

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Joseph L. Maddi Physician, PC	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 26-1428815	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 4225 Maple Road Buffalo, NY	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 14226-1039	ZIP Code
County of Residence or of the Principal Place of Business: Erie	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

<p align="center">Type of Debtor (Form of Organization) (Check one box)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<p align="center">Nature of Business (Check one box)</p> <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> <p align="center">Tax-Exempt Entity (Check box, if applicable)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<p align="center">Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <p align="center">Nature of Debts (Check one box)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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<p align="center">Filing Fee (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p align="center">Chapter 11 Debtors</p> Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<p>Statistical/Administrative Information</p> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY																				
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	
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<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Joseph L. Maddi Physician, PC
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

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

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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

Name of Debtor(s):
Joseph L. Maddi Physician, PC

Signatures

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

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

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

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X **/s/ FREDERICK J. GAWRONSKI**
Signature of Attorney for Debtor(s)

FREDERICK J. GAWRONSKI 2767549
Printed Name of Attorney for Debtor(s)

COOK & GAWRONSKI, P.C.
Firm Name

OLYMPIC TOWERS
300 PEARL STREET, STE. 335
BUFFALO, NY 14202-3613

Address

716-854-6800 Fax: 716-854-3020
Telephone Number

October 27, 2010
Date

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

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

Address

X _____
Date

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

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

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

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

Signature of Debtor (Corporation/Partnership)

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

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

X **/s/ Joseph L. Maddi**
Signature of Authorized Individual

Joseph L. Maddi
Printed Name of Authorized Individual

President
Title of Authorized Individual

October 27, 2010
Date

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

In re Joseph L. Maddi Physician, PC

Debtor(s)

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
AAA Abbott Answering Bureau, Inc. PO Box 342 Buffalo, NY 14218	AAA Abbott Answering Bureau, Inc. PO Box 342 Buffalo, NY 14218	Trade debt		1,722.21
ACS PO Box 371821 Pittsburgh, PA 15250-7821	ACS PO Box 371821 Pittsburgh, PA 15250-7821	Trade debt		1,035.00
Blue Cross & Blue Shield PO Box 5132 Buffalo, NY 14240-5132	Blue Cross & Blue Shield PO Box 5132 Buffalo, NY 14240-5132			6,511.28
Catholic Health Systems Marion Professional Center 515 Abbott Road Buffalo, NY 14220	Catholic Health Systems Marion Professional Center 515 Abbott Road Buffalo, NY 14220			12,620.75
Chase Home Finance PO Box 15298 Wilmington, DE 19850	Chase Home Finance PO Box 15298 Wilmington, DE 19850	Credit card purchases		1,749.97
Community Computer Service Inc. PO Box 980 Auburn, NY 13021	Community Computer Service Inc. PO Box 980 Auburn, NY 13021	Trade debt		2,481.07
Dopkins & Co, LLP 200 International Drive Buffalo, NY 14221	Dopkins & Co, LLP 200 International Drive Buffalo, NY 14221	Accounting and Tax Preparation Fees		15,500.00
Dopkins Medical Solutions, LLC 200 International Drive Buffalo, NY 14221	Dopkins Medical Solutions, LLC 200 International Drive Buffalo, NY 14221	Medical Billing Services		34,813.52
IHA Settlement Agreement 511 Farber Lakes Drive Buffalo, NY 14221	IHA Settlement Agreement 511 Farber Lakes Drive Buffalo, NY 14221	Settlement		36,178.28
Internal Revenue Service Insolvency Unit 130 S. Elmwood Avenue Buffalo, NY 14202	Internal Revenue Service Insolvency Unit 130 S. Elmwood Avenue Buffalo, NY 14202	Installment Loan Agreement		10,000.00

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Joseph L. Maddi 260 Curley Drive Orchard Park, NY 14127	Joseph L. Maddi 260 Curley Drive Orchard Park, NY 14127	Loan		706.86
NAS Sign Company 1828 Elmwood Avenue Buffalo, NY 14207	NAS Sign Company 1828 Elmwood Avenue Buffalo, NY 14207	Trade debt		706.75
National Grid 300 Erie Blvd West Syracuse, NY 13202	National Grid 300 Erie Blvd West Syracuse, NY 13202	Utilities		708.70
Network Services, LLC 2065 Kensington Avenue Buffalo, NY 14226	Network Services, LLC 2065 Kensington Avenue Buffalo, NY 14226	Trade debt		2,013.06
New York State Tax Compliance Division Nassau D.O. 175 Fulton Avenue Hempstead, NY 11550-3797	New York State Tax Compliance Division Nassau D.O. Hempstead, NY 11550-3797	Payroll Tax		8,434.90
New York State Tax Compliance Division Nassau D.O. 175 Fulton Avenue Hempstead, NY 11550-3797	New York State Tax Compliance Division Nassau D.O. Hempstead, NY 11550-3797	Employment Taxes		837.30
Pitney Bowes PO Box 856042 Louisville, KY 40285-6042	Pitney Bowes PO Box 856042 Louisville, KY 40285-6042	Trade debt		939.38
Seacoast Medical, LLC Action Capital PO Box 56346 Atlanta, GA 30343	Seacoast Medical, LLC Action Capital PO Box 56346 Atlanta, GA 30343	Trade debt		3,399.50
Shred It 440 Lawrence Bell Drive Suite 2 Buffalo, NY 14221	Shred It 440 Lawrence Bell Drive Suite 2 Buffalo, NY 14221	Trade debt		688.39
Verizon PO Box 15124 Albany, NY 12212-5124	Verizon PO Box 15124 Albany, NY 12212-5124			988.53

