



Debtor **Place for Achieving Total Health Medical, P.C**  
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6219

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor	<b>Eric Braverman</b>	Relationship	<b>Owner</b>
District	<b>SDNY</b>	When	<b>3/06/17</b>
		Case number, if known	<b>17-10524</b>

Debtor **Place for Achieving Total Health Medical, P.C** Case number (if known) \_\_\_\_\_  
Name

11. **Why is the case filed in this district?** *Check all that apply:*
- Debtor has had its domicile, 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.
  - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**
- No
  - Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
  - It needs to be physically secured or protected from the weather.
  - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
  - Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- No
  - Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. **Debtor's estimation of available funds** *Check one:*
- Funds will be available for distribution to unsecured creditors.
  - After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

15. **Estimated Assets**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. **Estimated liabilities**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

Debtor **Place for Achieving Total Health Medical, P.C**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 4, 2017**  
MM / DD / YYYY

**X /s/ Eric Braverman, M.D.**  
Signature of authorized representative of debtor  
  
Title **President**

**Eric Braverman, M.D.**  
Printed name

**18. Signature of attorney**

**X /s/ Michael D. Siegel**  
Signature of attorney for debtor

Date **December 4, 2017**  
MM / DD / YYYY

**Michael D. Siegel**  
Printed name

**Siegel & Siegel, P.C.**  
Firm name

**One Penn Plaza  
Suite 2414  
New York, NY 10119**  
Number, Street, City, State & ZIP Code

Contact phone \_\_\_\_\_ Email address \_\_\_\_\_

Bar number and State \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name Place for Achieving Total Health Medical, P.C  
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK  
Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 4, 2017

X /s/ Eric Braverman, M.D.  
Signature of individual signing on behalf of debtor

Eric Braverman, M.D.  
Printed name

President  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Place for Achieving Total Health Medical, P.C**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
304 Pas Owner LLC c/o DENNIS H. MCCOBERY, ESQ. 675 THIRD AVENUE New York, NY 10017		lease	Disputed			\$1,546,110.09
All Covered 18th Floor, 115 Broadway New York, NY 10006		copier machine				\$93,213.38
Anazao Health c/o Ralph Marcadis 5710 Hoover Boulevard Tampa, FL 33634		health insurance				\$386,419.80
Board of Managers of the 200 C Belkin Burden Wenig & Goldman, 270 Madison Avenue New York, NY 10016		condo common charges				\$120,325.99
CIT Financing Services One CIT Drive Livingston, NJ 07039		equipment lease				\$56,513.84
Citibank P.O. Box 769004 San Antonio, TX 78245		loan				\$2,027,233.21
Goldman Johnson 500 Fifth Avenue, Suite 1400 New York, NY 10110		legal				\$100,000.00
Health Pass New York 80 Pine St New York, NY 10005		insurance				\$58,946.60

Debtor **Place for Achieving Total Health Medical, P.C**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
IHeart Media PO Box 419499 Boston, MA 02241		radio ads				\$102,995.00
Itria Ventures Ramit Arora 462 7th Avenue New York, NY 10018		loan				\$1,265,496.17
Kohil's Pharmacy 12759 Q Street Omaha, NE 68137		hormone supplies				\$125,498.00
Konica Minolta Meyers, Saxon & Cole 3620 Quentin Rd. Brooklyn, NY 11234		equipment				\$93,213.38
New Logic Capital 2015 Vaughn Road NW Kennesaw, GA 30144		loan				\$65,289.00
NYC Dept. of Finance 59 maiden Lane 19th Floor New York, NY 10038		taxes				\$63,041.22
Rainbow Diet and Wellness Cent 185 Madison Avenue New York, NY		services				\$73,048.00
RRBB 111 Dunnell Rd. #100 Maplewood, NJ 07040		accountants				\$100,000.00
Savoy Bank 600 Fifth Avenue New York, NY 10020		loan				\$138,711.49
TBF Financial LLC Spilotro Law Group 6160 N. Cicero Chicago, IL 60646		loan				\$116,927.80
University Compounding Pharmac 6054 Livernois Rd Troy, MI 48098		supplies				\$244,471.00
WABC 3280 PEACHTREE ROAD, NW Atlanta, GA 30305		ads				\$55,833.86

**Fill in this information to identify the case:**

Debtor name Place for Achieving Total Health Medical, P.C

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. <b>Schedule A/B: Assets-Real and Personal Property</b> (Official Form 206A/B)		
1a. <b>Real property:</b>		
Copy line 88 from <i>Schedule A/B</i> .....	\$	<u>0.00</u>
1b. <b>Total personal property:</b>		
Copy line 91A from <i>Schedule A/B</i> .....	\$	<u>1,000.00</u>
1c. <b>Total of all property:</b>		
Copy line 92 from <i>Schedule A/B</i> .....	\$	<u>1,000.00</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)		
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$	<u>0.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)		
3a. <b>Total claim amounts of priority unsecured claims:</b>		
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$	<u>111,031.95</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b>		
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$	<u>7,554,197.14</u>
4. <b>Total liabilities</b> .....		
Lines 2 + 3a + 3b	\$	<u>7,665,229.09</u>





Debtor Place for Achieving Total Health Medical, P.C Case number (If known) \_\_\_\_\_  
Name

12. **Total of Part 3.**  
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

<b>\$0.00</b>
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**Part 4: Investments**

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture used furniture</b>	Unknown	N/A	\$1,000.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

<b>\$1,000.00</b>
-------------------

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
- Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No
- Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

Debtor Place for Achieving Total Health Medical, P.C Case number (if known) \_\_\_\_\_  
Name

- No. Go to Part 9.
- Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
- Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets various trademarks for company logos, etc.	\$0.00	N/A	\$0.00

- 61. Internet domain names and websites
- 62. Licenses, franchises, and royalties
- 63. Customer lists, mailing lists, or other compilations
- 64. Other intangibles, or intellectual property
- 65. Goodwill

66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89. \$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?  
 No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?  
 No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?  
 No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?  
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Debtor Place for Achieving Total Health Medical, P.C Case number (If known) \_\_\_\_\_  
Name

