham, AL 35246 | Software license and support agreement year to year |
| Surgical Notes MDP Attn: Bankruptcy Dept/Managing Agent 3100 Monticello Ave., Suite 450 Dallas, TX 75205 | Transcription Service contract month to month |
| Time Payment Corp. Attn: Bankruptcy Dept/Managing Agent 10 M Commerce Way Woburn, MA 01801 | Water delivery, dispenser rental - East contract ending March 2015. |
| Time Payment Corp. Attn: Bankruptcy Dept/Managing Agent 10 M Commerce Way Woburn, MA 01801 | Water delivery, dispenser rental - West contract ending July 2017 |
| Valley Enterprises Attn: Bankruptcy Dept/Managing Agent PO Box 28288 Las Vegas, NV 89126 | Janitorial Services - east contract ending February 2015 |
| Valley Enterprises Attn: Bankruptcy Dept/Managing Agent PO Box 28288 Las Vegas, NV 89126 | Janitorial Service - west contract ending September 2015 |
| Westland Enterprises Attn: Bankruptcy Dept/Managing Agent 1801 Solar Drive, Suite 250 Oxnard, CA 93031-9031 | Office lease at 2110 East Flamingo Road, Suite 109, Las Vegas, Nevada expires May 2017 |
| ZirMed, Inc. Attn: Bankruptcy Dept/Managing Agent 626 West Main Street, 6th Floor Louisville, KY 40202 | Medical claims management contract, year to year |

B6H (Official Form 6H) (12/07)

In re Flamingo-Pecos Surgery Center, LLC
 Debtor

Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|---|---|
| David Dearing 2110 E. Flamingo Rd. #109 Las Vegas, NV 89119 Personal Guarantee | REVCO Leasing Company Attn: Bankruptcy Dept/Managing Agent PO Box 65598 Salt Lake City, UT 84165 |

0 continuation sheets attached to Schedule of Codebtors

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
District of Nevada**

In re Flamingo-Pecos Surgery Center, LLC

Debtor(s)

Case No. _____

Chapter 11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Board President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 105 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date December 31, 2014

Signature /s/ William Smith, MD

**William Smith, MD
Board President**

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.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
District of Nevada**

In re Flamingo-Pecos Surgery Center, LLC

Debtor(s)

Case No.

Chapter

11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$0.00**2014 YTD Income****\$6,332,005.00****2013 Income****\$5,488,272.00****2012 Income**

B7 (Official Form 7) (04/13)

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3. Payments to creditorsNone **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|-------------------|-------------|--------------------|
|------------------------------|-------------------|-------------|--------------------|

None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|--------------------------------------|---|---|-----------------------|
| Aetna Life Insurance Co. | September 30, 2014 and October 30, 2014 | \$12,343.44 | \$588.00 |
| AmTrust North America | September 30, 2014, November 3, 2014, November 18, 2014, December 19, 2014 | \$4,896.00 | \$1,224.00 |
| Assured Document Management | October 13, 2014, December 5, 2014 | \$1,772.43 | \$0.00 |
| Clark County Assessor | November 20, 2014 | \$2,000.00 | \$6,072.84 |
| Cox Communications | October 6, 2014 and December 3, 2014 | \$5,571.36 | \$6,882.65 |
| Data Sales Co., Inc. | November 20, 2014 | \$1,000.00 | \$21,411.98 |
| DesMed, LLC | November 5, 2014 and December 5, 2014 | \$8,400.18 | \$194,593.84 |
| Elixis | October 13, 2014, November 4, 2014 and December 19, 2014 | \$2,742.79 | \$0.00 |
| First Insurance Funding Corp. | October 1, 2014, November 4, 2014, and December 3, 2014 | \$9,841.11 | \$13,121.48 |
| Marquis Aurbach Coffing | November 3, 2014, November 6, 2014 and December 15, 2014 | \$16,456.36 | \$0.00 |
| Medline Industries, Inc. | October 2, 2014 | \$5,038.25 | \$0.00 |
| Metlife Dental | September 30, 2014 and October 30, 2014 | \$1,215.81 | \$0.00 |
| Nevada Department of Taxation | November 20, 2014 and December 19, 2014 | \$2,052.29 | \$0.00 |

