

**United States Bankruptcy Court  
Northern District of Ohio**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>First Choice Homecare, Inc.</b>	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)/Complete EIN (if more than one, state all) <b>34-1876809</b>	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): <b>601C Towpath Broadview Heights, OH</b> ZIP Code <b>44147</b>	Street Address of Joint Debtor (No. and Street, City, and State):  ZIP Code
County of Residence or of the Principal Place of Business: <b>Cuyahoga</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):  ZIP Code	Mailing Address of Joint Debtor (if different from street address):  ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
--	---

<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>First Choice Homecare, Inc.</b>
---	--

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	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: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></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;"><b>Exhibit B</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><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
---	--

**Exhibit C**

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

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

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):  
**First Choice Homecare, Inc.**

**Signatures**

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

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

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

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

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

(Check only one box.)

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

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

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Mary Ann Rabin  
Signature of Attorney for Debtor(s)

Mary Ann Rabin (0000009)  
Printed Name of Attorney for Debtor(s)

Rabin & Rabin Co. LPA  
Firm Name

55 Public Square  
Suite 1510  
Cleveland, OH 44113  
Address

216-771-8084 Fax: (216) 771-4615  
Telephone Number

September 27, 2013  
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/ Wayne J. Meyer  
Signature of Authorized Individual

Wayne J. Meyer  
Printed Name of Authorized Individual

President  
Title of Authorized Individual

September 27, 2013  
Date

**United States Bankruptcy Court  
Northern District of Ohio**

In re First Choice Homecare, Inc.

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>
American Capital Group 8105 Irvine Center Dr. Suite 250 Irvine, CA 92618	American Capital Group 8105 Irvine Center Dr. Suite 250 Irvine, CA 92618	Three leases for business equipment		27,610.60
Financial Pacific PO Box 4568 Federal Way, WA 98063	Financial Pacific PO Box 4568 Federal Way, WA 98063	Four leases for business equipment		53,453.22
Fisher & Paykel Bank of America 12724 Collections Dr. Chicago, IL 60693	Fisher & Paykel Bank of America 12724 Collections Dr. Chicago, IL 60693	Business debt		60,000.00
Gulf South PO Box 841968 Dallas, TX 75264	Gulf South PO Box 841968 Dallas, TX 75264	Business debt		155,448.00
Independence Medical PO Box 74569 Cleveland, OH 44194	Independence Medical PO Box 74569 Cleveland, OH 44194	Business debt		33,100.10
Integrated Medical Systems 12600 Holiday Dr. Alsip, IL 60803	Integrated Medical Systems 12600 Holiday Dr. Alsip, IL 60803	Business debt presently in litigation -	Disputed	600,000.00
IRS 1240 East 9th Street Room 493 Cleveland, OH 44199-2001	IRS 1240 East 9th Street Room 493 Cleveland, OH 44199-2001	941 Payroll taxes first and second quarters of 2013		134,461.00
Linde Gas North America LLC 6055 Rockside Woods Blvd. Independence, OH 44131	Linde Gas North America LLC 6055 Rockside Woods Blvd. Independence, OH 44131	Business debt	Disputed	507,000.00
Mallincrodt, Inc. 15 Hampshire Street Mansfield, MA 02048	Mallincrodt, Inc. 15 Hampshire Street Mansfield, MA 02048	Business debt		27,637.78
Medical Specialties Dis., LLC PO Box 11407 Dept. #1729 Birmingham, AL 35246-1729	Medical Specialties Dis., LLC PO Box 11407 Dept. #1729 Birmingham, AL 35246-1729	Business debt		29,082.56

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Medline PO Box 92301 Chicago, IL 60675-2301	Medline PO Box 92301 Chicago, IL 60675-2301	Business debt		43,000.00
Padco Financial Services 1328 Main Street Crete, IL 60417	Padco Financial Services 1328 Main Street Crete, IL 60417	Five leases for business equipment		27,307.95
Pawnee 700 Centre Ave. Fort Collins, CO 80526	Pawnee 700 Centre Ave. Fort Collins, CO 80526	Two leases for business equipment		22,099.70
Quality Medical South 7411 114th Ave. Largo, FL 33773	Quality Medical South 7411 114th Ave. Largo, FL 33773	Business debt		23,283.00
RC Specialties PO Box 1257 10315 E. Grand River Ave. Brighton, MI 48116	RC Specialties PO Box 1257 10315 E. Grand River Ave. Brighton, MI 48116	Business debt		50,000.00
Resmed PO Box 51054 Los Angeles, CA 90051-5354	Resmed PO Box 51054 Los Angeles, CA 90051-5354	Business debt		39,900.00
Smiths Medical 5200 Upper Metro Place Suite 200 Dublin, OH 43017	Smiths Medical 5200 Upper Metro Place Suite 200 Dublin, OH 43017	Business debt		41,036.95
Trace 20020 Tyler St., NW Elk River, MN 55330	Trace 20020 Tyler St., NW Elk River, MN 55330	Business debt		60,000.00
VGM 1111 West San Marnan Dr. PO Box 2817 Waterloo, IA 50704	VGM 1111 West San Marnan Dr. PO Box 2817 Waterloo, IA 50704	Twenty four leases for business equipment		430,055.40
Wells Fargo 300 Tristate International Suite 400 Lincolnshire, IL 60069	Wells Fargo 300 Tristate International Suite 400 Lincolnshire, IL 60069	Three leases for business equipment		29,204.46

**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 September 27, 2013Signature /s/ Wayne J. Meyer  
Wayne J. Meyer  
President

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

**United States Bankruptcy Court  
Northern District of Ohio**

In re First Choice Homecare, Inc.  
Debtor

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

Chapter 11

**SUMMARY OF SCHEDULES**

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>833,537.50</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>2</b>		<b>88,098.92</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>134,461.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>16</b>		<b>2,434,524.21</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>2</b>			
H - Codebtors	<b>Yes</b>	<b>2</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>29</b>			
Total Assets			<b>833,537.50</b>		
Total Liabilities				<b>2,657,084.13</b>	

**United States Bankruptcy Court  
Northern District of Ohio**

In re First Choice Homecare, Inc.  
Debtor

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

Chapter 11

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

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

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

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

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

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

**State the following:**

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	

**State the following:**

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

In re First Choice Homecare, Inc.  
Debtor

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

**SCHEDULE A - REAL PROPERTY**

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

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

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

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

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



In re First Choice Homecare, Inc.