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**  
**Path Medical PC and Place for Achieving Total Health Medical PC vs Darya Braverman**  
**New York Supreme Court Index 650476/2015 Claim**  
**Amount: \$2 Million**  
**Defendant's Attorney: Jamie Schreck. 212 W 35, 13Fl, NY, NY 212-590-6800 x333**

Unknown

Nature of claim advances  
Amount requested \$2,000,000.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- No
- Yes

Debtor Place for Achieving Total Health Medical, P.C Case number (if known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$1,000.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$1,000.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$1,000.00</u>

**Fill in this information to identify the case:**

Debtor name Place for Achieving Total Health Medical, P.C

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Fill in this information to identify the case:**

Debtor name Place for Achieving Total Health Medical, P.C

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206E/F**  
**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>IRS</b> <b>P.O. Box 37004</b> <b>Hartford, CT 06176</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$47,990.73</u>	<u>\$47,990.73</u>
	Date or dates debt was incurred	Basis for the claim: <b>payroll taxes</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>NYC Dept. of Finance</b> <b>59 maiden Lane</b> <b>19th Floor</b> <b>New York, NY 10038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$63,041.22</u>	<u>\$63,041.22</u>
	Date or dates debt was incurred	Basis for the claim: <b>taxes</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Place for Achieving Total Health Medical, P.C Case number (if known) \_\_\_\_\_  
Name

3.1 Nonpriority creditor's name and mailing address **304 Pas Owner LLC**  
**c/o DENNIS H. MCCOBERY, ESQ.**  
**675 THIRD AVENUE**  
**New York, NY 10017**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,546,110.09**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: lease  
Is the claim subject to offset?  No  Yes

3.2 Nonpriority creditor's name and mailing address **5W Public Relations LLC**  
**Zinkovetsky Law Firm**  
**1166 Ave of the Americas, 4th**  
**New York, NY 10036**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$37,919.75**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: PR firm  
Is the claim subject to offset?  No  Yes

3.3 Nonpriority creditor's name and mailing address **Acena**  
**PO Box 789050**  
**Philadelphia, PA 19178**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,459.48**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: phone system  
Is the claim subject to offset?  No  Yes

3.4 Nonpriority creditor's name and mailing address **All Covered**  
**18th Floor, 115 Broadway**  
**New York, NY 10006**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$93,213.38**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: copier machine  
Is the claim subject to offset?  No  Yes

3.5 Nonpriority creditor's name and mailing address **Anazao Health**  
**c/o Ralph Marcadis**  
**5710 Hoover Boulevard**  
**Tampa, FL 33634**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$386,419.80**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: health insurance  
Is the claim subject to offset?  No  Yes

3.6 Nonpriority creditor's name and mailing address **Andrew J. Spinnell**  
**295 Madison Avenue, 12th Floor**  
**New York, NY 10017**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,700.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: legal  
Is the claim subject to offset?  No  Yes

3.7 Nonpriority creditor's name and mailing address **Aqua Extreme**  
**150 Broadway # 1816**  
**New York, NY 10038**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$228.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes



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3.8	Nonpriority creditor's name and mailing address <b>Ari Teman Jason T. Prueher, Zeldes, Need 1000 Lafayette Blvd. Bridgeport, CT 06601</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.9	Nonpriority creditor's name and mailing address <b>Board of Managers of the 200 C Belkin Burden Wenig &amp; Goldman, 270 Madison Avenue New York, NY 10016</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>condo common charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$120,325.99</u>
3.10	Nonpriority creditor's name and mailing address <b>Capnet P.O. Box 16206 Irvine, CA 92623</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,649.32</u>
3.11	Nonpriority creditor's name and mailing address <b>CIT Financing Services One CIT Drive Livingston, NJ 07039</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$56,513.84</u>
3.12	Nonpriority creditor's name and mailing address <b>Citibank P.O. Box 769004 San Antonio, TX 78245</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,027,233.21</u>
3.13	Nonpriority creditor's name and mailing address <b>Clifton Budd Demaria 350 5th Avenue, Suite 6110 New York, NY</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal services on labor claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
3.14	Nonpriority creditor's name and mailing address <b>Complete Medical Services Johnson Morgan and White 6800 Broken Sound Parkway Boca Raton, FL</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PATH medical center</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,937.16</u>

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Name

3.15 Nonpriority creditor's name and mailing address **Cumulus Media**  
**2 Pennsylvania Plaza #17**  
**New York, NY 10121**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$34,874.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: ads  
Is the claim subject to offset?  No  Yes

3.16 Nonpriority creditor's name and mailing address **Dariusz Konopka**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$13,140.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: subcontractor massage therapy  
Is the claim subject to offset?  No  Yes

3.17 Nonpriority creditor's name and mailing address **Darya Braverman**  
**99 Warren Street**  
**#5D**  
**New York, NY 10007**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: divorce action  
Is the claim subject to offset?  No  Yes

3.18 Nonpriority creditor's name and mailing address **Desonics**  
**3060 Ocean Avenue-LP**  
**Brooklyn, NY 11235**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$50,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: radiology  
Is the claim subject to offset?  No  Yes

3.19 Nonpriority creditor's name and mailing address **Electro Cap**  
**1011 W. Lexington Road**  
**Eaton, OH 45320**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$6,894.74**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: CES supplies  
Is the claim subject to offset?  No  Yes

3.20 Nonpriority creditor's name and mailing address **Federal Express**  
**PO Box 371461**  
**Pittsburgh, PA 15250**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$19,984.28**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: shipping  
Is the claim subject to offset?  No  Yes

3.21 Nonpriority creditor's name and mailing address **Foundation**  
**Platzer, Swergold, Levine, Gol**  
**475 Park Avenue South, 18th Fl**  
**New York, NY 10016**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$20,683.61**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: loan  
Is the claim subject to offset?  No  Yes

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3.22 Nonpriority creditor's name and mailing address **Gary Wachtel** As of the petition filing date, the claim is: *Check all that apply.* \$14,223.58  
 Contingent  
 Unliquidated  
Date(s) debt was incurred \_\_\_\_\_  Disputed  
Last 4 digits of account number \_\_\_\_\_ Basis for the claim: legal  
Is the claim subject to offset?  No  Yes

