

B1 (Official Form 1) (1/08)

United States Bankruptcy Court Eastern District of New York		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): C&C Homecare Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 11-3306836		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. & Street, City, State & Zip Code): 125 Newton Road, Suite 300 Plainview, NY		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE 11803		ZIPCODE
County of Residence or of the Principal Place of Business:		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):
ZIPCODE		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): 125 Newton Road, Suite 300, Plainview, NY		ZIPCODE 11803
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding 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 owed to non-insiders or affiliates are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$5 million <input type="checkbox"/> \$5 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$5 million <input type="checkbox"/> \$5 million to \$10 million <input type="checkbox"/> \$10 million 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		

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Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): C&C Homecare Inc.	
Prior Bankruptcy Case 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:
<p style="text-align: center;">Exhibit A</p> <p>(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.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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 § 342(b) of the Bankruptcy Code.</p> <p style="text-align: center;">X _____ Signature of Attorney for Debtor(s) Date</p>	
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 or lessor that obtained judgment)			
_____ (Address of landlord or lessor)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

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

Name of Debtor(s):

C&C Homecare Inc.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

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

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

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

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

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*X /s/ Salvatore LaMonica, Esq.

Signature of Attorney for Debtor(s)

Salvatore LaMonica, Esq.
LaMonica Herbst & Maniscalco, LLP
3305 Jerusalem Avenue Suite 201
Wantagh, NY 11793
(516) 826-6500 Fax: (516) 826-0222
sl@lhmlawfirm.com

July 23, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

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

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

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

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:

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ David Horowitz

Signature of Authorized Individual

David Horowitz

Printed Name of Authorized Individual

President

Title of Authorized Individual

July 23, 2009

Date

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

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

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

C&C Homecare Inc.

Chapter 11

Debtor(s)

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 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
Invacare Corporation P.O. Box 4028 One Invacare Way Elyria, OH 44036			Disputed	1,042,692.78
Invacare 1320 Taylor Street Elyria, OH 44035			Disputed	458,006.10
Leaf Funding, Inc 300 Outlet Pointe Blvd Ste 300B Columbia, SC 29210				441,913.30
Manifest Funding Services PO Box 790448 St Louis, MO 63179-0448				342,383.83
Western Alliance Bank 4646 East Van Buren, Suite 125 Phoenix, AZ 85008				223,549.56
First Niagra Bank PO Box 1040 Buffalo, NY 14240	Gary C. Lefkowitz, Esq. Schiller & Knapp, LLP 950 New Loudon Road Latham, NY 12110			216,370.05
CoActiv Capital Partners 655 Business Center Drive Ste 250 Horsham, PA 19044	Adam S. Barrist, Esq. 1601 Market Street Suite 2600 Philadelphia, PA 19103		Disputed	211,188.22
Bank Of The West Equipment Finance 475 Sansome Street 19th Fl San Fransisco, CA 94111				198,429.30
AEL Financial, LLC 600 N Buffalo Grove Rd Buffalo Grove, IL 60089				192,903.09
Mack-Cali CW Realty Assoc., LLC PO Box 11679 - Dept 581 Newark, NJ 07101-4679				169,056.64
State Of New York Office Of The Attorney General, Medicaid Fraud Control Unit 300 Motor Parkway, Suite 210 Hauppauge, NY 11788			Disputed	151,029.00
Key Equipment Finance PO Box 74713 Cleveland, OH 44194-4713				132,136.30

Citibank/CCSI Bankruptcy Department, P.O. Box 20487 7930 NW 110th Street Kansas City, MO 64195-9904		129,883.00
Invacare Supply Group Attn: Maria Brady 9 Industrial Road Milford, MA 01757	Disputed	128,853.51
VGM Financial Services 1111 W. San Marnan Drive PO Box 1620 Waterloo, IA 50704		126,755.18
First Federal Leasing PO Box 1145 Richmond, IN 47375-1145	Braff Harris & Sukoneck 570 Mt. Pleasant Avenue, Suite 200 P.O. Box 657 Livingston, NJ 07039-0657	103,512.76
NEC Financial SERVICES, LLC 24189 Network Place Chicago, IL 60673-1241	Disputed	101,345.64
Marlin Business Bank Marlin Leasing Attn: Rob Gessner 300 Fellowship Road Mt Laurel, NJ 08054	Disputed	98,084.86
First Corp/IFC Credit Corp 8700 Waukegan Rd Ste 100 Morton Grove, IL 60053		92,911.17
Rolling Hills Properties LLC 5 Aerial Way Suite 100 Syosset, NY 11791	Lamb & Barnosky, LLP P.O. Box 9034 534 Broadhollow Road, Suite 210 Melville, NY 11747	84,899.39

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

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

Date: **July 23, 2009**

Signature: **/s/ David Horowitz**

David Horowitz, President

(Print Name and Title)

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

C&C Homecare Inc.Chapter **11**

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

Registered name and last known address of security holder	Shares (or Percentage)	Security Class (or kind of interest)
David Horowitz 372 Eastwood Road Woodmere, NY 11598	57.930000	Common Stockholder
James Williams 40 Adeline Place Valley Stream, NY 11581	32.070000	Common Stockholder
Stacy Granat 121 Plymouth Road Plainview, NY 11803	10	Common Stockholder

B6 Summary (Form 6 - Summary) (12/07)

**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

C&C Homecare Inc.

Chapter 11

Debtor(s)

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 also must 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)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 1,790,279.40		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 2,563,117.65	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 91,398.54	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	21		\$ 5,553,488.00	
G - Executory Contracts and Unexpired Leases	Yes	5			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No				\$
J - Current Expenditures of Individual Debtor(s)	No				\$
	TOTAL	36	\$ 1,790,279.40	\$ 8,208,004.19	

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

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s)

(If known)

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 the 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				

TOTAL

0.00

(Report also on Summary of Schedules)

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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 the 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	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	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.		JP Morgan Chase Checking Account #: 754562767 Sterling National Bank Checking Account #: 4800007620		3,667.00 2,560.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit with Con Edision Security deposit with LIPA Security Deposit with National Grid		3,575.00 1,225.00 1,410.00
3. Security deposits with Rolling Hills Properties, LLC Landlord for premises at 125 Newtown Road, Plainview, New York				27,346.00
4. Household goods and furnishings, include 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. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
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.	X			