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|--|---|---|-----------------------|
| NV Energy | October 6, 2014 | \$4,346.32 | \$7,481.54 |
| Patriot-Reading Associates, LLC | October 1, 2014 | \$12,000.00 | \$171,510.64 |
| PhysSource Solutions | September 22, 2014, November 3, 2014, November 14, 2014 and December 5, 2014 | \$16,799.04 | \$33,735.80 |
| Pitney Bowes | November 20, 2014 | \$770.42 | \$859.50 |
| Principal | September 22, 2014, October 9, 2014, October 30, 2014, November 3, 2014, and November 24, 2014 | \$4,376.77 | \$0.00 |
| Priority Healthcare | October 7, 2014 | \$1,759.29 | \$53.55 |
| Professional Services | September 30, 2014 | \$611.66 | \$0.00 |
| Purchase Power | November 20, 2014 | \$761.05 | \$1,496.23 |
| State of Nevada Treasurer | November 10, 2014 | \$4,892.00 | \$48.00 |
| The Hartford | September 30, 2014, November 3, 2014, November 18, 2014 and December 19, 2014 | \$5,279.10 | \$1,258.90 |
| The Retirement Advantage, Inc. | November 10, 2014 and December 5, 2014 | \$880.00 | \$2,680.00 |
| Tiffany Hernando | November 4, 2014 | \$1,309.58 | \$0.00 |
| Valley Enterprises | October 6, 2014 and November 20, 2014 | \$3,662.00 | \$1,054.00 |

- None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|--|-----------------|-------------|-----------------------|
|--|-----------------|-------------|-----------------------|

4. Suits and administrative proceedings, executions, garnishments and attachments

- None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|---|--------------------------------------|---|---|
| Quirk Law Firm, LLP v. Megan Grey et al.; Case No.: A-10-616308-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Gazda & Tadayon LLC v. Flores Cruz et al; Case No. A-12-663823-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Default entered 02/27/13 |

B7 (Official Form 7) (04/13)

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| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|---|------------------------------|--|--------------------------|
| Rebeca Medrano v. Marjorie Belsky, MD et al; Case No. A-12-674176-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Law Offices of Andrew D. Taylor v. Zivon Sewell et al; Case No. A-13-681040-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Closed |
| Benson and Bingham, LLC v. Janet Lucero et al; Case No. A-13-681871-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Closed |
| Glen Lerner Injury Attornys v. Preferred Capital Lending of Nevada, LLC et al; Case No. A-13-690515-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Benson and Bingham, LLC v. Dewaine Smith et al; Case No. A-14-696618-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Closed |
| Qualey Law Group Inc. v. Lori Naka et al; Case No. A-14-700435-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Howard Law Firm PC v. Neck and Back Clinic et al; Case No. A-14-701857-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Law Offices of Eric R. Blank PC v. Alexander Maximillian et al; Case No. A-14-706790-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Eglet Wall Christiansen Eglet Adams & Hamm LLP v. Aargon Agency, Inc. et al; Case No. A-14-707569-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Kunin & Carman v. David Encinas et al; Case No. A-14-708977-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Ross Law Group Inc. v. Dianne Jaimers-Escaray et al; Case No. A-14-7100770-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Nettles Law Firm v. Michelle Salinas et al. Case No. A-12-657298-C | Complaint in interpleader | Eighth Judicial District Court, Clark County, Nevada | Pending |
| JP Morgan Chase Bank NA v. Flamingo-Pecos Surgery Center LLC et al; Case No. A-14-700424-C | Breach of Contract | | Pending |
| Michael Valpiani v. Flamingo-Pecos Surgery Center LLC et al.; Case No. A-14-698938-C | Common Law Reimbursement | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Westland Enterprises LLC v. Flamingo Pecos Surgery Center LLC et al.; Case No. A-13-688930-C | Landlord/Tenant | Eighth Judicial District Court, Clark County, Nevada | Pending |
| George Gluck v. Flamingo Peco Surgery Center LLC et al.; Case No.: A-14-709268-C | Intentional Misconduct | Eighth Judicial District Court, Clark County, Nevada | Pending |
| Karl Storz Endoscopy-America, Inc. v. Flamingo Pecos Surgery Center, LLC dba Surgery Center of Southern Nevada et al.; Case No.: YC069383 | | Superior Court of the State of California, for the County of Los Angeles, Southwest District | Pending |
| Michael Fishell, M.D. v. Flamingo-Pecos Surgery Center, LLC dba Surgery Center of Southern Nevada AHLA Claim 2531/JAMS Ref. No. 1100078399 | Arbitration | JAMS Arbitration, San Francisco, California | Pending |

