

B1 (Official Form 1)(12/11)

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): ABLECARE MEDICAL, INC.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 31-1417231	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): 7798 READING ROAD Cincinnati, OH	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 45237	ZIP Code
County of Residence or of the Principal Place of Business: Hamilton	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

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

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

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information

Debtor estimates that funds will be available for distribution to unsecured creditors.
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000

Estimated Assets

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

Estimated Liabilities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): ABLECARE MEDICAL, INC.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

Name of Debtor(s):
ABLECARE MEDICAL, INC.

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

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/ Elliott Polaniecki
Signature of Attorney for Debtor(s)

Elliott Polaniecki 0006387
Printed Name of Attorney for Debtor(s)

Elliott Polaniecki
Firm Name

9000 Plainfield Road
Cincinnati, OH 45236

Address

Email: e28p@aol.com

513-793-5999 Fax: 513-793-4691
Telephone Number

March 11, 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/ DINESH J. MARTIS
Signature of Authorized Individual

DINESH J. MARTIS
Printed Name of Authorized Individual

SOLE SHAREHOLDER AND PRESIDENT
Title of Authorized Individual

March 11, 2013
Date

B4 (Official Form 4) (12/07)

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

In re ABLECARE MEDICAL, 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>
ABBOTT NUTRITION ABBOTT LABORATORIES, INC. 3300 STELZER ROAD Columbus, OH 43215-1724	ABBOTT NUTRITION ABBOTT LABORATORIES, INC. 3300 STELZER ROAD Columbus, OH 43215-1724	BUSINESS GOODS AND PRODUCTS		3,431.07
CIT FINANCE LLC 10201 CENTURION PARKWAY N. #100 Jacksonville, FL 32256	CIT FINANCE LLC 10201 CENTURION PARKWAY N. #100 Jacksonville, FL 32256	OXYGEN CONCENTRATORS , OXYGEN MONITORS, AND ACCESSORIES (VALUED AT 50% OF PURCHASE PRICE)		168,195.93 (82,000.00 secured)
CITY OF CINCINNATI INCOME TAX DIVISION 805 CENTRAL AVENUE, STE. 600 Cincinnati, OH 45202	CITY OF CINCINNATI INCOME TAX DIVISION 805 CENTRAL AVENUE, STE. 600 Cincinnati, OH 45202	NET PROFIT TAXES, SERVICE CHARGES, INTEREST, AND PENALTIES	Disputed	187,192.23
CITY OF CINCINNATI INCOME TAX DIVISION 805 CENTRAL AVENUE, STE. 600 Cincinnati, OH 45202	CITY OF CINCINNATI INCOME TAX DIVISION 805 CENTRAL AVENUE, STE. 600 Cincinnati, OH 45202	WITHHOLDING TAXES, INTEREST, AND PENALTIES	Disputed	54,493.61
DRIVE MEDICAL P O BOX 798019 Saint Louis, MO 63179-8000	DRIVE MEDICAL P O BOX 798019 Saint Louis, MO 63179-8000	BUSINESS GOODS AND PRODUCTS		93,163.13
FIRST FINANCIAL EQUIPMENT FINANCE LLC 201 E. 4TH STREET Cincinnati, OH 45202	FIRST FINANCIAL EQUIPMENT FINANCE LLC 201 E. 4TH STREET Cincinnati, OH 45202	VARIOUS EQUIPMENT PROVIDED BY VENDORS (VALUED AT 50% OF PURCHASE PRICE)		525,000.00 (370,000.00 secured)
GOERING & GOERING ATTORNEYS 220 W. THIRD ST. Cincinnati, OH 45202	GOERING & GOERING ATTORNEYS 220 W. THIRD ST. Cincinnati, OH 45202	LEGAL SERVICES RE: HUNTINGTON BANK LITIGATION		1,900.00

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

In re **ABLECARE MEDICAL, INC.**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	2011 FORD FOCUS 72,500 MILES		11,788.99 (8,614.00 secured)
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	2011 FORD VAN 73,000 MILES		13,779.69 (12,057.00 secured)
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	2011 FORD FOCUS 51,000 MILES		11,440.86 (9,739.00 secured)
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	2010 CHEVY VAN 83,000 MILES		14,947.23 (11,616.00 secured)
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	GUARANTY FOR THE OBLIGATIONS OF MARTIS REALTY I, LTD UNDER THREE NOTES KNOWN AS "NOTE 18", "NOTE 34" AND "NOTE 59"		792,155.05
KEY EQUIPMENT FINANCE INC. 1000 S. MCCASLIN BLVD. SUPERIOR, CO 80027	KEY EQUIPMENT FINANCE INC. 1000 S. MCCASLIN BLVD. SUPERIOR, CO 80027	GOODS AND PRODUCTS PURCHASED PRIMARILY FROM AIRSEP AND OTHER SUPPLIERS (VALUED AT 50% OF PURCHASE PRICE)		320,263.79 (241,000.00 secured)
LIFE GAS 575 MOUNTAIN AVENUE New Providence, NJ 07974	LIFE GAS 575 MOUNTAIN AVENUE New Providence, NJ 07974	BUSINESS GOODS AND PRODUCTS		59,815.74