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

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s)

(If known)

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
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 non-negotiable instruments.	X			
16. Accounts receivable.		Accounts receivable		1,108,765.00
17. Alimony, maintenance, support, and property settlements in 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 interest, 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			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Oxygen License Registration with FDA		unknown
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.		Computers Office Equipment		50,000.00 5,000.00
29. Machinery, fixtures, equipment, and supplies used in business.		Forklift and warehouse machinery		30,000.00
30. Inventory.		Inventory		556,731.34

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

IN RE **C&C Homecare Inc.**

Debtor(s)

Case No. _____

(If known)

**SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)**

TYPE OF PROPERTY	NONE	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
31. Animals. 32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X X	Panel with all major insurance companies		0.00
TOTAL				1,790,279.40

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0 continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (12/07)

IN RE **C&C Homecare Inc.**

Debtor(s)

Case No. _____

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

11 U.S.C. § 522(b)(2)

11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
Not Applicable			

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

IN RE **C&C Homecare Inc.**

Debtor(s)

Case No. _____

(If known)

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 the 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 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 Without Deducting Value of Collateral" 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, if Any" 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.

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 7141942301 Citibank 750 Washington Blvd 8th Floor Stamford, CT 06901	X	Line of Credit and Commercial Notes VALUE \$ 3,000,000.00			X	2,382,952.98	
ACCOUNT NO. Sills Cummis & Gross, P.C. Stuart J. Glick, Esq. One Rockerfeller Plaza New York, NY 10020		Assignee or other notification for: Citibank VALUE \$					
ACCOUNT NO. Drive 99 Seaview Boulevard Port Washington, NY 11505		equipment lease VALUE \$ 160,000.00			X	154,991.28	
ACCOUNT NO. 1024659 Medline Industries, Inc. Box 382075 Pittsburgh, PA 15251-8075		Trade Debt VALUE \$ 10,000.00			X	8,391.02	

0 continuation sheets attached

Subtotal
(Total of this page) \$ 2,546,335.28 \$

Total
(Use only on last page) \$ 2,546,335.28 \$

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (12/07)

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s)

(If known)

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 \$10,950* 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 \$5,400* 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 \$2,425* 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).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (12/07) - Cont.

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT		AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			UNLIQUIDATED	DISPUTED			
ACCOUNT NO. NYC Department Of Finance Attn: Legal Affairs - Devora Cohn 345 Adams Street, 3rd Floor Brooklyn, NY 11201		Withholding Tax pay period July 15, 2009			369.58	369.58	
ACCOUNT NO. NYS Dept Of Taxation And Finance Bankruptcy Unit - TCD Bldg 8 Rm 455 W.A. Harriman State Campus Albany, NY 12227		State withholding pay period July 15, 2009			5,072.23	5,072.23	
ACCOUNT NO. United States Of America Secretary Of The Treasury 15th Street And Pennsylvania Avenue, NW Washington, DC 20220		Federal Withholding pay period of July 15, 2009			37,521.05	37,521.05	
ACCOUNT NO. United States Of America Secretary Of The Treasury 15th Street And Pennsylvania Avenue, NW Washington, DC 20220		FICA pay period July 15, 2009			48,435.68	48,435.68	
ACCOUNT NO.							
ACCOUNT NO.							

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Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Totals of this page)

\$ 91,398.54	\$ 91,398.54	\$
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Total
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$ 91,398.54		
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Total
(Use only on last page of the completed Schedule E. If applicable,
report also on the Statistical Summary of Certain Liabilities and Related Data.)

	\$ 91,398.54	\$
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B6F (Official Form 6F) (12/07)

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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 nonpriority claims to report on this Schedule F.

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 15286 Access Staffing, LLC P.O.Box #768-Midtown Station New York, NY 10018		Trade Debt				30,000.00
ACCOUNT NO. The Law Offices Of Perry Ian Tischler PC 38-39 Bell Boulevard Suite 203 Bayside, NY 11361		Assignee or other notification for: Access Staffing, LLC				
ACCOUNT NO. 114570 Action Bag Company Inc. 23894 Network Place Chicago, IL 60673-1238		Trade Debt				1,199.22
ACCOUNT NO. 111232213 ADT Security Services Inc. P.O. Box 371967 Pittsburgh, PA 15250		Alarm Service Invoice				727.28

20 continuation sheets attached

Subtotal
(Total of this page) \$ **31,926.50**

Total
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s) _____

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Law Offices Of Barry Serotta & Associate P.O. Box 1008 Arlington Heights, IL 60006		Assignee or other notification for: ADT Security Services Inc.				
ACCOUNT NO. AEL Financial, LLC 600 N Buffalo Grove Rd Buffalo Grove, IL 60089		Equipment Leases Account Numbers: 28033129, 28045106, 28046909				192,903.09
ACCOUNT NO. 129951765 Airborne Express PO Box 415099 Boston, MA 02241-5099		Mailing Expenses				315.53
ACCOUNT NO. CHN002 Airsep Corporation P.O. Box 1130 Amherst, NY 14226-1074		Trade Debt				10,800.00
ACCOUNT NO. 7038570 Alimed, Inc. Box 9135 Dedham, MA 02027-9135		Trade Debt				9,070.70
ACCOUNT NO. Allied Steel Products Inc. 460 Hawkins Ave Ronkonkoma, NY 11779		Trade Debt - Action Pending in District Court of Suffolk County				8,600.00
ACCOUNT NO. Jacobson O'Sullivan & Zacchea, PLLC 8002 Kew Gardens Road, Suite 307 Kew Gardens, NY 11415		Assignee or other notification for: Allied Steel Products Inc.				