3.23 Nonpriority creditor's name and mailing address **Gary Wachtel** As of the petition filing date, the claim is: *Check all that apply.* \$7,892.00  
**450 Seventh Avenue, Suite 1905**  
**New York, NY 10123**  
 Contingent  
Date(s) debt was incurred \_\_\_\_\_  Unliquidated  
Last 4 digits of account number \_\_\_\_\_  Disputed  
Basis for the claim: legal  
Is the claim subject to offset?  No  Yes

3.24 Nonpriority creditor's name and mailing address **GE Capital** As of the petition filing date, the claim is: *Check all that apply.* \$9,603.00  
**901 Main Ave**  
**Norwalk, CT 06851**  
 Contingent  
Date(s) debt was incurred \_\_\_\_\_  Unliquidated  
Last 4 digits of account number \_\_\_\_\_  Disputed  
Basis for the claim: equipment  
Is the claim subject to offset?  No  Yes

3.25 Nonpriority creditor's name and mailing address **GE Finance** As of the petition filing date, the claim is: *Check all that apply.* \$1,000.00  
**299 Park Ave #3**  
**New York, NY 10171**  
 Contingent  
Date(s) debt was incurred \_\_\_\_\_  Unliquidated  
Last 4 digits of account number \_\_\_\_\_  Disputed  
Basis for the claim: equipment  
Is the claim subject to offset?  No  Yes

3.26 Nonpriority creditor's name and mailing address **GE Healthcare IITS USA Corp.** As of the petition filing date, the claim is: *Check all that apply.* \$11,427.45  
**15724 Collections Center Drive**  
**Chicago, IL 60693**  
 Contingent  
Date(s) debt was incurred \_\_\_\_\_  Unliquidated  
Last 4 digits of account number \_\_\_\_\_  Disputed  
Basis for the claim: medical billing software license  
Is the claim subject to offset?  No  Yes

3.27 Nonpriority creditor's name and mailing address **Goldman Johnson** As of the petition filing date, the claim is: *Check all that apply.* \$100,000.00  
**500 Fifth Avenue, Suite 1400**  
**New York, NY 10110**  
 Contingent  
Date(s) debt was incurred \_\_\_\_\_  Unliquidated  
Last 4 digits of account number \_\_\_\_\_  Disputed  
Basis for the claim: legal  
Is the claim subject to offset?  No  Yes

3.28 Nonpriority creditor's name and mailing address **Greenberg Traurig** As of the petition filing date, the claim is: *Check all that apply.* \$1,750.00  
**200 Park Avenue**  
**New York, NY 10166**  
 Contingent  
Date(s) debt was incurred \_\_\_\_\_  Unliquidated  
Last 4 digits of account number \_\_\_\_\_  Disputed  
Basis for the claim: legal  
Is the claim subject to offset?  No  Yes

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Name

3.29 Nonpriority creditor's name and mailing address **Guardian - 666967  
PO Box 14319  
Lexington, KY 40512** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: dental insurance  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.30 Nonpriority creditor's name and mailing address **Haran Inc.  
65 Court St  
White Plains, NY 10601** As of the petition filing date, the claim is: *Check all that apply.* **\$2,680.00**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: forms  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.31 Nonpriority creditor's name and mailing address **Health Pass New York  
80 Pine St  
New York, NY 10005** As of the petition filing date, the claim is: *Check all that apply.* **\$58,946.60**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: insurance  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.32 Nonpriority creditor's name and mailing address **Hologic, Inc.  
36 Apple Ridge Rd  
Danbury, CT 06810** As of the petition filing date, the claim is: *Check all that apply.* **\$2,549.00**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: equipment  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.33 Nonpriority creditor's name and mailing address **Humana  
500 W. Main Street  
Louisville, KY 40202** As of the petition filing date, the claim is: *Check all that apply.* **\$461.00**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: insurance  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.34 Nonpriority creditor's name and mailing address **HVL LLC  
112 Technology Drive  
Pittsburgh, PA 15275** As of the petition filing date, the claim is: *Check all that apply.* **\$43,288.91**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: lab  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.35 Nonpriority creditor's name and mailing address **IHeart Media  
PO Box 419499  
Boston, MA 02241** As of the petition filing date, the claim is: *Check all that apply.* **\$102,995.00**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_ Basis for the claim: radio ads  
Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

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Name

3.36	Nonpriority creditor's name and mailing address <b>Itria Ventures Ramit Arora 462 7th Avenue New York, NY 10018</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,265,496.17</u>
3.37	Nonpriority creditor's name and mailing address <b>Johnson, Morgan &amp; White 6800 Broken Sound Parkway Boca Raton, FL 33487</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$37,687.00</u>
3.38	Nonpriority creditor's name and mailing address <b>Kohil's Pharmacy 12759 Q Street Omaha, NE 68137</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>hormone supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$125,498.00</u>
3.39	Nonpriority creditor's name and mailing address <b>Konica Minolta Meyers, Saxon &amp; Cole 3620 Quentin Rd. Brooklyn, NY 11234</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$93,213.38</u>
3.40	Nonpriority creditor's name and mailing address <b>Lenox Hill Hospital 100 E 77th St New York, NY 10075</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,406.00</u>
3.41	Nonpriority creditor's name and mailing address <b>Lifesource Irrigation 214 W 30th, Store Front 1 New York, NY 10001</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>fountain maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,199.73</u>
3.42	Nonpriority creditor's name and mailing address <b>Metagenics 25 Enterprise #200 Aliso Viejo, CA 92656</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,809.00</u>

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3.43 Nonpriority creditor's name and mailing address **MLS**  
**Law Offices of Jack Posner**  
**1100 Franklin Ave # 305**  
**Garden City, NY 11530**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$17,658.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: lease default  
Is the claim subject to offset?  No  Yes

3.44 Nonpriority creditor's name and mailing address **Multi Radiance Medical/ Medica**  
**6521 Davis Industrial Pkwy**  
**Solon, OH 44139**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$10,744.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: laser equipment  
Is the claim subject to offset?  No  Yes

3.45 Nonpriority creditor's name and mailing address **MyTech Solutions**  
**501 Franklin Ave Ste 200**  
**Garden City, NY 11530**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$2,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: tech support  
Is the claim subject to offset?  No  Yes