In re Joseph L. Maddi Physician, PC
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A 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 and that it is true and correct to the best of my information and belief.

Date October 27, 2010

Signature /s/ Joseph L. Maddi
Joseph L. Maddi
President

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

AAA Abbott Answering Bureau, Inc.
PO Box 342
Buffalo, NY 14218

ACS
PO Box 371821
Pittsburgh, PA 15250-7821

American Medical Association
PO Box 4198
Carol Stream, IL 60197-9788

American Progressive Life & Health Ins
PO Box 13667
Pensacola, FL 32591

Blue Cross & Blue Shield
PO Box 5132
Buffalo, NY 14240-5132

Catholic Health Systems
Marion Professional Center
515 Abbott Road
Buffalo, NY 14220

Central Copier Services
285 Kenmore Avenue
Buffalo, NY 14223

Chase Home Finance
PO Box 15298
Wilmington, DE 19850

Cintas Corporation # 782
PO Box 630910
Cincinnati, OH 45263-0910

Community Computer Service Inc.
PO Box 980
Auburn, NY 13021

Crystal Rock, LLC
PO Box 10028
Waterbury, CT 06725-0028

Delage Landen
PO Box 41602
Philadelphia, PA 19101-1602

Dopkins & Co, LLP
200 International Drive
Buffalo, NY 14221

Dopkins Medical Solutions, LLC
200 International Drive
Buffalo, NY 14221

F&O Associates, LLC
2952 Seneca Street
Buffalo, NY 14224

General Counsel
Blue Cross & Blue Shield
257 W. Genessee Street
Buffalo, NY 14202

IHA Settlement Agreement
511 Farber Lakes Drive
Buffalo, NY 14221

Independent Health
Refund
501 Farber Lakes Drive
Buffalo, NY 14221

Internal Revenue Service
Insolvency Unit
130 S. Elmwood Avenue
Buffalo, NY 14202

Jean Ryan
100 Longfellow Court
Tonawanda, NY 14150-8017

John Gares, Esq.
The Gares Law Firm, LLP
465 Main Street
Suite 160
Buffalo, NY 14203

Joseph L. Maddi
260 Curley Drive
Orchard Park, NY 14127

Med Four, LLC
2430 North Forest Road
Suite 140
Getzville, NY 14068

Meritain Health Recovery Dept
PO Box 1260
Buffalo, NY 14226

Mr. Telephone Man
84 Jeffrey Drive
Upper
Depew, NY 14043

NALC Health Benefit Plan
20547 Waverly Ct
Ashburn, VA 20149-0001

NAS Sign Company
1828 Elmwood Avenue
Buffalo, NY 14207

National Fuel
PO Box 4103
Buffalo, NY 14224-3449

National Grid
300 Erie Blvd West
Syracuse, NY 13202

Network Services, LLC
2065 Kensington Avenue
Buffalo, NY 14226

New York State
Tax Compliance Division
Nassau D.O.
175 Fulton Avenue
Hempstead, NY 11550-3797

Pitney Bowes
PO Box 856042
Louisville, KY 40285-6042

PMIC
4727 Wilshire Boulevard
Los Angeles, CA 90010

PSS World Medical, Inc.
2444 Innovation Way
Rochester, NY 14624

Ruthann Foley
394 Lincoln Parkway
Lockport, NY 14094

Seacoast Medical, LLC
Action Capital
PO Box 56346
Atlanta, GA 30343

Shred It
440 Lawrence Bell Drive
Suite 2
Buffalo, NY 14221

Stericycle, Inc.
PO Box 9001590
Louisville, KY 40290-1590

The Hartford
PO Box 2907
Hartford, CT 06104-2907

Time Warner Cable
PO Box 994
Buffalo, NY 14270

Verizon
PO Box 15124
Albany, NY 12212-5124

Verizon Wireless
PO Box 408
Newark, NJ 07101-0408