Sheet no. 1 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **221,689.32**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s) _____

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3715-473162-61008 American Express Blue P.O. Box 2855 New York, NY 10116-2855	X	Trade Debt				17,146.08
ACCOUNT NO. American Express Legal Mail Code 01-43-03 200 Vessey St. New York, NY 10285		Assignee or other notification for: American Express Blue				
ACCOUNT NO. American Express Legal P.O.Box 278 Ramsey, NJ 07446		Assignee or other notification for: American Express Blue				
ACCOUNT NO. Asset Enhancement Solutions 130 Shore Road Port Washington, NY 11050		Agreement				0.00
ACCOUNT NO. 11803-032 Atlas Pen & Pencil 3040 N. 29th Avenue P.O. Box 600 Hollywood, FL 33020		Trade Debt				391.45
ACCOUNT NO. ATNM Corp. 130 Woodside Avenue Briarcliff, NY 10510		Trade Debt				661.44
ACCOUNT NO. 80-813149-00 Bank Of The West Equipment Finance 475 Sansome Street 19th Fl San Fransisco, CA 94111		Vehicle and Equipment Lease				198,429.30

Sheet no. 2 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **\$ 216,628.27**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) **\$**

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

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CCH596 Black Box Network Services Box 757520 Philadelphia, PA 19175-7520		Trade Debt				500.00
ACCOUNT NO. Boies, Schiller & Flexner LLP 10 North Pearl Street Fourth Floor Albany, NY 12207		Legal Fees				9,946.03
ACCOUNT NO. Brainstorm Promotions 14 Frederick Drive Plainview, NY 11803		Trade Debt				1,432.05
ACCOUNT NO. 3188 Bryn Mawr Funding Attn: Mecca Hunter 6 South Bryn Mawr Avenue Bryn Mawr, PA 19010		Equipment Leases				51,945.96
ACCOUNT NO. Byram 120 Bloomingdale Road White Plains, NY 10605		Service Contract				13,173.50
ACCOUNT NO. 11042256 Cardinal Health Medical Products P.O. Box 13682 Newark, NJ 07188-0862		Trade Debt				78,350.11
ACCOUNT NO. Cardinal Health Medical Products Debra Willet, BP & General Counsel 7000 Cardinal Place Dublin, OH 43017		Assignee or other notification for: Cardinal Health Medical Products				

Sheet no. 3 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **\$ 155,347.65**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) **\$**

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s) _____

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 600416 Carr Business Systems 130 Spagnolli Drive Melville, NY 11747-3502		Trade Debt				1,004.13
ACCOUNT NO. C&CHOM Cartridge World Attn: Accounts Payable 776 Hempstead Tpke Franklin Square, NY 11010		Trade Debt				1,740.69
ACCOUNT NO. 4798-6070-6400-8758 Chase Credit Card Holding Act. PO Box 15907 Wilmington, DE 19886-5907	X	Revolving Credit				15,020.83
ACCOUNT NO. 780 Cintas 500 So. Research Place Central Islip, NY 11779		Trade Debt				297.94
ACCOUNT NO. Cit Technology Fin Service, Inc 21146 Network Pl Chicago, IL 60673-1211		Equipment Leases Account Numbers: 900-0110501-000 and 900-011501-001			X	18,754.37
ACCOUNT NO. Citibank/CCSI Bankruptcy Department, P.O. Box 20487 7930 NW 110th Street Kansas City, MO 64195-9904		Equipment leases Account Numbers: 9047593004, 904593003, 7143274007, 7143274008, 9047593006, 9047593005, 9961661239, 8065147382				129,883.00
ACCOUNT NO. CoActiv Capital Partners 655 Business Center Drive Ste 250 Horsham, PA 19044		Equipment Leases Account Numbers: 104749, 105617, 105616, 108219, 104065, 104203			X	211,188.22

Sheet no. 4 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **377,889.18**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTROR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Adam S. Barrist, Esq. 1601 Market Street Suite 2600 Philadelphia, PA 19103		Assignee or other notification for: CoActiv Capital Partners			
ACCOUNT NO. Coast To Coast Respiratory, LLC 2710C Exchange Drive Wilmington, NC 28405		Trade Debt			897.30
ACCOUNT NO. 54-4851-1545-006-9 ConEdison JAF STATION P.O. BOX 1702 New York, NY 10116-1702		Utility Invoice			2,278.42
ACCOUNT NO. 506-00060 Diversified Capital Credit Corp 1310 Madrid Street Ste 103 Marshall, MN 56258		Equipment Leases			68,600.88
ACCOUNT NO. Essential Medical Supply, Inc 6420 Hazeltine National Drive Orlando, FL 32822		Trade Debt			2,959.15
ACCOUNT NO. Kross Lieberman & Stone, Inc. P.O. Box 17449 Raleigh, NC 27619		Assignee or other notification for: Essential Medical Supply, Inc			
ACCOUNT NO. 228581 First Corp/IFC Credit Corp 8700 Waukegan Rd Ste 100 Morton Grove, IL 60053		Equipment Leases			92,911.17

Sheet no. 5 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **167,646.92**

Total
(Use only on last page of the completed Schedule F. Report also
on the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s) _____

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 108227 First Federal Leasing PO Box 1145 Richmond, IN 47375-1145		Equipment Leases				103,512.76
ACCOUNT NO. Braff Harris & Sukoneck 570 Mt. Pleasant Avenue, Suite 200 P.O. Box 657 Livingston, NJ 07039-0657		Assignee or other notification for: First Federal Leasing				
ACCOUNT NO. 11848 First Lease Donald Wampler 185 Commerce Dr Unit 102 Fort Washington, PA 19034		Equipment Leases				45,303.92
ACCOUNT NO. C&CH001 First Niagra Bank PO Box 1040 Buffalo, NY 14240		Equipment Leases				216,370.05
ACCOUNT NO. Gary C. Lefkowitz, Esq. Schiller & Knapp, LLP 950 New Loudon Road Latham, NY 12110		Assignee or other notification for: First Niagra Bank				
ACCOUNT NO. CC4886 Glenn Medical Systems PO Box 76831 Cleveland, OH 44101-6500		Trade Debt				752.03
ACCOUNT NO. Law Offices Of Kenneth J. Freed 6611 Valijejan Avenue, #109 Van Nuys, CA 91406		Assignee or other notification for: Glenn Medical Systems				

Sheet no. 6 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **365,938.76**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 120414 Golden Technologies 401 Bridge Street Old Forge, PA 18518		Trade Debt				7,555.16
ACCOUNT NO. Johnson Morgan & White 6800 Broken Sound Parkway Boca Raton, FL 33487-2788		Assignee or other notification for: Golden Technologies				
ACCOUNT NO. NYCC03 Graham-Field Health Products P.O.Box 932768 Atlanta, GA Atlanta, GA 31193		Trade Debt				25,127.30
ACCOUNT NO. Smith Carroad Levy P.C. P.O. Box 49 Commack, NY 11725-0049		Assignee or other notification for: Graham-Field Health Products				
ACCOUNT NO. 1185 Harvy Surgical Supply Corp. 34-35 Collins Place Flushing, NY 11354-2790		Trade Debt				989.10
ACCOUNT NO. HyMark Cylinders 305 E-Street Hampton, VA 23661		Trade Debt				13,280.12
ACCOUNT NO. Indcorp Fiscal Services Inc. 4315 Austin Boulevard Island Park, NY 11558		Trade Debt				17,875.00