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

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

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

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

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash in office lockbox</b>	-	<b>100.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Chase Bank checking account</b>	-	<b>20,000.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security deposit with landlord</b>	-	<b>8,283.50</b>
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Pharmacists Mutual Companies BOP 0028872 14 - Businessowners Policy</b>	-	<b>0.00</b>
		<b>Pharmacists Mutual Companies CAU 0028872 09 - Commercial Auto Policy</b>	-	<b>0.00</b>
		<b>Pharmacists Mutual Companies IMF 0028872 04 - Inland Marine Floater</b>	-	<b>0.00</b>
10. Annuities. Itemize and name each issuer.	X			
			Sub-Total >	<b>28,383.50</b>
			(Total of this page)	

3 continuation sheets attached to the Schedule of Personal Property

In re First Choice Homecare, Inc.  
 Debtor

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

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

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.		<b>Surety bond for working with Medicare patients</b>	-	<b>0.00</b>
16. Accounts receivable.		<b>Gross figure is \$1,600,000.00 Collection is approximately 40%</b>	-	<b>640,000.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **640,000.00**  
 (Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re First Choice Homecare, Inc.  
 Debtor

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

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

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.		<b>American Corporation for Home Care Affiliation</b>	-	<b>0.00</b>
		<b>Home care license</b>	-	<b>0.00</b>
		<b>Bedding license</b>	-	<b>0.00</b>
		<b>Pharmacy limited license to dispense oxygen</b>	-	<b>0.00</b>
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2012 Ford Taurus 6,532 miles</b>	-	<b>16,187.00</b>
		<b>2005 Ford Focus 94,319 miles</b>	-	<b>3,151.50</b>
		<b>2007 Chevy Caravan 102,454 miles</b>	-	<b>6,851.50</b>
		<b>2012 Ford Escape 56,050 miles</b>	-	<b>11,745.50</b>
		<b>2005 Dodge Caravan 102,454 miles</b>	-	<b>2,218.50</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office equipment - AT COST</b>	-	<b>25,000.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.		<b>Located at adjacent warehouse</b>	-	<b>100,000.00</b>
31. Animals.	<b>X</b>			
			Sub-Total >	<b>165,154.00</b>
			(Total of this page)	

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re First Choice Homecare, Inc.  
 Debtor

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

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

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total >	<b>0.00</b>
(Total of this page)	
Total >	<b>833,537.50</b>

(Report also on Summary of Schedules)

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

In re First Choice Homecare, Inc.  
Debtor

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

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

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

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

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

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. xxxxxxx2943			2011					
Ford Motor Credit PO Box 220564 Pittsburgh, PA 15257-2564		-	Lien on title  2012 Ford Taurus 6,532 miles					
			Value \$ 16,187.00				34,769.57	18,582.57
Account No. xxxxxxx8833			2013					
Ford Motor Credit PO Box 220564 Pittsburgh, PA 15257-2564		-	Lien on title  2007 Chevy Caravan 102,454 miles					
			Value \$ 6,851.50				6,829.29	0.00
Account No. xxxxxxx8960			2010					
Huntington National Bank 2361 Morse Road Columbus, OH 43229		-	Lien on title  2005 Ford Focus 94,319 miles					
			Value \$ 3,151.50				7,454.06	4,302.56
Account No. xxx7402			2012					
Huntington National Bank 2361 Morse Road Columbus, OH 43229		-	Lien on title  2012 Ford Escape 56,050 miles					
			Value \$ 11,745.50				25,600.00	13,854.50
Subtotal								
(Total of this page)							74,652.92	36,739.63

1 continuation sheets attached

In re First Choice Homecare, Inc.  
Debtor

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

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. <b>xxxxxxx8833</b>								
<b>Huntington National Bank</b> <b>2361 Morse Road</b> <b>Columbus, OH 43229</b>		-	<b>2011</b>  <b>Lien on title</b>  <b>2005 Dodge Caravan</b> <b>102,454 miles</b>				<b>13,446.00</b>	<b>11,227.50</b>
			Value \$ <b>2,218.50</b>					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>13,446.00</b>	<b>11,227.50</b>
Total (Report on Summary of Schedules)							<b>88,098.92</b>	<b>47,967.13</b>

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

In re First Choice Homecare, Inc.

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

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

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

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

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

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

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

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

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

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

 **Domestic support obligations**

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

 **Extensions of credit in an involuntary case**

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

 **Wages, salaries, and commissions**

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

 **Contributions to employee benefit plans**

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

 **Certain farmers and fishermen**

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

 **Deposits by individuals**

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

 **Taxes and certain other debts owed to governmental units**

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

 **Commitments to maintain the capital of an insured depository institution**

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

 **Claims for death or personal injury while debtor was intoxicated**

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

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

1 continuation sheets attached

In re First Choice Homecare, Inc.  
Debtor

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

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

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.  <b>IRS</b> <b>1240 East 9th Street</b> <b>Room 493</b> <b>Cleveland, OH 44199-2001</b>		-	<b>941 Payroll taxes first and second quarters of 2013</b>				<b>134,461.00</b>	<b>0.00</b>  <b>134,461.00</b>
Account No.								
Account No.								
Account No.								
Account No.								