3.46 Nonpriority creditor's name and mailing address **Nathan Schwed**  
**1211 Avenue of the Americas**  
**40th Floor**  
**New York, NY 10036**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: legal  
Is the claim subject to offset?  No  Yes

3.47 Nonpriority creditor's name and mailing address **New Jersey Advance Media**  
**485 US-1**  
**Iselin, NJ 08830**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$22,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: ads  
Is the claim subject to offset?  No  Yes

3.48 Nonpriority creditor's name and mailing address **New Jersey Advanced Media**  
**Biehl & Biehl, Inc.**  
**PO Box 87410**  
**Carol Stream, IL 60188**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$36,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: radio ads  
Is the claim subject to offset?  No  Yes

3.49 Nonpriority creditor's name and mailing address **New Logic Capital**  
**2015 Vaughn Road NW**  
**Kennesaw, GA 30144**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$65,289.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: loan  
Is the claim subject to offset?  No  Yes

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3.50 Nonpriority creditor's name and mailing address **New York Law Journal**  
**120 Broadway, 5th Floor**  
**New York, NY 10271**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$503.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: ads  
Is the claim subject to offset?  No  Yes

3.51 Nonpriority creditor's name and mailing address **NJ Medical Consultant-DeBlasio**  
**14-14 Bonnie Lane**  
**Bayside, NY 11360**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,500.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: expert  
Is the claim subject to offset?  No  Yes

3.52 Nonpriority creditor's name and mailing address **Olga Gilmartin**  
**Bruno Patrick Bianchi**  
**9010 157th Ave**  
**Howard Beach, NY 11414**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$47,819.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: labor claim  
Is the claim subject to offset?  No  Yes

3.53 Nonpriority creditor's name and mailing address **Pacific Risk and Financial**  
**P.O. Box 66501**  
**Saint Louis, MO 63166**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,189.40**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: malpractice premium  
Is the claim subject to offset?  No  Yes

3.54 Nonpriority creditor's name and mailing address **Pacific Risk and Financial**  
**P.O. Box 66501**  
**Saint Louis, MO 63166**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$34,005.51**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: malpractice insurance for braverman  
Is the claim subject to offset?  No  Yes

3.55 Nonpriority creditor's name and mailing address **Pitney Bowes**  
**PO Box 371874**  
**Pittsburgh, PA 15250**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,131.95**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: stamps  
Is the claim subject to offset?  No  Yes

3.56 Nonpriority creditor's name and mailing address **Rainbow Diet and Wellness Cent**  
**185 Madison Avenue**  
**New York, NY**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$73,048.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: services  
Is the claim subject to offset?  No  Yes

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3.57 Nonpriority creditor's name and mailing address **Rodale Books**  
**P.O. Box 7023**  
**Emmaus, PA 18098**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$919.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: books  
Is the claim subject to offset?  No  Yes

3.58 Nonpriority creditor's name and mailing address **Rosenberg, Rick, Baker**  
**111 Dunnell Rd # 100**  
**Maplewood, NJ 07040**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,732.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: accountant  
Is the claim subject to offset?  No  Yes

3.59 Nonpriority creditor's name and mailing address **RRBB**  
**111 Dunnell Rd. #100**  
**Maplewood, NJ 07040**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: accountants  
Is the claim subject to offset?  No  Yes

3.60 Nonpriority creditor's name and mailing address **Sair Johan Intel Fitness**  
**460 W 149th St Apt #5**  
**New York, NY 10031**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$7,367.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: services  
Is the claim subject to offset?  No  Yes

3.61 Nonpriority creditor's name and mailing address **Salem Media**  
**Kazlow & Kazlow**  
**237 West 35th St.**  
**New York, NY 10001**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$27,120.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: radio ads  
Is the claim subject to offset?  No  Yes

3.62 Nonpriority creditor's name and mailing address **Santander Bank**  
**450 Penn St**  
**Reading, PA 19602**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$15,670.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: loan  
Is the claim subject to offset?  No  Yes

3.63 Nonpriority creditor's name and mailing address **Savoy Bank**  
**600 Fifth Avenue**  
**New York, NY 10020**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$138,711.49**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: loan  
Is the claim subject to offset?  No  Yes



Debtor Place for Achieving Total Health Medical, P.C Case number (if known) \_\_\_\_\_  
Name

3.64 Nonpriority creditor's name and mailing address **Sivyer Barlow Watson**  
401 East Jackson St. #2225  
Tampa, FL 33602  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: legal  
Is the claim subject to offset?  No  Yes

3.65 Nonpriority creditor's name and mailing address **Stericycle**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,392.11**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: medical waste  
Is the claim subject to offset?  No  Yes

3.66 Nonpriority creditor's name and mailing address **TBF Financial LLC**  
**Spilotro Law Group**  
6160 N. Cicero  
Chicago, IL 60646  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$116,927.80**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: loan  
Is the claim subject to offset?  No  Yes

3.67 Nonpriority creditor's name and mailing address **Telequest Communications**  
71 E Eckerson Rd  
Spring Valley, NY 10977  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$8,803.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: phone  
Is the claim subject to offset?  No  Yes

3.68 Nonpriority creditor's name and mailing address **The Hartford**  
690 Asylum Avenue  
Hartford, CT 06155  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$16,274.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: insurance  
Is the claim subject to offset?  No  Yes

3.69 Nonpriority creditor's name and mailing address **The Tova Company**  
3321 W Cerritos Ave  
Los Alamitos, CA 90720  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,196.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: supplies  
Is the claim subject to offset?  No  Yes

3.70 Nonpriority creditor's name and mailing address **Thorson Insurance**  
29899 Agoura Rd #110  
Agoura Hills, CA 91301  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$10,617.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: broker  
Is the claim subject to offset?  No  Yes

Debtor Place for Achieving Total Health Medical, P.C Case number (if known) \_\_\_\_\_  
Name

3.71 Nonpriority creditor's name and mailing address **Time Payment - 3323472**  
**1600 District Ave., Suite 200**  
**Burlington, MA 01803**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$2,062.10**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: water cooler  
Is the claim subject to offset?  No  Yes