B7 (Official Form 7) (04/13)

- None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|---|-----------------|--------------------------------------|
|---|-----------------|--------------------------------------|

5. Repossessions, foreclosures and returns

- None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|---|--|--------------------------------------|
|---|--|--------------------------------------|

6. Assignments and receiverships

- None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|-----------------------|-----------------------------------|
|------------------------------|-----------------------|-----------------------------------|

- None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CUSTODIAN | NAME AND LOCATION OF COURT CASE TITLE & NUMBER | DATE OF ORDER | DESCRIPTION AND VALUE OF PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|
|----------------------------------|--|------------------|--------------------------------------|

7. Gifts

- None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|---|-----------------------------------|--------------|----------------------------------|
|---|-----------------------------------|--------------|----------------------------------|

8. Losses

- None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--------------------------------------|--|--------------|
|--------------------------------------|--|--------------|

B7 (Official Form 7) (04/13)

9. Payments related to debt counseling or bankruptcy

- None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|---|--|
| LARSON & ZIRZOW, LLC 810 S. Casino Center Blvd. #101 Las Vegas, NV 89101 | 12/18/14 | \$50,000.00 |

10. Other transfers

- None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|---|-----------------|--|
| oBand, Inc. C/o Registered Agent, Lionel Sayer & Collins 300 South Fourth Street, Suite 1700 Las Vegas, NV 89101 | 12/16/14 | Bill of Sale for license of second ambulatory surgery center Class C from location of 10195 West Twain Avenue, Las Vegas, Nevada 89147, received \$50,000.00. |

- None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|-------------------------------|------------------------|---|
|-------------------------------|------------------------|---|

11. Closed financial accounts

- None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|--|------------------------------------|
|---------------------------------|--|------------------------------------|

12. Safe deposit boxes

- None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------|---------------------------------------|
|--|---|-------------------------|---------------------------------------|

B7 (Official Form 7) (04/13)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---|--|----------------------------|
| 10195 W. Twain Ave., Ste. 110 Las Vegas, NV 89147 | Flamingo Pecos Surgery Center dba Surgery Center of Southern Nevada | August 2010 - October 2014 |
| 2110 E. Flamingo Rd., Ste. 109 Las Vegas, NV 89119 | Flamingo Pecos Surgery Center dba Surgery Center of Southern Nevada | April 2007 - August 2013 |

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

B7 (Official Form 7) (04/13)

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| | | | |
|-----------------------|---------------------------------------|----------------|-------------------|
| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| | | |
|---------------------------------------|---------------|-----------------------|
| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|

18. Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| | | | | |
|------|--|---------|--------------------|----------------------------|
| NAME | LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|------|--|---------|--------------------|----------------------------|

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| | |
|------|---------|
| NAME | ADDRESS |
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Peter Buchiere
Independent Consulting, LLC
3046 S. Durango Dr.
Las Vegas, NV 89117

DATES SERVICES RENDERED
May 2012 - March 2014

David Becker, CPA
MedHQ, LLC
4 Westbrook Corp Center #440
Westchester, IL 60154

June 2013 - April 2014

B7 (Official Form 7) (04/13)

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|-------------------|---|-------------------------|
| Peter Buchiere | Independent Consulting, LLC 3046 S. Durango Dr. Las Vegas, NV 89117 | May 2012 - March 2014 |
| David Becker, CPA | MedHQ, LLC 4 Westbrook Corp Center #440 Westchester, IL 60154 | June 2013 - April 2014 |

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis) |
|-------------------|----------------------|---|
|-------------------|----------------------|---|

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

| DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS |
|-------------------|--|
|-------------------|--|

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|---------------------------------------|--------------------|------------------------|
| See Attached List of Ownership | | |

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE OF STOCK OWNERSHIP |
|------------------|-------|--|
|------------------|-------|--|

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

B7 (Official Form 7) (04/13)

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|--------------------------------|--|
|---|--------------------------------|--|

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------|--------------------------------------|
|----------------------|--------------------------------------|

* * * * *

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date December 31, 2014 Signature /s/ William Smith, MD
 William Smith, MD
 Board President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Statement of Financial Affairs #21.a