Sheet no. 7 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **64,826.68**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5163498610 Independence Medical Mfg., Inc. PO Box 635864 Cincinnati, OH 45263-5864		Trade Debt				3,354.36
ACCOUNT NO. McCarthy Brugess & Wolff The MB&W Building 26000 Cannon Road Cleveland, OH 44146		Assignee or other notification for: Independence Medical Mfg., Inc.				
ACCOUNT NO. 18245 Invacare 1320 Taylor Street Elyria, OH 44035		Trade Debt			X	458,006.10
ACCOUNT NO. Mansour Gavin Gerlack & Manos Co 55 Public Square Suite 2150 Cleveland, OH 44113-1994		Assignee or other notification for: Invacare				
ACCOUNT NO. Ruskin Moscou Faltischek, P.C. 15th Floor 1425 Reckson Plaza Uniondale, NY 10003		Assignee or other notification for: Invacare				
ACCOUNT NO. Invacare Corporation P.O. Box 4028 One Invacare Way Elyria, OH 44036		Equipment Leases/Purchase Contract Account Numbers: 24909973, 24853344, 24853345, 24870189, 24895957, 24887133			X	1,042,692.78
ACCOUNT NO. 8515 Invacare Supply Group Attn: Maria Brady 9 Industrial Road Milford, MA 01757		Equipment Leases/Purchase Agreement Account Numbers: 24909973, 24853344, 24853345, 24870189, 24895957, 24887133			X	128,853.51

Sheet no. 8 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,632,906.75**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

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

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT			AMOUNT OF CLAIM
			UNLIQUIDATED	DISPUTED		
ACCOUNT NO. J&J Pirro, Inc. 160 Middle Road Sayville, NY 11782		Trade Debt				641.84
ACCOUNT NO. NYC12060422 Jani-King of New York, Inc. 532 Broadhollow Road Suite 133 Melville, NY 11747		Trade Debt				4,462.15
ACCOUNT NO. 591175694 Key Equipment Finance PO Box 74713 Cleveland, OH 44194-4713		Equipment Lease				132,136.30
ACCOUNT NO. 445450403102 Keybank P.O. Box 9004 Des Moines, IA 50368-9004	X	Trade Debt				8,568.22
ACCOUNT NO. CCHMC L. I. Locksmith 26 W. Old Country Road Hicksville, NY 11801		Trade Debt				1,923.66
ACCOUNT NO. Communications Credit & Recovery Corp. 100 Garden City Plaza, Suite 222 Garden City, NY 11530		Assignee or other notification for: L. I. Locksmith				
ACCOUNT NO. Leaf Funding, Inc 300 Outlet Pointe Blvd Ste 300B Columbia, SC 29210		Equipment Leases Account Numbers: 38190, 38909, 39701, 40276				441,913.30

Sheet no. 9 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **\$ 589,645.47**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) **\$**

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

IN RE C&C Homecare Inc. Debtor(s) Case No. _____ (If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CCH001 LeMans Industries Corp. P.O. Box 220 Plainview, NY 11803		Trade Debt				2,107.15
ACCOUNT NO. T1437 Letco Medical, Inc. 4468 Reliable Pkwy Chicago, IL 60686		Trade Debt				6,500.00
ACCOUNT NO. Coface Collections North America Inc. P.O. Box 8510 Metairie, LA 70011-8510		Assignee or other notification for: Letco Medical, Inc.				
ACCOUNT NO. Libow Direct, Inc. 347 Fifth Avenue Suite 606B New York, NY 10016		Trade Debt				1,789.60
ACCOUNT NO. A.F.A. Collections P.O. Box 3825 Plymouth, MA 02361		Assignee or other notification for: Libow Direct, Inc.				
ACCOUNT NO. 03948007-00-4 LIPA P.O.Box 888 Hicksville, NY 11802-9685		Utility Invoice				5,285.03
ACCOUNT NO. Long Island Power Authority Brooklyn Union Of Long Island 175 East Old Country Road Hicksville, NY 11801		Assignee or other notification for: LIPA				

Sheet no. 10 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **15,681.78**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

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

IN RE C&C Homecare Inc. Debtor(s) Case No. _____ (If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Ludemann Electric Inc. 465 North Main Street Freeport, NY 11520		Trade Debt				6,640.48
ACCOUNT NO. Joseph L. Hunsberger, Esq. 1000 Park Boulevard, Suite 202 Massapequa Park, NY 11762		Assignee or other notification for: Ludemann Electric Inc.				
ACCOUNT NO. 6H/CCH1& 6J/CCH2 Mack-Cali CW Realty Assoc., LLC PO Box 11679 - Dept 581 Newark, NJ 07101-4679		Lease for Premises at: 200 Clearbrook Road, Elmsford, New York				169,056.64
ACCOUNT NO. 13780200 Mada Medical 625 Washington Ave. Carlstadt, NJ 07072		Trade Debt				2,984.45
ACCOUNT NO. Karmin & Adler, PA Russell S. Adler 6001 Broken Sound Parkway, NW Boca Raton, FL 33487		Assignee or other notification for: Mada Medical				
ACCOUNT NO. 2008-0007 Madison Capital Attn: John Todd 9-D Gwynns Mill Court Owing Mills, MD 21117		Equipment lease				32,508.84
ACCOUNT NO. Robert S. Levy Smith Carroad Levy PC 5036 Jericho Turnpike Commack, NY 11725		Assignee or other notification for: Madison Capital				

Sheet no. 11 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **211,190.41**

Total
(Use only on last page of the completed Schedule F. Report also on
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Summary of Certain Liabilities and Related Data.) \$