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

In re **ABLECARE MEDICAL, INC.**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
PHILLIPS MEDICAL CAPITAL 1111 OLD EAGLE SCHOOL ROAD Wayne, PA 19087	PHILLIPS MEDICAL CAPITAL 1111 OLD EAGLE SCHOOL ROAD Wayne, PA 19087	RESPIRONICS GOODS AND PRODUCTS (VALUED AT 50% OF PURCHASE PRICE)		129,925.70 (110,000.00 secured)
PRO2 RESPIRATORY SERVICES, INC. 5800 CREEK ROAD Cincinnati, OH 45242	PRO2 RESPIRATORY SERVICES, INC. 5800 CREEK ROAD Cincinnati, OH 45242	CLAIM FOR BREACH OF CONTRACT - DISPUTED, COUNTERCLAIM FILED (AND LISTED ON SCHEDULE "B")	Contingent Unliquidated Disputed Subject to Setoff	449,248.13
RESMED LOCKBOX 534593 Atlanta, GA 30353	RESMED LOCKBOX 534593 Atlanta, GA 30353	BUSINESS GOODS AND PRODUCTS		231,843.97
ROSCOE MEDICAL INC. P O BOX 73743 Cleveland, OH 44193	ROSCOE MEDICAL INC. P O BOX 73743 Cleveland, OH 44193	BUSINESS GOODS AND PRODUCTS		9,194.72
SPRINT PCS P O BOX 4181 Carol Stream, IL 60197	SPRINT PCS P O BOX 4181 Carol Stream, IL 60197	PHONE SERVICES		1,415.24
WELLS FARGO FINANCIAL LEASING 300 TRI-STATE INTERNATIONAL, STE. 400 Lincolnshire, IL 60069	WELLS FARGO FINANCIAL LEASING 300 TRI-STATE INTERNATIONAL, STE. 400 Lincolnshire, IL 60069	VARIOUS GOODS AND PRODUCTS (VALUED AT 50% OF PURCHASE PRICE)		245,640.96 (122,800.00 secured)

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

I, the SOLE SHAREHOLDER AND 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 March 11, 2013

Signature /s/ DINESH J. MARTIS

**DINESH J. MARTIS
SOLE SHAREHOLDER AND 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
Southern District of Ohio**

In re ABLECARE MEDICAL, 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	Yes	1	0.00		
B - Personal Property	Yes	4	4,408,059.98		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	3		2,388,853.94	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		241,685.84	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		1,196,098.26	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		16			
Total Assets			4,408,059.98		
Total Liabilities				3,826,638.04	

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

In re ABLECARE MEDICAL, 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)		

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

In re ABLECARE MEDICAL, INC.

Case No. _____

Debtor

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
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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 ABLECARE MEDICAL, 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	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		US BANK CHECKING	-	3,385.40
		US BANK SAVINGS	-	39.14
		NORTHSIDE BANK & TRUST	-	53,830.44
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
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.		KEY MAN INSURANCE POLICY NO CASH VALUE	-	0.00
10. Annuities. Itemize and name each issuer.	X			
Sub-Total >				57,254.98
(Total of this page)				

3 continuation sheets attached to the Schedule of Personal Property

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

In re ABLECARE MEDICAL, INC.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		ACCOUNTS RECEIVABLE (TOTAL A/R ON BOOKS = \$5,733,522; AMOUNT SHOWN IS ESTIMATED COLLECTIBLE)	-	3,133,536.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **3,133,536.00**
(Total of this page)

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

In re ABLECARE MEDICAL, INC.

Case No. _____

Debtor

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
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.		COUNTERCLAIM AGAINST PRO2 RESPIRATORY SERVICES, INC. CASE NO. A1206658	-	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1997 FORD F150 179,000 MILES	-	2,112.00
		2006 ISUZU NPR 117,000 MILES	-	7,020.00
		2007 CHEVY EXPRESS 115,000 MILES	-	8,634.00
		2007 CHEVY AUTOGO EXPR 115,000 MILES	-	6,432.00
		2010 CHEVY COBALT 143,000 MILES	-	10,500.00
		2010 FORD FOCUS 77,000 MILES	-	8,283.00
		2011 FORD FOCUS 51,000 MILES	-	9,739.00
		2011 FORD FOCUS 72,500 MILES	-	8,614.00
		2011 FORD VAN 73,000 MILES	-	12,057.00
			Sub-Total >	73,391.00
			(Total of this page)	

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

In re **ABLECARE MEDICAL, INC.**

Case No. _____

Debtor

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
		2008 FORD VAN 77,000 MILES	-	10,262.00
		2010 CHEVY VAN 83,000 MILES	-	11,616.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		OFFICE EQUIPMENT INCLUDING COMPUTERS, MISC. OFFICE SUPPLIES, & FURNITURE (LOCATED AT OFFICE PREMISES)	-	15,000.00
29. Machinery, fixtures, equipment, and supplies used in business.		OXYGEN TRANSFILLING SYSTEM (LOCATED AT OFFICE PREMISES)	-	7,000.00
30. Inventory.		MEDICAL EQUIPMENT AND SUPPLIES (INCLUDING PURCHASES THROUGH COMMERCIAL LEASES)	-	1,100,000.00
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	1,143,878.00
(Total of this page)	
Total >	4,408,059.98

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

(Report also on Summary of Schedules)

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

In re ABLECARE MEDICAL, INC.