3.72 Nonpriority creditor's name and mailing address **University Compounding Pharmac**  
**6054 Livernois Rd**  
**Troy, MI 48098**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$244,471.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: supplies  
Is the claim subject to offset?  No  Yes

3.73 Nonpriority creditor's name and mailing address **University Specialty Drugs**  
**1842 Third Ave**  
**San Diego, CA 92101**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$24,070.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: supplies  
Is the claim subject to offset?  No  Yes

3.74 Nonpriority creditor's name and mailing address **Verizon**  
**PO Box 15124**  
**Albany, NY 12212**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,846.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: phone  
Is the claim subject to offset?  No  Yes

3.75 Nonpriority creditor's name and mailing address **Vincent Amato**  
**275 N. Middletown Rd**  
**Suite 1H**  
**Pearl River, NY 10965**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$8,771.00**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: legal  
Is the claim subject to offset?  No  Yes

3.76 Nonpriority creditor's name and mailing address **Virtual Officeware LLC**  
**2000 CliffMine Rd, Suite 510**  
**Pittsburgh, PA 15275**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$22,930.22**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: records management  
Is the claim subject to offset?  No  Yes

3.77 Nonpriority creditor's name and mailing address **WABC**  
**3280 PEACHTREE ROAD, NW**  
**Atlanta, GA 30305**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$55,833.86**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: ads  
Is the claim subject to offset?  No  Yes

Debtor <b>Place for Achieving Total Health Medical, P.C</b> Name		Case number (if known) _____	
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo - 7809138-001</b> <b>Chiesa Shahinian</b> <b>11 Times Square, 31st Fl.</b> <b>New York, NY 10036</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>computer loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,292.48</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo -Acct #603-0105215</b> <b>Wells Fargo Equipment Finance</b> <b>800 Walnut St</b> <b>Des Moines, IA 50309</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>copy machine</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,014.39</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>William and Ann McCord</b> <b>122 Flipper Ave</b> <b>Manahawkin, NJ 08050</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>refund</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,000.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>World Class Business products</b> <b>Les Schneiderman</b> <b>48-49 35th St</b> <b>Long Island City, NY 11101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>office supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,122.00</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>XO Communications</b> <b>8851 Sandy Parkway</b> <b>Sandy, UT 84070</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>phone</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,135.00</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>YP Yellow pages</b> <b>Schwartz &amp; Stafford, P.A.</b> <b>8625 Crown Crescent Court</b> <b>Charlotte, NC 28227</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>ads</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,619.36</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Debtor Name	Case number (if known)	
Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 <b>Anthony I. Giacobbe Jr, Zeichner Ellman &amp; Krause 1211 Avenue of the Americas New York, NY 10036</b>	Line <b>3.12</b> <input type="checkbox"/> Not listed. Explain _____	—
4.2 <b>Hindin &amp; Deutsch 110 East 59th Street New York, NY 10022</b>	Line <b>3.17</b> <input type="checkbox"/> Not listed. Explain _____	—
4.3 <b>Kevin J. Nash, Esq. Goldberg Weprin Finkel Goldste 1501 Broadway, 22nd Floor New York, NY 10036</b>	Line <b>3.17</b> <input type="checkbox"/> Not listed. Explain _____	—
4.4 <b>Life Extension Realty, LLC 304 Park Avenue South New York, NY 10010</b>	Line <b>3.1</b> <input type="checkbox"/> Not listed. Explain _____	—
4.5 <b>Meyers Saxon &amp; Cole 3620 Quentin Rd Brooklyn, NY 11234</b>	Line <b>3.4</b> <input type="checkbox"/> Not listed. Explain _____	—
4.6 <b>Scott S. Markowitz, Esq. TARTER KRINSKY &amp; DROGIN LLP 1350 Broadway, 11th Floor New York, NY 10018</b>	Line <b>3.17</b> <input type="checkbox"/> Not listed. Explain _____	—
4.7 <b>Simon J. Miller, Esq. Blank Rome LLP 405 Lexington Avenue New York, NY 10174</b>	Line <b>3.17</b> <input type="checkbox"/> Not listed. Explain _____	—
4.8 <b>Stewart Smith, Esq. Belkin Burden Wenig &amp; Goldman, 270 Madison Avenue New York, NY 10016</b>	Line <b>3.17</b> <input type="checkbox"/> Not listed. Explain _____	—
4.9 <b>Susan Bender Bender &amp; Rosenthal 451 Park Avenue S. New York, NY 10016</b>	Line <b>3.17</b> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <b>111,031.95</b>
5b. Total claims from Part 2	5b. + \$ <b>7,554,197.14</b>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <b>7,665,229.09</b>

**Fill in this information to identify the case:**

Debtor name Place for Achieving Total Health Medical, P.C

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

<b>2. List all contracts and unexpired leases</b>	<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
---	---

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

---

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

---

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

---

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

---

**Fill in this information to identify the case:**

Debtor name Place for Achieving Total Health Medical, P.C

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206H  
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor name Place for Achieving Total Health Medical, P.C

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2017 to **Filing Date**

Operating a business  
 Other \_\_\_\_\_

Unknown

**For prior year:**  
From 1/01/2016 to 12/31/2016

Operating a business  
 Other \_\_\_\_\_

Unknown

**For year before that:**  
From 1/01/2015 to 12/31/2015

Operating a business  
 Other \_\_\_\_\_

Unknown

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Place for Achieving Total Health Medical, P.C** Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
<b>Simon J. Miller, Esq. Blank Rome LLP 405 Lexington Avenue New York, NY 10174</b>	<b>Miller gets all revenue under a matrimonial order, and refuses to account for revenue, pay bills, or otherwise operate the business.</b>		<b>Unknown</b>

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>304 PAS OWNER llc v Life Extension Realty LLC, Path Medical P.C., Total Health Nutrients Inc., Bioreference Laboratories 59863/17</b>	eviction	<b>Civil Court New York County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. <b>5W PR v. Eric Braverman and Path Medical PC 655510/2016</b>	collection	<b>Supreme Court New York County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. <b>All Covered &amp; Konica Minolta Business Solutions USA dba Konica Minolta v. Path Medical PC 515713/2015</b>	collection	<b>Supreme Court Kings County</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4. <b>Olga Gilmartin v. Path Medical PC and Eric Braverman 161809/2013</b>	malpractice	<b>Supreme Court New York County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded



Debtor **Place for Achieving Total Health Medical, P.C**

Case number (if known) \_\_\_\_\_

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	<b>New Jersey Advanced Media v Path Medical P.C. 511740/17</b>	collection	<b>Supreme Court Kings County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	<b>TBF Financial LLC v. Path Medical P.C. Case No. 17M1 117507</b>	Collection	<b>circuit court of cook county, municipal Chicago</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	<b>Path Medical PC and Place for Achieving Total Health Medical PC vs Darya Braverman 650476/2015</b>	Lien	<b>Supreme Court New York County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	<b>Anazahealth Corp v Place for Achieving Total Health Medical PC Case No. 13-CA-014935</b>	Collection	<b>13th Judicial Cir Hillsborough County, FL</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	<b>Citibank v Place for Achieving Total Health Medical PC, Total Health Nutrients Inc, Total Health Nutrients LLC, Eric Braverman 652371/15</b>	collection	<b>Supreme Court New York County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	<b>Foundation Group LLC as assignee of Foundation, Inc. v. Place for Achieving Total Health Medical, P.C. d/b/a Place for Achieving Total Health Medical PC and Eric Braverman Index No. 004602-2017</b>	collection	<b>Civil Court New York County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	<b>Labor Dept State of NY v Eric Braverman &amp; Place for Achieving Total Health Medical PC</b>	wage case	<b>Labor Dept New York County</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	<b>MLS Funding Corp. v Place for Achieving Total Health Medical P.C. aka Place for Achieving Total Health Medical P.C. and Eric R Braverman 158082/2013</b>	collection	<b>Supreme Court New York County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13	<b>Salem Media v Place for Achieving Total Health Medical 155028/2016</b>	collection	<b>Supreme Court New York County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.14	<b>All Covered &amp; Konica Minolta Business Solutions USA dba Konica Minolta v. Path Medical PC 515713/2015</b>	collection	<b>Supreme Court Kings County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Place for Achieving Total Health Medical, P.C** Case number (if known) \_\_\_\_\_

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.15 Ari Teman v Path Medical P.C., Eric Braverman, M.D., Richard Smayda, D.O., Sandip Buch, M.D. and Total Health Nutrients. 805410/2014	collection	Supreme Court New York County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.16 Board of Managers of the 200 Chambers St Condominium v. Eric Braverman, Darya Braverman, Raoul Felder, Susan Bender, John Does 1-5 162556/2015	collection	Supreme Court New York County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.17 Wells Fargo Vendor Financial Services v Path Medical PC, 158752/2017	collection	Supreme Court New York County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.18 YP, LLC D/B/A YELLOWPAGES.COM vs. PATH MEDICAL PC Civil Action No. 17CV4474	collection	Superior Court of Dekalb County Atlanta, GA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.19 Path Medical PC and Place for Achieving Total Health Medical PC vs Darya Braverman 650476/2015	recovery of advances	Supreme Court New York County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and Address	Describe the property receiver	Value										
Simon J. Miller, Esq. Blank Rome LLP 405 Lexington Avenue New York, NY 10174	<table border="1"> <thead> <tr> <th>Case title</th> <th>Court name and address</th> </tr> </thead> <tbody> <tr> <td>Braverman v. Braverman</td> <td>Supreme Court</td> </tr> <tr> <th>Case number</th> <td>New York County</td> </tr> <tr> <td>306221/11</td> <td></td> </tr> <tr> <th>Date of order or assignment</th> <td></td> </tr> </tbody> </table>	Case title	Court name and address	Braverman v. Braverman	Supreme Court	Case number	New York County	306221/11		Date of order or assignment		Unknown
Case title	Court name and address											
Braverman v. Braverman	Supreme Court											
Case number	New York County											
306221/11												
Date of order or assignment												

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Debtor **Place for Achieving Total Health Medical, P.C** Case number (if known) \_\_\_\_\_

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 - diagnosing or treating injury, deformity, or disease, or  
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.  
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Debtor **Place for Achieving Total Health Medical, P.C** Case number (if known) \_\_\_\_\_

**Facility name and address**

**Nature of the business operation, including type of services the debtor provides**

**If debtor provides meals and housing, number of patients in debtor's care 1000+**

15.1. **Path Medical, P.C.  
304 Park Avenue South  
New York, NY**

**Doctors office**

**Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.  
304 Park Avenue South, NY, NY**

**How are records kept?**

Check all that apply:

Electronically

Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
- Yes. State the nature of the information collected and retained.

**Medical records and contact information and insurance information**

Does the debtor have a privacy policy about that information?

No

Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Debtor **Place for Achieving Total Health Medical, P.C**

Case number (if known) \_\_\_\_\_

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
New Jersey warehouse	Eric Braverman	Patient records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No.  
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Debtor **Place for Achieving Total Health Medical, P.C**

Case number (if known) \_\_\_\_\_

<b>Business name address</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
		<b>Dates business existed</b>

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. <b>Diana Mohyi, Esq. 304 Park Avenue South New York, NY 10010</b>	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
<b>Eric Braverman</b>	<b>200 Chambers Street Apt. #26C New York, NY 10007</b>	<b>sole officer and shareholder</b>	<b>100</b>

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

No

Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor Place for Achieving Total Health Medical, P.C Case number (if known) \_\_\_\_\_

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 4, 2017

/s/ Eric Braverman, M.D.  
Signature of individual signing on behalf of the debtor

Eric Braverman, M.D.  
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

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

In re Place for Achieving Total Health Medical, P.C  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

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

For legal services, I have agreed to accept .....	\$	<u>5,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>5,000.00</u>
Balance Due .....	\$	<u>0.00</u>

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

Debtor  Other (specify): **Debtor's brother. The Debtor and its owner have no access to funds under existing matrimonial order**

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

Debtor  Other (specify): **Debtor's brother**

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

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

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

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

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

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

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

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

December 4, 2017  
Date

/s/ Michael D. Siegel  
**Michael D. Siegel**  
*Signature of Attorney*  
**Siegel & Siegel, P.C.**  
**One Penn Plaza**  
**Suite 2414**  
**New York, NY 10119**  
\_\_\_\_\_  
*Name of law firm*



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

In re Place for Achieving Total Health Medical, P.C

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Eric Braverman 200 Chambers Street Apt. 26C New York, NY 10007</b>		<b>200</b>	<b>shareholder</b>

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

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

Date December 4, 2017

Signature /s/ Eric Braverman, M.D.