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

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s) _____

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6000096726 600-0060461 Manifest Funding Services PO Box 790448 St Louis, MO 63179-0448		Equipment Leases				342,383.83
ACCOUNT NO. 1199933 Marlin Business Bank Marlin Leasing Attn: Rob Gessner 300 Fellowship Road Mt Laurel, NJ 08054		Equipment leases		X		98,084.86
ACCOUNT NO. Master Files 16816 Dallas Parkway Dallas, TX 75248-1919		Trade Debt				263.30
ACCOUNT NO. C11803 Mes, Inc 1968 East US Hwy 90 Seguin, TX 78155		Trade Debt				1,346.95
ACCOUNT NO. IC Commercial Services 4012 Gunn Highway Suite 250 Tampa, FL 33618		Assignee or other notification for: Mes, Inc				
ACCOUNT NO. 117084001 MRK Leasing Ltd 2401 Superior Viaduct 2nd Fl Cleveland, OH 44113		Equipment Leases				53,582.88
ACCOUNT NO. National Waste Services LLC 1863 Harrison Avenue Bayshore, NY 11706		Trade Debt				1,216.00

Sheet no. 12 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **496,877.82**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0391-80006-99-8 NationalGrid PO Box 9037 Hicksville, NY 11802-9037		Trade Debt				2,468.14
ACCOUNT NO. 605949 NEC Financial Services, LLC 24189 Network Place Chicago, IL 60673-1241		Equipment Leases		X		101,345.64
ACCOUNT NO. Nextel Communications P.O.BOX 4181 Carol Stream, IL 60197-4181		Utility Invoice				1,724.56
ACCOUNT NO. Nixon Peabody LLP 50 Jericho Quadrangle, Suite 300 Jericho, NY 11753-2728		Legal Fees				24,868.52
ACCOUNT NO. North Coast Medical Inc. 18305 Sutter Boulevard Morgan Hill, CA 95037-2845		Trade Debt				2,571.04
ACCOUNT NO. NE8752 Northeastern Electrographics Corp. 25 Banfi Plaza North Farmingdale, NY 11735		Trade Debt				2,634.15
ACCOUNT NO. NPA Computers, Inc. 751 Coates Avenue Holbrook, NY 11741		Trade Debt				2,814.48

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Sheet no. 13 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **138,426.53**

Total
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the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. RMS Collections P.O. Box 509 4836 Brecksville Road Richfield, OH 44286		Assignee or other notification for: NPA Computers, Inc.				
ACCOUNT NO. Office Depot P.O. BOX 633211 Cincinnati, OH 45263-3211		Trade Debt				6,916.84
ACCOUNT NO. Office Zone Inc. 19 West Street Spring Valley, NY 10977		Trade Debt				269.95
ACCOUNT NO. 204204 OfficeMax P.O.Box 101705 Atlanta, GA 30392-1705		Trade Debt				1,128.03
ACCOUNT NO. Optimum Lightpath PO Box 360111 Pittsburgh, PA 15251		Utility Invoice			X	16,782.37
ACCOUNT NO. Pitney Bowes Global Financial Services P.O. Box 856460 Louisville, KY 40285-6460		Potential Guarantee				0.00
ACCOUNT NO. P15083 Precision Medical 300 Held Drive Northampton, PA 18067		Trade Debt				4,032.75

Sheet no. 14 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **29,129.94**

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Summary of Certain Liabilities and Related Data.) \$

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IN RE C&C Homecare Inc.

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Avadanian & Adler 6001 Broken Sound Parkway NW, Suite 404 Boca Raton, FL 33487		Assignee or other notification for: Precision Medical				
ACCOUNT NO. Precision Medical Credit Department 300 Held Drive Northampton, PA 18067		Assignee or other notification for: Precision Medical				
ACCOUNT NO. Prodevco Alarms Inc. P.O. Box 222 East Meadow, NY 11554		Alarm Service Invoice				4,791.05
ACCOUNT NO. Puget Sound Leasing A Division Of First Sound Bank P.O. Cox 1295 Issaquah, WA 98027		Potential Guarantee				0.00
ACCOUNT NO. 47183 Resmed P.O. BOX. 534593 Atlanta, GA 30353-4593		Trade Debt				19,256.28
ACCOUNT NO. Meyers Saxon & Cole Counselors At Law 3620 Quentin Road Brooklyn, NY 11234		Assignee or other notification for: Resmed				
ACCOUNT NO. Respironics PO Box 405740 Atlanta, GA 30384-5740		equipment lease			X	12,403.42

Sheet no. 15 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **36,450.75**

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

IN RE C&C Homecare Inc. Debtor(s) Case No. _____ (If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Respro Medical 50 South Center Street Unit 15 Orange, NJ 07050		Trade Debt				2,176.00
ACCOUNT NO. Robert J. Hanafin Inc. P.O. Box 509 204 Washington Avenue Endicott, NY 13671-0509		Trade Debt				1,315.75
ACCOUNT NO. Rolling Hills Properties LLC 5 Aerial Way Suite 100 Syosset, NY 11791		Lease for Premises at: 125 Newton Road, Suite 300 Plainview, NY 11803				84,899.39
ACCOUNT NO. Lamb & Barnosky, LLP P.O. Box 9034 534 Broadhollow Road, Suite 210 Melville, NY 11747		Assignee or other notification for: Rolling Hills Properties LLC				
ACCOUNT NO. 50704832 Ross Products 75 Remittance Dr. - Ste 1310 Chicago, IL 60675		Trade Debt				34,087.71
ACCOUNT NO. 00732-073221 Ryder Transportation 6000 Windward Parkway Alpharetta, GA 30005		Trade Debt				18,572.45
ACCOUNT NO. Ryder Transportation Collection Dept 6000 Windward Parkway Apharetta, GA 30005		Assignee or other notification for: Ryder Transportation				

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Sheet no. 16 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **141,051.30**

Total
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the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

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

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s) _____

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT		AMOUNT OF CLAIM
			UNLIQUIDATED	DISPUTED	
ACCOUNT NO. 10117740 Sammons Preston Inc. P.O. Box 93040 Chicago, IL 60673		Trade Debt			21,097.03
ACCOUNT NO. Joseph Mann & Creed Collection Agency 20600 Chagrin Boulevard Suite 550 Shaker Heights, OH 44122-5340		Assignee or other notification for: Sammons Preston Inc.			
ACCOUNT NO. Schacker Real Estate 48 South Service Road, Suite 103 Melville, NY 11747		Trade Debt			1,314.41
ACCOUNT NO. 14897 Servomex Co. 22195 Network Place Chicago, IL 60673-1221		Trade Debt			392.45
ACCOUNT NO. Sir Speedy 136 Manetto Hill Road Plainview, NY 11803		Trade Debt			4,086.37
ACCOUNT NO. 003-30000400-000 Sovereign Bank 3 Huntington Quad Suite 101 N Melville, NY 11747		Equipment Leases			8,800.82
ACCOUNT NO. 1471587 Staples Dept NY 85106 PO Box 30851 Hartford, CT 06150-0851		Trade Debt			8,031.68