Sheet <b>1</b> of <b>1</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims	Subtotal (Total of this page)	<b>134,461.00</b>	<b>0.00</b> <b>134,461.00</b>
	Total (Report on Summary of Schedules)	<b>134,461.00</b>	<b>0.00</b> <b>134,461.00</b>



In re First Choice Homecare, Inc.  
Debtor

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

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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

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

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.  <b>Abbott Nutrition</b> <b>625 Cleveland Street</b> <b>Columbus, OH 43215-1725</b>							<b>13,597.49</b>
Account No.  <b>Aeratech Home Medical</b> <b>3677 Pearl Road</b> <b>Medina, OH 44256</b>							<b>3,000.00</b>
Account No. <b>8709</b>  <b>Alliance Commercial Capital</b> <b>161 North Clark</b> <b>Suite 4700</b> <b>Chicago, IL 60601</b>	X						<b>21,661.35</b>
Account No.  <b>American Capital Group</b> <b>8105 Irvine Center Dr.</b> <b>Suite 250</b> <b>Irvine, CA 92618</b>	X						<b>27,610.60</b>
Subtotal (Total of this page)							<b>65,869.44</b>

15 continuation sheets attached

In re First Choice Homecare, Inc.  
Debtor

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Applied Medical Technologies</b> 8000 Katherine Blvd. Brecksville, OH 44141			<b>2012 Business debt</b>				<b>3,000.00</b>	
Account No.  <b>Bryan Medical</b> 3906 Oak Street Cincinnati, OH 45227			<b>2012 Business debt</b>				<b>4,550.20</b>	
Account No. <b>xxxx-xxxx-xxxx-5125</b>  <b>Capital One</b> PO Box 6492 Carol Stream, IL 60197			<b>Credit card</b>				<b>3,735.00</b>	
Account No. <b>xxxx-xxxx-xxxx-6426</b>  <b>Capital One</b> PO Box 6492 Carol Stream, IL 60197			<b>Credit card</b>				<b>5,400.00</b>	
Account No. <b>xxxx-xxxx-xxxx-9642</b>  <b>Capital One</b> PO Box 6492 Carol Stream, IL 60197			<b>Credit card</b>				<b>800.00</b>	
Sheet no. <u>1</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>17,485.20</b>

In re First Choice Homecare, Inc.

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

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. <b>xxxx3220</b>  <b>Cardinal Health</b> <b>5260 Naiman Parkway</b> <b>Solon, OH 44139</b>			<b>2012</b> <b>Business debt</b>				<b>6,400.00</b>	
Account No.  <b>Carefusion</b> <b>17400 Medina Road, Suite 100</b> <b>Minneapolis, MN 55447</b>		-	<b>Business debt</b>				<b>821.45</b>	
Account No. <b>xxxx-xxxx-xxxx-3253</b>  <b>Chase</b> <b>Cardmember Services</b> <b>PO Box 15153</b> <b>Wilmington, DE 19886</b>		-	<b>Credit card</b>				<b>3,700.00</b>	
Account No.  <b>Cintas</b> <b>PO Box 633842</b> <b>Cincinnati, OH 45263</b>		-	<b>Notice only</b>				<b>0.00</b>	
Account No. <b>xxxxxxxx8516</b>  <b>Clark/Fleet</b> <b>PO Box 6293</b> <b>Carol Stream, IL 60197</b>		-	<b>Credit card</b>				<b>4,700.00</b>	
Sheet no. <u>2</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>15,621.45</b>

In re First Choice Homecare, Inc.

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

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. <b>3250</b>  <b>Cramer and Decker</b> <b>1641 E. St. Andrew Place</b> <b>Santa Ana, CA 92705</b>		-	<b>2012</b> <b>Business debt</b>				<b>2,700.00</b>	
Account No.  <b>DeVilbiss Healthcare</b> <b>100 DeVilbiss Dr.</b> <b>Somerset, PA 15501</b>		-	<b>2012</b> <b>Business debt</b>				<b>5,500.00</b>	
Account No.  <b>Eastern Medical</b> <b>PO Box 5264</b> <b>Youngstown, OH 44514</b>		-	<b>Business debt</b>				<b>672.00</b>	
Account No.  <b>Financial Pacific</b> <b>PO Box 4568</b> <b>Federal Way, WA 98063</b>	X	-	<b>2011-2013</b> <b>Four leases for business equipment</b>				<b>53,453.22</b>	
Account No.  <b>Fisher &amp; Paykel</b> <b>Bank of America</b> <b>12724 Collections Dr.</b> <b>Chicago, IL 60693</b>		-	<b>2012</b> <b>Business debt</b>				<b>60,000.00</b>	
Sheet no. <u>3</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>122,325.22</b>

In re First Choice Homecare, Inc.  
Debtor

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx5103</b>  <b>GE Healthcare</b> <b>PO Box 641936</b> <b>Pittsburgh, PA 15264</b>	-		<b>2012</b> <b>Business debt</b>				<b>7,500.00</b>
Account No. <b>xx2099</b>  <b>General Physiotherapy</b> <b>13222 Lakefront Dr.</b> <b>Earth City, MO 63045</b>	-		<b>2012</b> <b>Business debt</b>				<b>1,118.00</b>
Account No. <b>x5375</b>  <b>Gulf South</b> <b>PO Box 841968</b> <b>Dallas, TX 75264</b>	-		<b>2012</b> <b>Business debt</b>				<b>155,448.00</b>
Account No.  <b>IB Supply</b> <b>4550 Hinkley Parkway</b> <b>Cleveland, OH 44109</b>	-		<b>2012</b> <b>Business debt</b>				<b>250.00</b>
Account No.  <b>Independence Medical</b> <b>PO Box 74569</b> <b>Cleveland, OH 44194</b>	-		<b>2005</b> <b>Business debt</b>				<b>33,100.10</b>
Sheet no. <u>4</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	<b>197,416.10</b>

In re First Choice Homecare, Inc.  
Debtor

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H	W						
Account No.  <b>Integrated Medical Systems</b> 12600 Holiday Dr. Alsip, IL 60803	X	-		<b>2005</b> <b>Business debt presently in litigation -</b>			X	<b>600,000.00</b>	
Account No.  <b>Robert A Stefahno &amp; Associates, PC</b> 6547 W. Cermak Berwyn, IL 60402				<b>Representing:</b> <b>Integrated Medical Systems</b>				<b>Notice Only</b>	
Account No.  <b>Invacare</b> 33416 Treasury Center Chicago, IL 60694		-		<b>2012</b> <b>Notice only</b>				<b>0.00</b>	
Account No.  <b>IT Guys</b> 3618 West 104th Street Cleveland, OH 44111		-		<b>Notice only</b>				<b>0.00</b>	
Account No.  <b>Jaffe &amp; Berlin, LLC</b> 111 West Washington Street Suite 900 Chicago, IL 60602		-		<b>Legal fees</b>				<b>3,000.00</b>	
Sheet no. <u>5</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page)	<b>603,000.00</b>

In re First Choice Homecare, Inc.