SURGERY CENTER OF SOUTHERN NEVADA
LIST OF OWNERSHIP
2014

| 2014 | | | <u>shares</u> | <u>%</u> |
|-------------|--|--|----------------|---------------------|
| | | Epiphany Surgery Centers, LLC (Charles Tadlock, MD) | 11.000 | 11.000 8.2% |
| | | William Smith, M.D., Board President | 12.720 | 12.720 9.5% |
| | | Open shares (per Dr. Tadlock) | 10.000 | 10.000 7.5% |
| | | Bhatnagar Family Trust (PK Bhatnagar, MD) Board Member | 8.000 | 8.000 6.0% |
| | | Marjorie Belsky, M.D., Board Member | 7.000 | 7.000 5.2% |
| | | Cubs Win, LLC (Randall Weingarten, MD/Dodd Hyer, MD) | 7.000 | 7.000 5.2% |
| | | Jason Garber, M.D. | 6.350 | 6.350 4.7% |
| | | Mercury Group (Andrew Cash, MD) | 6.000 | 6.000 4.5% |
| | | James Vahey, M.D. | 6.000 | 6.000 4.5% |
| | | Sheldon Freedman, M.D., Board Member | 6.000 | 6.000 4.5% |
| TERM | | Burkhead Irrevocable Trust (Daniel Burkhead, M.D.) | 3.750 | 3.750 2.8% |
| | | Luong Estate Major LLC (Minh Luong, DDS) | 5.020 | 5.020 3.8% |
| | | John Anson, M.D. | 4.850 | 4.850 3.6% |
| | | Howard Hack, MD | 4.000 | 4.000 3.0% |
| | | Steve Becker, MD | 4.000 | 4.000 3.0% |
| TERM | | Michael Valpiani, M.D. | 4.000 | 4.000 3.0% |
| | | Laurie Larsen, M.D. PC | 3.000 | 3.000 2.2% |
| | | Matthew Ng, M.D., Board Member | 3.000 | 3.000 2.2% |
| | | SAS Consulting LLC (Scott Slavis, M.D.) | 3.000 | 3.000 2.2% |
| | | Thomas Vater, MD | 2.330 | 2.330 1.7% |
| TERM | | Larry Goldstein, M.D. | 2.000 | 2.000 1.5% |
| | | Grabow Family Trust (Ryan Grabow, MD) | 2.000 | 2.000 1.5% |
| | | T.J. O-Lee, M.D. | 2.000 | 2.000 1.5% |
| | | Noah Levine, MD | 2.000 | 2.000 1.5% |
| | | George Gluck | 1.500 | 1.500 1.1% |
| TERM | | Douglas Seip, MD | 1.000 | 1.000 0.7% |
| NEW | | The Julian Trust (David Biesinger, DPM) | 1.000 | 1.000 0.7% |
| | | Stuart Kaplan, MD | 1.000 | 1.000 0.7% |
| TERM | | Terrance Kwiatkowski, MD | 1.000 | 1.000 0.7% |
| TERM | | William Muir, MD | 1.000 | 1.000 0.7% |
| TERM | | Fred Redfern, MD | 1.000 | 1.000 0.7% |
| | | Ming Wei Wu, DO | 0.670 | 0.670 0.5% |
| TERM | | Timothy Wilson, DDS | 0.250 | 0.250 0.2% |
| TERM | | R Allen Byrd, PC | 0.330 | 0.330 0.2% |
| | | Class A Total | 133.770 | 133.770 100% |

**United States Bankruptcy Court
District of Nevada**

In re **Flamingo-Pecos Surgery Center, LLC**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|--|----|-------------------------|
| For legal services, I have agreed to accept..... | \$ | <u>50,000.00</u> |
| Prior to the filing of this statement I have received..... | \$ | <u>50,000.00</u> |
| Balance Due..... | \$ | <u>0.00</u> |

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **December 31, 2014**

/s/ Zachariah Larson
Zachariah Larson 7787
LARSON & ZIRZOW, LLC
810 S. Casino Center Blvd. #101
Las Vegas, NV 89101
(702) 382-1170 Fax: (702) 382-1169
mzirzow@lzlawnv.com

**United States Bankruptcy Court
District of Nevada**

In re Flamingo-Pecos Surgery Center, LLC,
Debtor

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|---|-------------------|-------------------------|---------------------|
|---|-------------------|-------------------------|---------------------|

None

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Board President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 31, 2014

Signature /s/ William Smith, MD
William Smith, MD
Board President

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.