Sheet no. 17 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **43,722.76**

Total
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Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2009Z12-119N State Of New York Office Of The Medicaid Inspector General 800 North Pearl Street Albany, NY 12204		Medicaid Audit Provider ID # 01774363				3,575.96
ACCOUNT NO. 09-1039 State Of New York Office Of The Medicaid Inspector General 800 North Pearl Street Albany, NY 12204		Medicaid Audit Provider ID # 01774363		X		0.00
ACCOUNT NO. 07-2948 State Of New York Office Of The Medicaid Inspector General 217 Broadway, 9th Floor New York, NY 10007		Medicaid Audit Provider ID # 01774363		X		15,000.00
ACCOUNT NO. State Of New York Office Of The Attorney General, Medicaid Fraud Control Unit 300 Motor Parkway, Suite 210 Hauppauge, NY 11788		Medicaid Audit Provider ID # 01774363		X		151,029.00
ACCOUNT NO. 603458 Sunrise Medical Continuing Care Group PO Box 933056 Atlanta, GA 31193-3056		Trade Debt				14,001.99
ACCOUNT NO. Craig W. Relman Co. 26851 Miles Road Suite 204 Cleveland, OH 44128		Assignee or other notification for: Sunrise Medical Continuing Care Group				
ACCOUNT NO. 700733 TAG (The Aftermarket Group) P.O.Box 710302 Cincinnati, OH 45271-0302		Trade Debt				5,543.69

Sheet no. 18 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **189,150.64**

Total
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Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s) _____

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Tri-State Moving Services Inc. 255 Oser Avenue Hauppague, NY 11788		Trade Debt				2,214.00
ACCOUNT NO. NSC 1165420001 TriCenturion Medicare Benefit Integrity Unit P.O. Box 100282 Columbia, SC 29291-3282		Medicare Audit FCN/DCN 06194310200001		X		0.00
ACCOUNT NO. CMS Medicare Administrative Contractor 75 Sgt. William Terry Drive Hingham, MA 02043		Assignee or other notification for: TriCenturion				
ACCOUNT NO. NHIC DME Account Operations Manager 75 William Terry Drive Hingham, MA 02043		Assignee or other notification for: TriCenturion				
ACCOUNT NO. 8014450402 Verilease 2121 SW Broadway, Suite 300 Portland, OR 97201-3181		Equipment Leases				71,580.14
ACCOUNT NO. 516m563768642 Verizon C/O Bankruptcy Group 3900 Washington Stree, Floor1 Wilmington, DE 19802		Trade Debt				3,283.94
ACCOUNT NO. VGM Financial Services 1111 W. San Marnan Drive PO Box 1620 Waterloo, IA 50704		Equipment Leases Account Numbers: 004-4004155-042, 004-400155-044, 004-400415-43, 004-400415-45, 004-400415-40, 004-400415-37, 004-400415-46				126,755.18

Sheet no. 19 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **203,833.26**

Total
(Use only on last page of the completed Schedule F. Report also on
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Summary of Certain Liabilities and Related Data.) \$

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s) _____

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5005496 Wells Fargo Financial Leasing 300 Tri-State International Suite 400 Lincolnshire, IL 60069		Equipment Leases				13,482.72
ACCOUNT NO. Law Office Of Deborah S. Ashen Ltd 217 North Jefferson Street, Suite 600 Chicago, IL 60661		Assignee or other notification for: Wells Fargo Financial Leasing				
ACCOUNT NO. 2014659101, 201459102 Western Alliance Bank 4646 East Van Buren, Suite 125 Phoenix, AZ 85008		Equipment Leases				223,549.56
ACCOUNT NO. 07-8330475 Winters Bros. 1198 Prospect Avenue Westbury, NY 11590		136 East Main Street				3,277.40
ACCOUNT NO. Raymond A. Giusto Law Offices Of Raymond A Giusto, P.C. 136 East Main Street East Islip, NY 11730		Assignee or other notification for: Winters Bros.				
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 20 of 20 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **\$ 240,309.68**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) **\$ 5,570,270.37**

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B6G (Official Form 6G) (12/07)

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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.
Marlin Business Bank Marlin Leasing Attn: Rob Gessner 300 Fellowship Road Mt Laurel, NJ 08054	Equipment Lease
NEC Financial Services, LLC 24189 Network Place Chicago, IL 60673-1241	Equipment Lease
CIT Technology Financial Service Inc. 21146 Network Place Chicago, IL 60673-1211	Equipment Lease
Medline Industries, Inc. P.O. Box 382075 Pittsburgh, PA 15251-8075	Equipment Lease
Drive 99 Seaview Boulevard Port Washington, NY 11050	Equipment Lease
Optimum Lightpath P.O. Box 360111 Pittsburgh, PA 15251	Equipment Lease
Respironics P.O. Box 405740 Atlanta, GA 30384-5740	Equipment Lease
Medline Industries Inc. One Medline Place Mundelein, IL 60060	Equipment Lease
CoActive Capital Partners 655 Business Center Drive, Suite 250 Horsham, PA 19044	Equipment leases
Asset Enhancemtn Solutions, LLC 130 Shore Road Port Washington, NY 11050	Financial Consultant Agreement
Extended Care Concepts, LLC 125 Newton Road, Suite 300 Plainview, NY 11803	Management Agreement
Rolling Hills Properties, LLC 5 Aerial Way, Suite 100 Syosset, NY 11791	Property Lease
Mack-Cali CW Realty Associates, LLC 100 Clearbrook Road Elmsford, NY 10523	Property Lease
NYU Hospital for Joint Diseases 301 East 17th Street New York, NY 10003	Referral Source
1199 National Benefit Fund 330 West 42nd Street - 5th Floor New York, NY 10036	Service Contract
ACS agent for Office fo Workers' Compens ACS-Enrollment Unit Dept Of Labor	Service Contract

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B6G (Official Form 6G) (12/07) - Cont.