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

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Jenson Medical</b> <b>262 Beach Airport Road</b> <b>Conroe, TX 77301</b>			<b>2012</b> <b>Business debt</b>				<b>763.00</b>	
Account No. <b>xxxx-xxxx-xxxx-2628</b>  <b>Juniper Bank</b> <b>PO Box 8801</b> <b>Wilmington, DE 19899</b>			<b>Credit card</b>				<b>2,590.00</b>	
Account No.  <b>Kaye Products</b> <b>535 Dimmocks Mill Road</b> <b>Hillsborough, NC 27278</b>			<b>Business debt</b>				<b>350.00</b>	
Account No. <b>xxxx4054</b>  <b>Kimberly-Clark</b> <b>300 Gateway Parkway</b> <b>Roanoke, TX 76262</b>			<b>2012</b> <b>Business debt</b>				<b>10,132.00</b>	
Account No. <b>xxx0218</b>  <b>Linde Gas North America LLC</b> <b>6055 Rockside Woods Blvd.</b> <b>Independence, OH 44131</b>			<b>2013</b> <b>Business debt</b>			<b>X</b>	<b>507,000.00</b>	
Sheet no. <u>6</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>520,835.00</b>

In re First Choice Homecare, Inc.

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

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Baker &amp; Hostetler</b> <b>National City Center</b> <b>1900 East Ninth Street</b> <b>Suite 3200</b> <b>Cleveland, OH 44114</b>							<b>Notice Only</b>	
Account No. <b>2643</b>  <b>Mallincrodt, Inc.</b> <b>15 Hampshire Street</b> <b>Mansfield, MA 02048</b>			<b>2012</b> <b>Business debt</b>				<b>27,637.78</b>	
Account No.  <b>Maxtec</b> <b>6528 South Cottonwood</b> <b>Salt Lake City, UT 84107</b>			<b>Business debt</b>				<b>600.00</b>	
Account No.  <b>Med-Dyn</b> <b>2775 S. Floyd St.</b> <b>Louisville, KY 40209</b>			<b>2012</b> <b>Business debt</b>				<b>300.00</b>	
Account No.  <b>Medic Home Health Care, LLC</b> <b>701 Berta Dr.</b> <b>Mayfield Heights, OH 44143</b>			<b>Business debt</b>				<b>Unknown</b>	
Sheet no. <u>7</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>28,537.78</b>



In re First Choice Homecare, Inc.

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

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Medical Specialties Dis., LLC</b> <b>PO Box 11407</b> <b>Dept. #1729</b> <b>Birmingham, AL 35246-1729</b>			<b>Business debt</b>				<b>29,082.56</b>	
Account No.  <b>Medical Specialties Dist., LLC</b> <b>800 Technology Center Dr.</b> <b>Stoughton, MA 02072</b>			<b>Representing:</b> <b>Medical Specialties Dis., LLC</b>				<b>Notice Only</b>	
Account No.  <b>Medicina Medical</b> <b>PO Box 35183</b> <b>Cleveland, OH 44135</b>			<b>2013</b> <b>Business debt</b>				<b>8,200.00</b>	
Account No. <b>xxx3828</b>  <b>Medline</b> <b>PO Box 92301</b> <b>Chicago, IL 60675-2301</b>			<b>Business debt</b>				<b>43,000.00</b>	
Account No.  <b>Nero Enterprises</b> <b>9754 Shenandoah</b> <b>Brecksville, OH 44141</b>			<b>Real estate lease</b>				<b>Unknown</b>	
Sheet no. <u>8</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>80,282.56</b>

In re First Choice Homecare, Inc.  
Debtor

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. <b>xIR03</b>  <b>Nightengale-Allen Memorial</b> <b>11418 Deerfield Road</b> <b>Cincinnati, OH 45242</b>							<b>3,300.00</b>	
Account No. <b>xxxxR011</b>  <b>Nutrica</b> <b>PO Box 117</b> <b>Gaithersburg, MD 20884</b>							<b>10,237.00</b>	
Account No.  <b>Padco Financial Services</b> <b>1328 Main Street</b> <b>Crete, IL 60417</b>	X	-					<b>27,307.95</b>	
Account No.  <b>Pawnee</b> <b>700 Centre Ave.</b> <b>Fort Collins, CO 80526</b>	X	-					<b>22,099.70</b>	
Account No.  <b>Pepper Medical</b> <b>210 Carter Dr., #10</b> <b>West Chester, PA 19382</b>							<b>500.00</b>	
Sheet no. <u>9</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>63,444.65</b>

In re First Choice Homecare, Inc.  
Debtor

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Precision Medical</b> <b>300 Held Dr.</b> <b>Northampton, PA 18067</b>			<b>2012</b> <b>Business debt</b>				<b>2,000.00</b>	
Account No. <b>1894</b>  <b>Printglobe, inc.</b> <b>5812 Trade Center Dr.</b> <b>Austin, TX 78744</b>			<b>2013</b> <b>Business debt</b>				<b>894.00</b>	
Account No. <b>2383</b>  <b>Pulmonetics</b> <b>17400 Medina Road</b> <b>Minneapolis, MN 55447</b>			<b>2012</b> <b>Business debt</b>				<b>4,189.36</b>	
Account No.  <b>Quality Medical South</b> <b>7411 114th Ave.</b> <b>Largo, FL 33773</b>			<b>2012</b> <b>Business debt</b>				<b>23,283.00</b>	
Account No. <b>FCHC</b>  <b>RC Specialties</b> <b>PO Box 1257</b> <b>10315 E. Grand River Ave.</b> <b>Brighton, MI 48116</b>			<b>Business debt</b>				<b>50,000.00</b>	
Sheet no. <u>10</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>80,366.36</b>

In re First Choice Homecare, Inc.