**United States Bankruptcy Court
District of Nevada**

In re **Flamingo-Pecos Surgery Center, LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Board President 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: **December 31, 2014**

/s/ William Smith, MD

William Smith, MD/Board President

Signer/Title

FLAMINGO-PECOS SURGERY CENTER, LLC
4275 BURNHAM AVE. STE. 101
LAS VEGAS, NV 89119

ZACHARIAH LARSON
LARSON & ZIRZOW, LLC
810 S. CASINO CENTER BLVD. #101
LAS VEGAS, NV 89101

UNITED STATES TRUSTEE
300 LAS VEGAS BLVD., SOUTH #4300
LAS VEGAS, NV 89101

DEPT. OF EMPLOYMENT, TRAINING & REHAB
EMPLOYMENT SECURITY DIVISION
500 EAST THIRD STREET
CARSON CITY, NV 89713

INTERNAL REVENUE SERVICE
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 7346
PHILADELPHIA, PA 19101

NEVADA DEPT. OF TAXATION
BANKRUPTCY SECTION
555 E. WASHINGTON AVENUE #1300
LAS VEGAS, NV 89101

CLARK COUNTY ASSESSOR
C/O BANKRUPTCY CLERK
500 S. GRAND CENTRAL PKWY
BOX 551401
LAS VEGAS, NV 89155

CLARK COUNTY TREASURER
C/O BANKRUPTCY CLERK
500 S. GRAND CENTRAL PKWY
P.O. BOX 551220
LAS VEGAS, NV 89155

702 PEST MANAGEMENT
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
4601 VICTORIA BEACH WAY
LAS VEGAS, NV 89130

A.M. SURGICAL INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
290 E. MAIN ST.
SUITE 200
SMITHTOWN, NY 11787

ACCENT
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 952366
SAINT LOUIS, MO 63195

ACCURATE BACKFLOW COMPANY
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
4200 N. PECOS
SUITE 32
LAS VEGAS, NV 89115

ACUMED, LLC
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
7995 COLLECTION CENTER DRIVE
CHICAGO, IL 60693

ADRIANA R. LINERES
2524 HIGHTREE STREET
NORTH LAS VEGAS, NV 89030-5924

ADRIENNE GRANT
6405 EVERGREEN
LAS VEGAS, NV 89107

AESULAP, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 536404
PITTSBURGH, PA 15253-5906

AETNA LIFE INSURANCE CO.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 7247-0213
PHILADELPHIA, PA 19170-0213

AFTER MATH CLAIMS SCIENCE INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
1230-5 MADERA RD.
SUITE 140
SIMI VALLEY, CA 93065-4045

AI LING YONG
5075 INDIAN RIVER DR. #174
LAS VEGAS, NV 89146

AIRTEC GASES, LLC
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
2900 S. HIGHLAND DR.
SUITE 19A
LAS VEGAS, NV 89109

ALBERT KHAVKIN, DO
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
204 LUXAIRE CT
LAS VEGAS, NV 89144

ALLERGAN USA, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
12975 COLLECTION CENTER DRIVE
CHICAGO, IL 60693

ALSCO, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
3243 E. DESERET DRIVE
SAINT GEORGE, UT 84790

ALSCO, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
175 S. WEST TEMPLE STREET SUITE 510
SALT LAKE CITY, UT 84101

AMANDA BARTLETT
6762 HYL A ROMAN AVE.
LAS VEGAS, NV 89131-2247

AMERICAN CREDIT EXCHANGE
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
5920 S. RAINBOW BLVD.
SUITE 7
LAS VEGAS, NV 89118

AMERIGROUP CORPORATION
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 93473
ATLANTA, GA 31193-4743

AMS SALES CORPORATION
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
DRAWER CS 198422
ATLANTA, GA 30384-8422

AMTRUST NORTH AMERICA
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 318004
CLEVELAND, OH 44131-0520

ANESTHESIA LABELS
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
3900 W. AVERA DRIVE
SUITE 301
SIOUX FALLS, SD 57108-5721

ANGELA M. RODRIGUEZ
4869 IRENE AVE.
LAS VEGAS, NV 89110

ANGELA MARTINEZ
543 N. LAMB BLVD #21
LAS VEGAS, NV 89110

ANITA M. TUREK
8970 MABLE LIGHT AVE.
LAS VEGAS, NV 89178-0113

ANTHEM BLUE CROSS BLUE SHIELD
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 92420
CLEVELAND, OH 44193

ANTONIA BECERRA-DEARZOLA
2215 WEBSTER ST.
NORTH LAS VEGAS, NV 89030

ARITA PAIN MEDICINE
ATTN: ADAM ARITA, MD
9708 HIGHRIDGE DRIVE
LAS VEGAS, NV 89134

ARIZONA MUNICIPAL RISK RETENTN
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
14902 N. 73RD ST.
SCOTTSDALE, AZ 85260