**Eric Braverman, M.D.**

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

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

In re Place for Achieving Total Health Medical, P.C Case No. \_\_\_\_\_  
Debtor(s) Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: December 4, 2017

/s/ Eric Braverman, M.D.  
**Eric Braverman, M.D./President**  
Signer/Title

304 PAS OWNER LLC  
C/O DENNIS H. MCCOBERY, ESQ.  
675 THIRD AVENUE  
NEW YORK, NY 10017

5W PUBLIC RELATIONS LLC  
ZINKOVETSKY LAW FIRM  
1166 AVE OF THE AMERICAS, 4TH  
NEW YORK, NY 10036

ACENA  
PO BOX 789050  
PHILADELPHIA, PA 19178

ALL COVERED  
18TH FLOOR, 115 BROADWAY  
NEW YORK, NY 10006

ANAZAO HEALTH  
C/O RALPH MARCADIS  
5710 HOOVER BOULEVARD  
TAMPA, FL 33634

ANDREW J. SPINNELL  
295 MADISON AVENUE, 12TH FLOOR  
NEW YORK, NY 10017

ANTHONY I. GIACOBBE JR,  
ZEICHNER ELLMAN & KRAUSE  
1211 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

AQUA EXTREME  
150 BROADWAY # 1816  
NEW YORK, NY 10038

ARI TEMAN  
JASON T. PRUEHER, ZELDES, NEED  
1000 LAFAYETTE BLVD.  
BRIDGEPORT, CT 06601

BOARD OF MANAGERS OF THE 200 C  
BELKIN BURDEN WENIG & GOLDMAN,  
270 MADISON AVENUE  
NEW YORK, NY 10016

CAPNET  
P.O. BOX 16206  
IRVINE, CA 92623

CIT FINANCING SERVICES  
ONE CIT DRIVE  
LIVINGSTON, NJ 07039

CITIBANK  
P.O. BOX 769004  
SAN ANTONIO, TX 78245

CLIFTON BUDD DEMARIA  
350 5TH AVENUE, SUITE 6110  
NEW YORK, NY

COMPLETE MEDICAL SERVICES  
JOHNSON MORGAN AND WHITE  
6800 BROKEN SOUND PARKWAY  
BOCA RATON, FL

CUMULUS MEDIA  
2 PENNSYLVANIA PLAZA #17  
NEW YORK, NY 10121

DARIUSZ KONOPKA

DARYA BRAVERMAN  
99 WARREN STREET  
#5D  
NEW YORK, NY 10007

DESONICS  
3060 OCEAN AVENUE-LP  
BROOKLYN, NY 11235

ELECTRO CAP  
1011 W. LEXINGTON ROAD  
EATON, OH 45320

FEDERAL EXPRESS  
PO BOX 371461  
PITTSBURGH, PA 15250

FUNDATION  
PLATZER, SWERGOLD, LEVINE, GOL  
475 PARK AVENUE SOUTH, 18TH FL  
NEW YORK, NY 10016

GARY WACHTEL  
450 SEVENTH AVENUE, SUITE 1905  
NEW YORK, NY 10123

GE CAPITAL  
901 MAIN AVE  
NORWALK, CT 06851

GE FINANCE  
299 PARK AVE #3  
NEW YORK, NY 10171

GE HEALTHCARE IITS USA CORP.  
15724 COLLECTIONS CENTER DRIVE  
CHICAGO, IL 60693

GOLDMAN JOHNSON  
500 FIFTH AVENUE, SUITE 1400  
NEW YORK, NY 10110

GREENBERG TRAURIG  
200 PARK AVENUE  
NEW YORK, NY 10166

GUARDIAN - 666967  
PO BOX 14319  
LEXINGTON, KY 40512

HARAN INC.  
65 COURT ST  
WHITE PLAINS, NY 10601

HEALTH PASS NEW YORK  
80 PINE ST  
NEW YORK, NY 10005

HINDIN & DEUTSCH  
110 EAST 59TH STREET  
NEW YORK, NY 10022

HOLOGIC, INC.  
36 APPLE RIDGE RD  
DANBURY, CT 06810

HUMANA  
500 W. MAIN STREET  
LOUISVILLE, KY 40202

HVL LLC  
112 TECHNOLOGY DRIVE  
PITTSBURGH, PA 15275

IHEART MEDIA  
PO BOX 419499  
BOSTON, MA 02241

IRS  
P.O. BOX 37004  
HARTFORD, CT 06176

ITRIA VENTURES  
RAMIT ARORA  
462 7TH AVENUE  
NEW YORK, NY 10018

JOHNSON, MORGAN & WHITE  
6800 BROKEN SOUND PARKWAY  
BOCA RATON, FL 33487

KEVIN J. NASH, ESQ.  
GOLDBERG WEPRIN FINKEL GOLDSTE  
1501 BROADWAY, 22ND FLOOR  
NEW YORK, NY 10036

KOHIL'S PHARMACY  
12759 Q STREET  
OMAHA, NE 68137

KONICA MINOLTA  
MEYERS, SAXON & COLE  
3620 QUENTIN RD.  
BROOKLYN, NY 11234

LENOX HILL HOSPITAL  
100 E 77TH ST  
NEW YORK, NY 10075

LIFE EXTENSION REALTY, LLC  
304 PARK AVENUE SOUTH  
NEW YORK, NY 10010

LIFESOURCE IRRIGATION  
214 W 30TH, STORE FRONT 1  
NEW YORK, NY 10001

METAGENICS  
25 ENTERPRISE #200  
ALISO VIEJO, CA 92656

MEYERS SAXON & COLE  
3620 QUENTIN RD  
BROOKLYN, NY 11234

MLS  
LAW OFFICES OF JACK POSNER  
1100 FRANKLIN AVE # 305  
GARDEN CITY, NY 11530

MULTI RADIANCE MEDICAL/ MEDICA  
6521 DAVIS INDUSTRIAL PKWY  
SOLON, OH 44139

MYTECH SOLUTIONS  
501 FRANKLIN AVE STE 200  