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

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Resmed</b> <b>PO Box 51054</b> <b>Los Angeles, CA 90051-5354</b>			<b>2012</b> <b>Business debt</b>				<b>39,900.00</b>	
Account No. <b>xxxx2091</b>  <b>Respironics</b> <b>PO Box 640817</b> <b>Pittsburgh, PA 15264-0817</b>			<b>2012</b> <b>Business debt</b>				<b>10,215.00</b>	
Account No. <b>xxx6879</b>  <b>Rifton</b> <b>PO Box 260</b> <b>Rifton, NY 12471</b>			<b>Business debt</b>				<b>280.00</b>	
Account No.  <b>Roscoe Medical</b> <b>21973 Commerce Parkway</b> <b>Strongsville, OH 44149</b>			<b>2012</b> <b>Business debt</b>				<b>4,569.40</b>	
Account No. <b>x.x1E+09</b>  <b>Simply Thick</b> <b>200 South Hanley Road</b> <b>Saint Louis, MO 63105</b>			<b>2012</b> <b>Business debt</b>				<b>318.00</b>	
Sheet no. <u>11</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>55,282.40</b>

In re First Choice Homecare, Inc.

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

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. <b>xx7240</b>  <b>Smiths Medical</b> <b>5200 Upper Metro Place</b> <b>Suite 200</b> <b>Dublin, OH 43017</b>		-	<b>2012</b> <b>Business debt</b>				<b>41,036.95</b>	
Account No. <b>x2111</b>  <b>Standard Professional Services</b> <b>707 Skokie Blvd.</b> <b>Suite 190</b> <b>Northbrook, IL 60062</b>		-	<b>2011</b> <b>Notice only</b>				<b>0.00</b>	
Account No. <b>xxxxxxxxxxxx2791</b>  <b>Staples Business</b> <b>Dept. 51-7817682791</b> <b>PO Box 689020</b> <b>Des Moines, IA 50368</b>		-	<b>Credit card</b>				<b>560.00</b>	
Account No. <b>xxxx623-5</b>  <b>Stearns Bank, NA</b> <b>500 13th Street</b> <b>PO Box 750</b> <b>Albany, MN 56307</b>		X -	<b>2012</b> <b>Lease for business equipment</b>				<b>1,266.24</b>	
Account No.  <b>Strang, Klubnik &amp; Associates</b> <b>22725 Fairview Center Dr.</b> <b>Cleveland, OH 44126</b>		-	<b>1999</b> <b>Accounting Services</b>				<b>1,200.00</b>	
Sheet no. <u>12</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>44,063.19</b>

In re First Choice Homecare, Inc.

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

Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Sunrise Medical</b> <b>7030 Collection Center Dr.</b> <b>Chicago, IL 60693</b>		-	<b>Business debt</b>				<b>4,500.00</b>	
Account No.  <b>Trace</b> <b>20020 Tyler St., NW</b> <b>Elk River, MN 55330</b>		-	<b>2010 Business debt</b>				<b>60,000.00</b>	
Account No. <b>FCHC</b>  <b>TRC</b> <b>21973 Commerce Parkway</b> <b>Strongsville, OH 44149</b>		-	<b>Business debt</b>				<b>850.00</b>	
Account No. <b>Vents</b>  <b>TRC</b> <b>21973 Commerce Parkway</b> <b>Strongsville, OH 44149</b>		-	<b>2011 For notice only</b>				<b>0.00</b>	
Account No.  <b>Trico Oxygen</b> <b>1147 East Broad Street</b> <b>Elyria, OH 44035</b>		-	<b>2013 Business debt</b>				<b>100.00</b>	
Sheet no. <u>13</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>65,450.00</b>

In re First Choice Homecare, Inc. Case No. \_\_\_\_\_  
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx71W9</b>  <b>UPS</b> <b>55 Glenlake Parkway</b> <b>Atlanta, GA 30328</b>			<b>Business debt</b>				<b>3,000.00</b>
Account No.  <b>Verizon</b> <b>PO Box 1053787</b> <b>Atlanta, GA 30348</b>			<b>2000</b> <b>Business debt</b>				<b>960.00</b>
Account No.  <b>VGM</b> <b>1111 West San Marnan Dr.</b> <b>PO Box 2817</b> <b>Waterloo, IA 50704</b>	X	-	<b>2011-2013</b> <b>Twenty four leases for business equipment</b>				<b>430,055.40</b>
Account No.  <b>Wells Fargo</b> <b>300 Tristate International</b> <b>Suite 400</b> <b>Lincolnshire, IL 60069</b>	X	-	<b>2012-2013</b> <b>Three leases for business equipment</b>				<b>29,204.46</b>
Account No.  <b>Welys Peters, LLC</b> <b>5505 Rockside Road</b> <b>Suite 300</b> <b>Independence, OH 44131</b>			<b>2013</b> <b>Legal fees due under the lease</b>				<b>3,825.00</b>
Sheet no. <u>14</u> of <u>15</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	<b>467,044.86</b>

In re First Choice Homecare, Inc.,  
Debtor

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.			<b>Business debt</b>				
<b>West Prime Healthcare</b> <b>5751 Chino Ave.</b> <b>Chino, CA 91710</b>		-					<b>7,500.00</b>
Account No.							
Account No.							
Account No.							
Account No.							

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

Subtotal  
(Total of this page)

**7,500.00**

Total  
(Report on Summary of Schedules)

**2,434,524.21**



In re First Choice Homecare, Inc.

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

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

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

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Airgas 6055 Rockside Woods Blvd. Independence, OH 44131</b>	<b>Lease for business equipment</b>
<b>Alliance Commercial Capital 161 North Clark Suite 4700 Chicago, IL 60601</b>	<b>Lease for business equipment</b>
<b>American Capital Group 8105 Irvine Center Dr. Suite 250 Irvine, CA 92618</b>	<b>Lease for business equipment</b>
<b>Financial Pacific PO Box 4568 Federal Way, WA 98063</b>	<b>Lease for business equipment</b>
<b>Frank Nero dba Nero Enterprises 9754 Shenandoah Brecksville, OH 44141</b>	<b>Real estate lease for 601 Towpath, Broadview Heights, OH</b>
<b>Integrated Medical Systems 12600 Holiday Dr. Alsip, IL 60803</b>	<b>Lease for business equipment</b>
<b>Padco Financial Services 1328 Main Street Crete, IL 60417</b>	<b>Lease for business equipment</b>
<b>Pawnee 700 Centre Ave. Fort Collins, CO 80526</b>	<b>Lease for business equipment</b>
<b>Standard Professional Services 707 Skokie Blvd. Suite 190 Northbrook, IL 60062</b>	<b>Lease for business equipment</b>
<b>Stearns Bank, NA 500 13th Street PO Box 750 Albany, MN 56307</b>	<b>Lease on business equipment</b>
<b>TRC 21973 Commerce Parkway Strongsville, OH 44149</b>	<b>Lease for business equipment</b>