ARLEEN VICENTINA
5009 SPENCER STREET
UNIT A
LAS VEGAS, NV 89119

ARLENE SOLOMON
2375 HEATHER AVE.
LONG BEACH, CA 90815

ARTHREX, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 403511
ATLANTA, GA 30384-3511

ASHLEY THOMAS
4217 GREAT EGRET LANE
NORTH LAS VEGAS, NV 89084

ASHTON TAYLOR
2861 COOPER COVE DRIVE
HENDERSON, NV 89074

ASSURED DOCUMENT MANAGEMENT
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
8050 ARVILLE ST.
SUITE 105
LAS VEGAS, NV 89139

AUDREY MISHALOW
526 CAMFORTH DRIVE
HENDERSON, NV 89014

AUTOMATIC DATA PROCESSING, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
ONE ADP BOULEVARD
ROSELAND, NJ 07068

BACTERIN INTERNATIONAL
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
DEPT CH 16872
PALATINE, IL 60055-6872

BAILUS COOK & KELEISIS, LTD.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
400 S. 4TH ST.
SUITE 300
LAS VEGAS, NV 89101-6206

BAILUS COOK & KELEISIS, LTD.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
517 S. 9TH STREET
LAS VEGAS, NV 89101

BAKER LAW OFFICES PC
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
500 S. 8TH ST.
LAS VEGAS, NV 89101

BANK OF AMERICA
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 15731
WILMINGTON, DE 19886-5731

BAXTER HEALTHCARE CORP.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 100714
PASADENA, CA 91189

BCBS MICHIGAN
ATTN: MICHIGAN RECOVERIES/BANKRUPTCY DEPT
#B535
DETROIT, MI 48231-0366

BEATTY MARKETING & SALES LLC
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
17371 N.E. 67TH CT.
SUITE A-12
REDMOND, WA 98052

BENSON & BINGHAM LLC
ATTN: JOSEPH L. BENSON II, ESQ.
626 S. 10TH STREET
LAS VEGAS, NV 89101

BHATNAGAR FAMILY TRUST
PK BHATANAGAR, MD
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
202 ROYAL ASCOT CIR
LAS VEGAS, NV 89144

BIOMEDICAL ENTERPRISES, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
DEPT. 2297
P.O. BOX 122297
DALLAS, TX 75312-2297

BIOMET SPORTS MEDICINE
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
75 REMITTANCE DRIVE
SUITE 3283
CHICAGO, IL 60675-3283

BLACK MOUNTAIN SURGICAL
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
685 FINCH ISLAND AVE.
HENDERSON, NV 89015

BOSTON SCIENTIFIC
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
300 BOSTON SCIENTIFIC WAY
MARLBOROUGH, MA 01752-1234

BOX CANYON SUGERY CENTER
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
2555 BOX CANYON DRIVE
89128

BRASSELER USA MEDICAL, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
ONE BRASSELER BLVD.
SAVANNAH, GA 31419

BRIAN SHEHAN
3534 WINTERSCHENE CT.
LAS VEGAS, NV 89147

BRITTANY GILBERT
9945 MASKED DUCK AVE
LAS VEGAS, NV 89117

BROOKE SPILSBURY
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ATTN: BANKRUPTCY DEPT/MANAGING AGENT
PO BOX 28288
LAS VEGAS, NV 89126

VANESSA MCCRACKEN
55 WESTHEIMER DRIVE
HENDERSON, NV 89074

VERNETT V. PALMER
522 RANCHO DEL NORTE DR.
NORTH LAS VEGAS, NV 89031-2814

VERONICA F. PATAG
1150 OBERLIN COURT
LAS VEGAS, NV 89135-1334

VICKI A. MONTIJO
2834 EL TOREADOR ST.
LAS VEGAS, NV 89189-1794

VILEX, INC
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
111 MOFFITT ST
MCMINNVILLE, TN 37110

VOYANCE LLC
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
500 E. MAIN ST.
SUITE 340
BRANFORD, CT 06405