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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.
P.O. Box 14600 Tallahassee, FL 32317-4600	
Aetna US Healthcare P.O. Box 981106 El Paso, TX 79998	Service Contract
Affinity Health Plan Gracie Station P.O. Box 811 New York, NY 10028	Service Contract
AMALGAMATED LIFE INS/ALICARE PO Box 1442 New York, NY 10016	Service Contract
Americhoice/United Health Care PO Box 5240 Kingston, NY 12402	Service Contract
Amerigroup New York, LLC P.O. Box 61020 Virginia Beach, VA 23466	Service Contract
ASSURANT HEALTH PO BOX 624 Wilwaukee, WI 53201	Service Contract
BEECH STREET P.O. BOX 704 Buckeystown, MD 21717	Service Contract
BETTER HEALTH 122 East 42nd Street, 21st Floor New York, NY 10168	Service Contract
Care Plus Health 21 Penn Plaza 360 West 31st Street, 5th Floor New York, NY 10001	Service Contract
CareCentrix 2839 Paces Ferry Rd, Suite 900 Atlanta, GA 30339	Service Contract
CenterCare 555 West 57th Street, 18th Floor New York, NY 10019	Service Contract
CHUBB GROUP 55 WATER STREET New York, NY 10041	Service Contract
CMS Medicare 7500 Security Blvd Baltimore, MD 21244	Service Contract
Department of Health Services 225 Rabro Drive East Hauppague, NY 11788-4920	Service Contract
Dept of Health State of New York Empire State Plaza Corning Tower Albany, NY 11237	Service Contract
DMEnson Network Providers PO Box 82000 Rochester, MI 48308-2000	Service Contract

B6G (Official Form 6G) (12/07) - Cont.

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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.
Empire BlueCross BlueShield PO Box 1407 New York, NY 10008	Service Contract
Fidelis Care New York P.O. Box 898 Amherst, NY 14226	Service Contract
FIRST HEALTH PO BOX 23808 Tucson, AZ 85734	Service Contract
GEHA INS PO BOX 4665 Inddpendence, MO 64051	Service Contract
GHI P.O. Box 2874 Ny, NY 10116	Service Contract
GREAT WEST HEALTH 1000 Great West Dr Kennett, MO 63857	Service Contract
Health First P.O. Box 958438 Lake Mary, FL 32795	Service Contract
HomeLink P.O. Box 2817 Waterloo, IA 50704	Service Contract
Horizon Healthcare of New York 100 Garden City Plaza Garden City, NY 11530	Service Contract
Hudson Health Plan 303 South Broadway Tarrytown, NY 10591	Service Contract
INDEPENDENT CARE 257 PARK AVE SOUTH New York, NY 10010	Service Contract
Island Group 3 Toilsone Lane West Hampton, NY 11937	Service Contract
JJ NEWMAN P.O> Box 9021 One Huntington Quadrangle, Suite 2N Melville, NY 11747	Service Contract
LIBERTY HEALTH ADVANTAGE PO BOX 1895 New York, NY 10113	Service Contract
LOCAL 60 140 BROADWAY Hawthorne, NY 10532	Service Contract
MDNY 1 Huntington Quadrangle Melville, NY 11747	Service Contract
Medicaid New Jersey PO Box 4808 Trenton, NJ 08650	Service Contract
Medicaid New York	Service Contract

B6G (Official Form 6G) (12/07) - Cont.

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s)

(If known)

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.
Corning Tower Empire State Plaza Albany, NY 12237	
Medicare PO Box 9150 Hingham, MA 02043-9150	Service Contract
Medicochoice 435 Magnolia Lane N Plymouth, MN 55441	Service Contract
METRA HEALTH PO BOX 3036 Utica, NY 13504	Service Contract
Metro Plus 160 Water St. New York, NY 10038	Service Contract
METROPLUS CARE 160 WATER ST, 4th Floor New York, NY 10038	Service Contract
MUTUAL OF OMAHA MUTUAL OF OMAHA PLAZA Omaha, NE 68175	Service Contract
NATIONAL HEALTH FUND PO BOX 2319 New York, NY 10116	Service Contract
NORTHWOOD NATIONAL PROVIDER NETWORK P.O. Box 3078 Centerline, MI 48015-0078	Service Contract
NY HOSP COM HLTHPLAN 1108 /O ADVICA ATTN: CLAIMS 1750-24 Vets Memorial Highway Islandia, NY 11722	Service Contract
NY Presbyterian P.O. Box 6015 Hauppauge, NY 11788	Service Contract
Oxford P.O. Box 7082 Bridgeport, CT 06601	Service Contract
POMCO P. O. BOX 6329 Syracuse, NY 13217	Service Contract
PRUCARE P.O BOX 2000 Milville, NJ 08332	Service Contract
STRATEGIC RESOURCE PO BOX 23759 Columbia, SC 29224	Service Contract
SUFFOLK HEALTH PLAN PO BOX 6007 Hauppauge, NY 11788	Service Contract
Techhealth 14025 River Edge Drive, Suite 400 Tampa Bay, FL 33637	Service Contract

B6G (Official Form 6G) (12/07) - Cont.

IN RE C&C Homecare Inc.

Case No. _____

Debtor(s)

(If known)

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.
Total Medical Solutions 1280 Upsala Road Sanford, FL 32771	Service Contract
Touchstone Health P.O. Box 21243 Eagan, MN 55121	Service Contract
United Healthcare P.O. Box 740800 Atlanta, GA 30374	Service Contract
United Healthcare of New York Inc./Everc 2 Penn Plaza 7th Floor New York, NY 10121	Service Contract
VNS Choice 1250 Broadway, 11th Floor New York, NY 10001	Service Contract
VNS Choice Community Care 5 Penn Plaza, 12th Floor New York, NY 10121	Service Contract
VNS of New York Home Care 107 East 70th St New York, NY 10021	Service Contract
Principal Life Insurance PO Box 39710 Colorado Springs, CO 80949-3910	Service Contract
Emblem Heath PO Box 2874, New York, NY, 10016	Service Contract
Multi-Plan PO Box 700, New York, NY, 10276	Service Contract
Byram 120 Bloomingdale Road White Plains, NY 10605	Service Contract
NAI/Friedland Realty Inc. 656 Central Park Avenue Yonkers, NY 10704	Sub lease agreement for 200 Clearbrook Road