1

\_\_\_\_\_ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re First Choice Homecare, Inc.  
Debtor

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

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**  
(Continuation Sheet)

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>VGM</b> <b>1111 West San Marnan Dr.</b> <b>PO Box 2817</b> <b>Waterloo, IA 50704</b>	<b>Lease for business equipment</b>
<b>Wells Fargo</b> <b>300 Tristate International</b> <b>Suite 400</b> <b>Lincolnshire, IL 60069</b>	<b>Lease for business equipment</b>

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

In re First Choice Homecare, Inc.

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

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

 Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	Integrated Medical Systems 12600 Holiday Dr. Alsip, IL 60803
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	Alliance Commercial Capital 161 North Clark Suite 4700 Chicago, IL 60601
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	Alliance Commercial Capital 161 North Clark Suite 4700 Chicago, IL 60601
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	American Capital Group 8105 Irvine Center Dr. Suite 250 Irvine, CA 92618
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	Financial Pacific PO Box 4568 Federal Way, WA 98063
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	Integrated Medical Systems 12600 Holiday Dr. Alsip, IL 60803
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	Padco Financial Services 1328 Main Street Crete, IL 60417
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	Pawnee 700 Centre Ave. Fort Collins, CO 80526
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	Stearns Bank, NA 500 13th Street PO Box 750 Albany, MN 56307
Wayne J. Meyer 5423 Broadvier Richfield, OH 44286	VGM 1111 West San Marnan Dr. PO Box 2817 Waterloo, IA 50704

1

\_\_\_\_\_ continuation sheets attached to Schedule of Codebtors

In re First Choice Homecare, Inc.  
Debtor

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

**SCHEDULE H - CODEBTORS**  
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Wayne J. Meyer</b> <b>5423 Broadvier</b> <b>Richfield, OH 44286</b>	<b>Wells Fargo</b> <b>300 Tristate International</b> <b>Suite 400</b> <b>Lincolnshire, IL 60069</b>

Sheet 1 of 1 continuation sheets attached to the Schedule of Codebtors

**United States Bankruptcy Court  
Northern District of Ohio**

In re First Choice Homecare, Inc.  
Debtor(s)

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

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 31 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date September 27, 2013

Signature /s/ Wayne J. Meyer  
**Wayne J. Meyer**  
**President**

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

**United States Bankruptcy Court  
Northern District of Ohio**

In re First Choice Homecare, Inc.

Debtor(s)

Case No.

Chapter 11

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

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

*DEFINITIONS*

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

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

**1. Income from employment or operation of business**

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

AMOUNT	SOURCE
<b>\$9,863,000.00</b>	<b>2013 YTD: Debtor Business Income</b>
<b>\$14,897,115.00</b>	<b>2012: Debtor Business Income</b>
<b>\$11,455,159.00</b>	<b>2011: Debtor Business Income</b>

**2. Income other than from employment or operation of business**

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

AMOUNT	SOURCE
--------	--------

**3. Payments to creditors**

None  *Complete a. or b., as appropriate, and c.*

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

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
None <input type="checkbox"/> b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within <b>90 days</b> immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>Allen Kacenjar Co., LPA 5241 Broadview Road 400 Brookview Centre Cleveland, OH 44134</b>	<b>last 90 days</b>	<b>\$8,554.00</b>	<b>\$0.00</b>
<b>Applied Medical Technologies 8000 Katherine Blvd. Brecksville, OH 44141</b>	<b>last 90 days</b>	<b>\$9,091.00</b>	<b>\$3,000.00</b>
<b>Clark/Fleet PO Box 6293 Carol Stream, IL 60197</b>	<b>last 90 days</b>	<b>\$15,495.00</b>	<b>\$4,700.00</b>
<b>DeVilbiss Healthcare 100 DeVilbiss Dr. Somerset, PA 15501</b>	<b>last 90 days</b>	<b>\$9,709.00</b>	<b>\$8,770.49</b>
<b>Financial Pacific PO Box 4568 Federal Way, WA 98063</b>	<b>last 90 days</b>	<b>\$10,750.00</b>	<b>\$0.00</b>
<b>Fisher &amp; Paykel Bank of America 12724 Collections Dr. Chicago, IL 60693</b>	<b>last 90 days</b>	<b>\$22,000.00</b>	<b>\$60,000.00</b>
<b>Gulf South PO Box 841968 Dallas, TX 75264</b>	<b>last 90 days</b>	<b>\$27,500.00</b>	<b>\$148,000.00</b>
<b>Huntington National Bank 2361 Morse Road Columbus, OH 43229</b>	<b>last 90 days</b>	<b>\$7,556.01</b>	<b>\$7,454.06</b>
<b>Independence Medical PO Box 74569 Cleveland, OH 44194</b>	<b>last 90 days</b>	<b>\$33,604.31</b>	<b>\$33,100.10</b>

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

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>Jaffe &amp; Berlin, LLC</b> 111 West Washington Street Suite 900 Chicago, IL 60602	last 90 days	\$17,000.00	\$3,000.00
<b>Kimberly-Clark</b> 300 Gateway Parkway Roanoke, TX 76262	last 90 days	\$6,311.45	\$9,400.00
<b>Frank Nero dba Nero Enterprises</b> 9754 Shenandoah Brecksville, OH 44141	last 90 days	\$63,269.00	\$0.00
<b>Padco Financial Services</b> 1328 Main Street Crete, IL 60417	last 90 days	\$14,935.36	\$0.00
<b>Quality Medical South</b> 7411 114th Ave. Largo, FL 33773	last 90 days	\$20,175.20	\$25,283.62
<b>RITA</b> 10107 Brecksville Rd Brecksville, OH 44141	last 90 days	\$9,166.72	\$0.00
<b>Stearns Bank, NA</b> 500 13th Street PO Box 750 Albany, MN 56307	last 90 days	\$9,971.09	\$0.00
<b>VGM</b> 1111 West San Marnan Dr. PO Box 2817 Waterloo, IA 50704	last 90 days	\$142,156.14	\$54,500.00
<b>Wells Fargo</b> 300 Tristate International Suite 400 Lincolnshire, IL 60069	last 90 days	\$6,656.83	\$0.00