W. L. GORE & ASSOCIATES, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
P.O. BOX 751331
CHARLOTTE, NC 28275

WALTER E. BAILEY
650 S. TOWN CENTER DR. #1031
LAS VEGAS, NV 89144

WELLS FARGO
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
PAYMENT CENTER REMITTANCE
PO BOX 54349
LOS ANGELES, CA 90054

WELLS FARGO BANK
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
CHG#80435100, MAC:U1240-126
260 N. CHARLES LINDBERGH DRIVE
SALT LAKE CITY, UT 84116

WESTLAND ENTERPRISES
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
1801 SOLAR DRIVE, SUITE 250
OXNARD, CA 93031-9031

WESTLAND ENTERPRISES LLC
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
ATTN: FRED KAVLI
1801 SOLAR DRIVE, STE 250
OXNARD, CA 93031

WILLIAM CARPENTER
1803 BAJA LANE
HENDERSON, NV 89012

WILLIAM D. SMITH
C/O BAILUS COOK & KELESIS, LTD.
ATTN: MARK P. COOK, ESQ.
LAS VEGAS, NV 89101

WILLIAM MUIR, MD
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
653 N. TOWN CENTER #210
LAS VEGAS, NV 89144

WILLIAM RIZZO
146 TRIBERG CT.
HENDERSON, NV 89074

WILLIAM SMITH, MD
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
3061 S. MARYLAND PKWY. #200
LAS VEGAS, NV 89109

WILLIAM T. SCHOONMAKER
7367 AMIGO STREET
LAS VEGAS, NV 89123

WRIGHT MEDICAL TECHNOLOGY
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
PO BOX 503482
SAINT LOUIS, MO 63150

XO COMMUNICATIONS
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
FILE 50550
LOS ANGELES, CA 90074

YU TIAN, MD
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
7512 VIA SIGNORELLI ST
LAS VEGAS, NV 89131

YVETTE A. STEVENS
1701 ROCK SPRINGS DR. #1097
LAS VEGAS, NV 89128-3130

ZEN ANESTHESIA LLC
ATTN: BANKRUPTCY DEPT./MANAGING AGENT
10016 SUMMIT CANYON DRIVE
LAS VEGAS, NV 89144

ZIMMER USA, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
14235 COLLECTIONS CENTER DR.
CHICAGO, IL 60693

ZIRMED, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
1311 SOLUTIONS CENTER
CHICAGO, IL 60677

ZIRMED, INC.
ATTN: BANKRUPTCY DEPT/MANAGING AGENT
626 WEST MAIN STREET, 6TH FLOOR
LOUISVILLE, KY 40202

**United States Bankruptcy Court
District of Nevada**

In re **Flamingo-Pecos Surgery Center, LLC**

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 **Flamingo-Pecos Surgery Center, LLC** 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:

None [*Check if applicable*]

December 31, 2014

Date

/s/ Zachariah Larson

Zachariah Larson 7787

Signature of Attorney or Litigant

Counsel for **Flamingo-Pecos Surgery Center, LLC**

LARSON & ZIRZOW, LLC

810 S. Casino Center Blvd. #101

Las Vegas, NV 89101

(702) 382-1170 Fax:(702) 382-1169

mzirzow@lzlawnv.com

United States Bankruptcy Court
District of Nevada

In re Flamingo-Pecos Surgery Center, LLC
Debtor(s)

Case No. _____
Chapter 11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **William Smith, MD**, declare under penalty of perjury that I am the **Board President** of **Flamingo-Pecos Surgery Center, LLC**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 20 day of November, 2014.

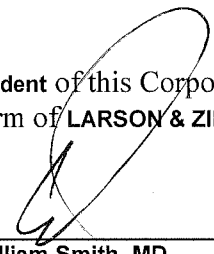
"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **William Smith, MD, Board President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **William Smith, MD, Board President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **William Smith, MD, Board President** of this Corporation is authorized and directed to employ **Zachariah Larson 7787**, attorney and the law firm of **LARSON & ZIRZOW, LLC** to represent the corporation in such bankruptcy case."

Date 12/30/14

Signed 
William Smith, MD

Resolution of Board of Directors
of
Flamingo-Pecos Surgery Center, LLC

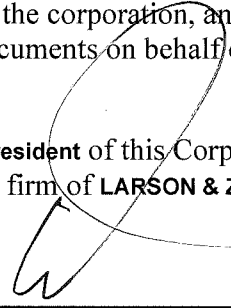
Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **William Smith, MD, Board President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

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Date 12/30/14

Signed  _____

Date _____

Signed _____