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

IN RE **C&C Homecare Inc.**

Case No. _____

Debtor(s)

(If known)

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 the 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
<p>David Horowitz 372 Eastwood Road Woodmere, NY 11598</p> <p>Extended Care Concepts LLC 125 Newton Road, Suite 300 Plainview, NY 11803</p> <p>James Williams 40 Adeline Place Valley Stream, NY 11581</p>	<p>Chase Credit Card Holding Act. PO Box 15907 Wilmington, DE 19886-5907</p> <p>American Express Blue P.O. Box 2855 New York, NY 10116-2855</p> <p>Citibank 750 Washington Blvd 8th Floor Stamford, CT 06901</p> <p>Keybank P.O. Box 9004 Des Moines, IA 50368-9004</p>

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

IN RE C&C Homecare Inc. Debtor(s) Case No. _____ (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____ Debtor

Date: _____ Signature: _____ (Joint Debtor, if any) [If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

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 by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer Date

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

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision 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.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the C&C Homecare Inc. (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 37 sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: July 23, 2009 Signature: /s/ David Horowitz

David Horowitz (Print or type name of individual signing on behalf of debtor)

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

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.

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**United States Bankruptcy Court
Eastern District of New York**

IN RE:

Case No. _____

C&C Homecare Inc.

Chapter 11

Debtor(s)

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 and 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 owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

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
6,467,069.00	2007 Gross Revenue
2,000,000.00	2009 Year to Date
4,088,840.00	2008 Gross Revenue

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, 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.)

3. Payments to creditors

Complete a, or b., as appropriate, and c.

None *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.)

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 \$5,475. 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 See Attached Exhibit	DATE OF PAYMENTS/TRANSFERS	AMOUNT PAID	AMOUNT
		OR VALUE OF TRANSFERS 0.00	STILL OWING 0.00

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.)

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
Winter Bros Waste Management Systems, Inc. v. C&C Homecare Index No.: 013492	Civil Action	District Court of the County of Nassau First District : Hempstead	Pending
First Niagara Bank v. C&C Homecare et. al. Index No.: 228473/09	Breach of Lease	Supreme Court of the State of New York County of Rensselaer	Pending
James T. Williams v. C&C et. al. Index No. 17663/208	Shareholder Lawsuit	Supreme Court of the State of New York, Nassau County	Pending
Invacare Corporation et al. v. C&C Homecare et al. Index No.: CV 09-1733	Breach of Leases	United States District Court Eastern District of New York	Pending
Accesss Staffing, LLC v. C&C Homecare Inc., Index No. 009021 CV 2009	Breach of Contract	Supreme Court of the State of New York County of Nassau	Pending
Tri State Moving Services v. C&C Homecare CC00779/09	Small Claims	District Court of Nassau County Fourth District : Hempstead	Pending
Madison Capital, LLC v. C&C Homecare Index No.: 9617/09	Breach of Lease	Supreme Court of the State of New York Country of Nassau	Pending
Citibank, N.A. v. C&C Homecare Inc. et al. Index No.: 60166/09	Breach of Contract	Supreme Court of the State of New York County of New York	Pending
Wells Fargo Bank f/k/a Greater Bay Capital v. C&C Homecare Index No.: 09-1107	Breach of Lease	State of Illinois Circuit Court of the 19th Judicial Circuit Lake County	Pending
CoActive Capital Partners, Inc. v. C&C Index No.: 09-2645	Breach of Lease	United States District Court for the Eastern District of Pennsylvania	Pending
Madison Capital, LLC v. C&C Homecare Index No.: 9617/09	Breach of Lease	Supreme Court of the State of New York County of Nassau	Pending
Allied Steel Products Inc. v. C&C Homecare Inc. Index No.: 009887/09	Breach of Contract	District Court of the County of Suffolk; First District	Pending
VGM Financial Services v. C&C Homecare et al. Index No. LACV107654	Breach of Contract	Iowa District Court for Black Hawk County	Pending

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American Express Bank FSB v. consumer credit transaction
 David Horowitz and C&C
 Homecare
 Index No.: 09-11936

Supreme Court of the State of Pending
 New York
 County of Nassau

Rolling Hills Properties LLC v. Notice of Petition to Recover
 C&C Homecare, Inc. Real Property
 Index No.: 4057/2009

District Court of the County of Pending
 Nassau
 First District : Hempstead Part

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.)

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.)

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 joint petition is not filed.)

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.)

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.)

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.)

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 bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
LaMonica Herbst & Maniscalco, LLP 3305 Jerusalem Avenue, Suite 201 Wantagh, NY 11793	Various	20,000.00

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.)

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.

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.)

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.)

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.)

14. Property held for another person

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

15. Prior address of debtor

- None If 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.

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.

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.
- 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.
- 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.

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.

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.

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 the 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 the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

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.

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.

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

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.

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

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.

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
David Horowitz 372 Eastwood Road Woodmere, NY 11598	President	57.93%
James Williams 40 Adeline Place Valley Stream, NY 11581		32.07
Stacey Granat	Treasurer/Secretary	10%

121 Plymouth Road
Plainview, NY 11803

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.

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
James Williams 40 Adeline Place Valley Stream, NY 11581	Director	2008

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
David Horowitz 372 Eastwood Road Woodmere, NY 11598 President	2008 annual compensation (Note: Amount reflects annual total amount paid from Debtor and Related Debtor)	\$156,000.00
Stacy Granat 121 Plymouth Road Plainview, NY 11803 Vice President/Secretary	2008 annual compensation (Note: Amount reflects annual total amount paid from Debtor and Related Debtor)	\$123,516.65
David Horowitz 372 Eastwood Road Woodmere, NY 11598 President	2009 Year to Date Compensation (Note: Amount reflects annual total amount paid from Debtor and Related Debtor)	\$84,916.70
Stacy Granat 121 Plymouth Road Plainview, NY Treasurer/Secretary	2009 Year to Date compensation (Note: Amount reflects annual total amount paid from Debtor and Related Debtor)	72,299.96

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.

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.

[If completed on behalf of a partnership or corporation]

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: July 23, 2009 Signature: /s/ David Horowitz

David Horowitz, President

Print Name and Title

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

0 continuation pages attached

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.