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

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



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

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

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Integrated Medical Systems vs. First Choice Homecare, Inc., et al 11L 8192</b>	<b>Breach of Contract - conversion - detinure, account stated unjust enrichment, promissory estoppel</b>	<b>Circuit Court of Cook County, Illinois</b>	<b>Pending</b>
<b>Linde Gas North America LLC vs. First Choice Homecare Inc. Case No. CV-13812947</b>	<b>Collection</b>	<b>Cuyahoga County Court of Common Pleas</b>	<b>Pending</b>

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

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

**5. Repossessions, foreclosures and returns**

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

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

**6. Assignments and receiverships**

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

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

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

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

**7. Gifts**

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

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

**8. Losses**

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

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

**9. Payments related to debt counseling or bankruptcy**

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

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Rabin & Rabin Co. LPA 55 Public Square Suite 1510 Cleveland, OH 44113	August 2013	

**10. Other transfers**

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

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--	------	--

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

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

**11. Closed financial accounts**

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

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

**12. Safe deposit boxes**

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

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

**13. Setoffs**

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

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

**14. Property held for another person**

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

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

**15. Prior address of debtor**

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

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

**16. Spouses and Former Spouses**

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

NAME

**17. Environmental Information.**

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

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

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

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

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

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

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

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

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

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

**18. Nature, location and name of business**

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

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

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

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
First Choice Homecare, Inc.	34-1876809	601C Towpath Broadview Heights, OH 44147	Hi-tech home medical equipment provider	1998 to present

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

NAME ADDRESS

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

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

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

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

NAME AND ADDRESS	DATES SERVICES RENDERED
<b>Strang, Klubnik &amp; Associates</b> <b>22725 Fairview Center Dr.</b> <b>Cleveland, OH 44126</b>	<b>1999 to present</b>

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

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

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

NAME	ADDRESS
<b>Strang, Klubnik &amp; Associates</b>	<b>22725 Fairview Center Dr.</b> <b>Cleveland, OH 44126</b>
<b>Wayne J. Meyer</b>	<b>5423 Broadview</b> <b>Richfield, OH 44286</b>

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

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

**20. Inventories**

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

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
<b>2/2007</b>	<b>Kellie Hamilton</b>	<b>\$75,000.00</b>
<b>2/2009</b>	<b>Kellie Hamilton</b>	<b>\$99,000.00</b>

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

DATE OF INVENTORY <b>2/2007</b>	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS <b>Kellie Hamilton 601 Towpath Broadview Heights, OH 44147</b>
<b>2/2009</b>	<b>Kellie Hamilton 601 Towpath Broadview Heights, OH 44147</b>

**21 . Current Partners, Officers, Directors and Shareholders**

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

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

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

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<b>Wayne J. Meyer 5423 Broadview Richfield, OH 44286</b>	<b>President</b>	<b>325 shares</b>
<b>Mary Meyer 5423 Broadview Richfield, OH 44286</b>	<b>Treasurer</b>	<b>175 shares</b>
<b>Nader S. Roheny, M.D. 6731 Ridge Road Parma, OH 44129</b>		<b>26 shares</b>

**22 . Former partners, officers, directors and shareholders**

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

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

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

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

**23 . Withdrawals from a partnership or distributions by a corporation**

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

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

---

**24. Tax Consolidation Group.**

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

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

---

**25. Pension Funds.**

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

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*\*

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

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

Date September 27, 2013

Signature /s/ Wayne J. Meyer  
**Wayne J. Meyer**  
**President**

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

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



**United States Bankruptcy Court  
Northern District of Ohio**

In re First Choice Homecare, Inc.  
Debtor

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

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Mary Meyer</b> 5423 Broadview Richfield, OH 44286	<b>Common</b>	<b>175 of 526 issued shares</b>	
<b>Nader S. Rohenhy, M.D.</b> 6731 Ridge Road Parma, OH 44129	<b>Common</b>	<b>26 OF 526 issued shares</b>	
<b>Wayne J. Meyer</b> 5423 Broadview Richfield, OH 44286	<b>Common</b>	<b>325 of 526 issued shares</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 September 27, 2013

Signature /s/ Wayne J. Meyer  
**Wayne J. Meyer**  
**President**

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

**United States Bankruptcy Court  
Northern District of Ohio**

In re First Choice Homecare, Inc.

Debtor(s)

Case No.  
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: September 27, 2013

/s/ Wayne J. Meyer

**Wayne J. Meyer/President**

Signer/Title

Abbott Nutrition  
625 Cleveland Street  
Columbus, OH 43215-1725

Aeratech Home Medical  
3677 Pearl Road  
Medina, OH 44256

Airgas  
6055 Rockside Woods Blvd.  
Independence, OH 44131

Alliance Commercial Capital  
161 North Clark  
Suite 4700  
Chicago, IL 60601

American Capital Group  
8105 Irvine Center Dr.  
Suite 250  
Irvine, CA 92618

Applied Medical Technologies  
8000 Katherine Blvd.  
Brecksville, OH 44141

Baker & Hostetler  
National City Center  
1900 East Ninth Street  
Suite 3200  
Cleveland, OH 44114