GARDEN CITY, NY 11530

NATHAN SCHWED  
1211 AVENUE OF THE AMERICAS  
40TH FLOOR  
NEW YORK, NY 10036

NEW JERSEY ADVANCE MEDIA  
485 US-1  
ISELIN, NJ 08830

NEW JERSEY ADVANCED MEDIA  
BIEHL & BIEHL, INC.  
PO BOX 87410  
CAROL STREAM, IL 60188

NEW LOGIC CAPITAL  
2015 VAUGHN ROAD NW  
KENNESAW, GA 30144

NEW YORK LAW JOURNAL  
120 BROADWAY, 5TH FLOOR  
NEW YORK, NY 10271

NJ MEDICAL CONSULTANT-DEBLASIO  
14-14 BONNIE LANE  
BAYSIDE, NY 11360

NYC DEPT. OF FINANCE  
59 MAIDEN LANE  
19TH FLOOR  
NEW YORK, NY 10038

OLGA GILMARTIN  
BRUNO PATRICK BIANCHI  
9010 157TH AVE  
HOWARD BEACH, NY 11414

PACIFIC RISK AND FINANCIAL  
P.O. BOX 66501  
SAINT LOUIS, MO 63166

PACIFIC RISK AND FINANCIAL  
P.O. BOX 66501  
SAINT LOUIS, MO 63166

PITNEY BOWES  
PO BOX 371874  
PITTSBURGH, PA 15250

RAINBOW DIET AND WELLNESS CENT  
185 MADISON AVENUE  
NEW YORK, NY



RODALE BOOKS  
P.O. BOX 7023  
EMMAUS, PA 18098

ROSENBERG, RICK, BAKER  
111 DUNNELL RD # 100  
MAPLEWOOD, NJ 07040

RRBB  
111 DUNNELL RD. #100  
MAPLEWOOD, NJ 07040

SAIR JOHAN INTEL FITNESS  
460 W 149TH ST APT #5  
NEW YORK, NY 10031

SALEM MEDIA  
KAZLOW & KAZLOW  
237 WEST 35TH ST.  
NEW YORK, NY 10001

SANTANDER BANK  
450 PENN ST  
READING, PA 19602

SAVOY BANK  
600 FIFTH AVENUE  
NEW YORK, NY 10020

SCOTT S. MARKOWITZ, ESQ.  
TARTER KRINSKY & DROGIN LLP  
1350 BROADWAY, 11TH FLOOR  
NEW YORK, NY 10018

SIMON J. MILLER, ESQ.  
BLANK ROME LLP  
405 LEXINGTON AVENUE  
NEW YORK, NY 10174

SIVYER BARLOW WATSON  
401 EAST JACKSON ST. #2225  
TAMPA, FL 33602

STERICYCLE

STEWART SMITH, ESQ.  
BELKIN BURDEN WENIG & GOLDMAN,  
270 MADISON AVENUE  
NEW YORK, NY 10016

SUSAN BENDER  
BENDER & ROSENTHAL  
451 PARK AVENUE S.  
NEW YORK, NY 10016

TBF FINANCIAL LLC  
SPILOTRO LAW GROUP  
6160 N. CICERO  
CHICAGO, IL 60646

TELEQUEST COMMUNICATIONS  
71 E ECKERSON RD  
SPRING VALLEY, NY 10977

THE HARTFORD  
690 ASYLUM AVENUE  
HARTFORD, CT 06155

THE TOVA COMPANY  
3321 W CERRITOS AVE  
LOS ALAMITOS, CA 90720

THORSON INSURANCE  
29899 AGOURA RD #110  
AGOURA HILLS, CA 91301

TIME PAYMENT - 3323472  
1600 DISTRICT AVE., SUITE 200  
BURLINGTON, MA 01803

UNIVERSITY COMPOUNDING PHARMAC  
6054 LIVERNOIS RD  
TROY, MI 48098

UNIVERSITY SPECIALTY DRUGS  
1842 THIRD AVE  
SAN DIEGO, CA 92101

VERIZON  
PO BOX 15124  
ALBANY, NY 12212

VINCENT AMATO  
275 N. MIDDLETOWN RD  
SUITE 1H  
PEARL RIVER, NY 10965

VIRTUAL OFFICEWARE LLC  
2000 CLIFFMINE RD, SUITE 510  
PITTSBURGH, PA 15275

WABC  
3280 PEACHTREE ROAD, NW  
ATLANTA, GA 30305

WELLS FARGO - 7809138-001  
CHIESA SHAHINIAN  
11 TIMES SQUARE, 31ST FL.  
NEW YORK, NY 10036

WELLS FARGO -ACCT #603-0105215  
WELLS FARGO EQUIPMENT FINANCE  
800 WALNUT ST  
DES MOINES, IA 50309

WILLIAM AND ANN MCCORD  
122 FLIPPER AVE  
MANAHAWKIN, NJ 08050

WORLD CLASS BUSINESS PRODUCTS  
LES SCHNEIDERMAN  
48-49 35TH ST  
LONG ISLAND CITY, NY 11101

XO COMMUNICATIONS  
8851 SANDY PARKWAY  
SANDY, UT 84070

YP YELLOW PAGES  
SCHWARTZ & STAFFORD, P.A.  
8625 CROWN CRESCENT COURT  
CHARLOTTE, NC 28227

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

In re Place for Achieving Total Health Medical, P.C

Debtor(s)

Case No.

Chapter

11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Place for Achieving Total Health Medical, P.C in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Eric Braverman  
200 Chambers Street  
Apt. 26C  
New York, NY 10007**

None [*Check if applicable*]

**December 4, 2017**

Date

**/s/ Michael D. Siegel**

**Michael D. Siegel**

Signature of Attorney or Litigant

Counsel for **Place for Achieving Total Health Medical, P.C**

**Siegel & Siegel, P.C.**

**One Penn Plaza**

**Suite 2414**

**New York, NY 10119**