Bryan Medical  
3906 Oak Street  
Cincinnati, OH 45227

Capital One  
PO Box 6492  
Carol Stream, IL 60197

Cardinal Health  
5260 Naiman Parkway  
Solon, OH 44139

Carefusion  
17400 Medina Road, Suite 100  
Minneapolis, MN 55447

Chase  
Cardmember Services  
PO Box 15153  
Wilmington, DE 19886

Cintas  
PO Box 633842  
Cincinnati, OH 45263

Clark/Fleet  
PO Box 6293  
Carol Stream, IL 60197

Cramer and Decker  
1641 E. St. Andrew Place  
Santa Ana, CA 92705

DeVilbiss Healthcare  
100 DeVilbiss Dr.  
Somerset, PA 15501

Eastern Medical  
PO Box 5264  
Youngstown, OH 44514

Financial Pacific  
PO Box 4568  
Federal Way, WA 98063

Fisher & Paykel  
Bank of America  
12724 Collections Dr.  
Chicago, IL 60693

Ford Motor Credit  
PO Box 220564  
Pittsburgh, PA 15257-2564

Frank Nero dba Nero Enterprises  
9754 Shenandoah  
Brecksville, OH 44141

GE Healthcare  
PO Box 641936  
Pittsburgh, PA 15264

General Physiotherapy  
13222 Lakefront Dr.  
Earth City, MO 63045

Gulf South  
PO Box 841968  
Dallas, TX 75264

Huntington National Bank  
2361 Morse Road  
Columbus, OH 43229

IB Supply  
4550 Hinkley Parkway  
Cleveland, OH 44109

Independence Medical  
PO Box 74569  
Cleveland, OH 44194

Integrated Medical Systems  
12600 Holiday Dr.  
Alsip, IL 60803

Invacare  
33416 Treasury Center  
Chicago, IL 60694

IRS  
1240 East 9th Street  
Room 493  
Cleveland, OH 44199-2001

IT Guys  
3618 West 104th Street  
Cleveland, OH 44111

Jaffe & Berlin, LLC  
111 West Washington Street  
Suite 900  
Chicago, IL 60602

Jenson Medical  
262 Beach Airport Road  
Conroe, TX 77301

Juniper Bank  
PO Box 8801  
Wilmington, DE 19899

Kaye Products  
535 Dimmocks Mill Road  
Hillsborough, NC 27278

Kimberly-Clark  
300 Gateway Parkway  
Roanoke, TX 76262

Linde Gas North America LLC  
6055 Rockside Woods Blvd.  
Independence, OH 44131

Mallinckrodt, Inc.  
15 Hampshire Street  
Mansfield, MA 02048

Maxtec  
6528 South Cottonwood  
Salt Lake City, UT 84107

Med-Dyn  
2775 S. Floyd St.  
Louisville, KY 40209

Medic Home Health Care, LLC  
701 Berta Dr.  
Mayfield Heights, OH 44143

Medical Specialties Dis., LLC  
PO Box 11407  
Dept. #1729  
Birmingham, AL 35246-1729

Medical Specialties Dist., LLC  
800 Technology Center Dr.  
Stoughton, MA 02072

Medicina Medical  
PO Box 35183  
Cleveland, OH 44135

Medline  
PO Box 92301  
Chicago, IL 60675-2301

Nero Enterprises  
9754 Shenandoah  
Brecksville, OH 44141

Nightengale-Allen Memorial  
11418 Deerfield Road  
Cincinnati, OH 45242

Nutrica  
PO Box 117  
Gaithersburg, MD 20884

Padco Financial Services  
1328 Main Street  
Crete, IL 60417

Pawnee  
700 Centre Ave.  
Fort Collins, CO 80526

Pepper Medical  
210 Carter Dr., #10  
West Chester, PA 19382

Precision Medical  
300 Held Dr.  
Northampton, PA 18067

Printglobe, inc.  
5812 Trade Center Dr.  
Austin, TX 78744

Pulmonetics  
17400 Medina Road  
Minneapolis, MN 55447

Quality Medical South  
7411 114th Ave.  
Largo, FL 33773

RC Specialties  
PO Box 1257  
10315 E. Grand River Ave.  
Brighton, MI 48116

Resmed  
PO Box 51054  
Los Angeles, CA 90051-5354

Respironics  
PO Box 640817  
Pittsburgh, PA 15264-0817

Rifton  
PO Box 260  
Rifton, NY 12471

Robert A Stefahno & Associates, PC  
6547 W. Cermak  
Berwyn, IL 60402

Roscoe Medical  
21973 Commerce Parkway  
Strongsville, OH 44149

Simply Thick  
200 South Hanley Road  
Saint Louis, MO 63105

Smiths Medical  
5200 Upper Metro Place  
Suite 200  
Dublin, OH 43017

Standard Professional Services  
707 Skokie Blvd.  
Suite 190  
Northbrook, IL 60062



Staples Business  
Dept. 51-7817682791  
PO Box 689020  
Des Moines, IA 50368

Stearns Bank, NA  
500 13th Street  
PO Box 750  
Albany, MN 56307

Strang, Klubnik & Associates  
22725 Fairview Center Dr.  
Cleveland, OH 44126

Sunrise Medical  
7030 Collection Center Dr.  
Chicago, IL 60693

Trace  
20020 Tyler St., NW  
Elk River, MN 55330

TRC  
21973 Commerce Parkway  
Strongsville, OH 44149

Trico Oxygen  
1147 East Broad Street  
Elyria, OH 44035

UPS  
55 Glenlake Parkway  
Atlanta, GA 30328

Verizon  
PO Box 1053787  
Atlanta, GA 30348

VGM  
1111 West San Marnan Dr.  
PO Box 2817  
Waterloo, IA 50704

Wayne J. Meyer  
5423 Broadvier  
Richfield, OH 44286

Wells Fargo  
300 Tristate International  
Suite 400  
Lincolnshire, IL 60069

Welys Peters, LLC  
5505 Rockside Road  
Suite 300  
Independence, OH 44131

West Prime Healthcare  
5751 Chino Ave.  
Chino, CA 91710

**United States Bankruptcy Court  
Northern District of Ohio**

In re First Choice Homecare, Inc.  
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 First Choice Homecare, Inc. 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:

**Wayne J. Meyer**  
**5423 Broadview**  
**Richfield, OH 44286**

---

None [*Check if applicable*]

**September 27, 2013**

Date

**/s/ Mary Ann Rabin**

**Mary Ann Rabin (0000009)**

Signature of Attorney or Litigant  
Counsel for **First Choice Homecare, Inc.**

**Rabin & Rabin Co. LPA**

**55 Public Square**

**Suite 1510**

**Cleveland, OH 44113**

**216-771-8084 Fax:(216) 771-4615**