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

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

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

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

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

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN						
Account No. 1072517 & 10075365								
CIT FINANCE LLC 10201 CENTURION PARKWAY N. #100 Jacksonville, FL 32256	-	5/18/12, 9/28/12 Purchase Money Security OXYGEN CONCENTRATORS, OXYGEN MONITORS, AND ACCESSORIES (VALUED AT 50% OF PURCHASE PRICE)					168,195.93	86,195.93
		Value \$ 82,000.00						
Account No. 0000118-001 & 0000118-002								
FIRST FINANCIAL EQUIPMENT FINANCE LLC 201 E. 4TH STREET Cincinnati, OH 45202	X -	6/1/11 & 9/1/11 Purchase Money Security VARIOUS EQUIPMENT PROVIDED BY VENDORS (VALUED AT 50% OF PURCHASE PRICE)					525,000.00	155,000.00
		Value \$ 370,000.00						
Account No. 8001728645 (2 LOANS)								
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	X -	11/9/11 Non-Purchase Money Security BLANKET MORTGAGE ON BUSINESS ASSETS					936,414.15	0.00
		Value \$ 4,347,488.98						
Account No. 20035790161								
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	-	7/22/10 Purchase Money Security 2010 FORD FOCUS 77,000 MILES					1,184.91	0.00
		Value \$ 8,283.00						
Subtotal							1,630,794.99	241,195.93
(Total of this page)								

2 continuation sheets attached

In re **ABLECARE MEDICAL, INC.**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	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
Account No. 20036772120			2/10/11					
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909		-	Purchase Money Security 2011 FORD FOCUS 51,000 MILES					
			Value \$ 9,739.00				11,440.86	1,701.86
Account No. 20036786750			2/10/11					
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909		-	Purchase Money Security 2011 FORD FOCUS 72,500 MILES					
			Value \$ 8,614.00				11,788.99	3,174.99
Account No. 20038424560			9/12/11					
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909		-	Purchase Money Security 2011 FORD VAN 73,000 MILES					
			Value \$ 12,057.00				13,779.69	1,722.69
Account No. 20038492725			9/12/11					
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909		-	Purchase Money Security 2008 FORD VAN 77,000 MILES					
			Value \$ 10,262.00				10,271.73	9.73
Account No. 20038423273			11/11/11					
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909		-	Purchase Money Security 2010 CHEVY VAN 83,000 MILES					
			Value \$ 11,616.00				14,947.23	3,331.23
Subtotal							62,228.50	9,940.50
(Total of this page)								

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

In re **ABLECARE MEDICAL, INC.**

Case No. _____

Debtor

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 O R H W J C	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN						
Account No. VARIOUS	X -	VARIOUS DATES, 9/11 - 5/12						
KEY EQUIPMENT FINANCE INC. 1000 S. MCCASLIN BLVD. SUPERIOR, CO 80027		Purchase Money Security GOODS AND PRODUCTS PURCHASED PRIMARILY FROM AIRSEP AND OTHER SUPPLIERS (VALUED AT 50% OF PURCHASE PRICE)						
		Value \$ 241,000.00					320,263.79	79,263.79
Account No. 101329, 101457, 101160	X -	11/11 - 5/12						
PHILLIPS MEDICAL CAPITAL 1111 OLD EAGLE SCHOOL ROAD Wayne, PA 19087		Purchase Money Security RESPIRONICS GOODS AND PRODUCTS (VALUED AT 50% OF PURCHASE PRICE)						
		Value \$ 110,000.00					129,925.70	19,925.70
Account No. 301-6048030-006	X -	12/17/12						
WELLS FARGO FINANCIAL LEASING 300 TRI-STATE INTERNATIONAL, STE. 400 Lincolnshire, IL 60069		Purchase Money Security VARIOUS GOODS AND PRODUCTS (VALUED AT 50% OF PURCHASE PRICE)						
		Value \$ 122,800.00					245,640.96	122,840.96
Account No.								
		Value \$						
Account No.								
		Value \$						
Subtotal (Total of this page)							695,830.45	222,030.45
Total (Report on Summary of Schedules)							2,388,853.94	473,166.88

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

In re ABLECARE MEDICAL, 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 \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

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

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* 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 \$2,600* 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 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re ABLECARE MEDICAL, INC.

Case No. _____

Debtor

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 O R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. 33-02026772			2008, 2009, 2010					
CITY OF CINCINNATI INCOME TAX DIVISION 805 CENTRAL AVENUE, STE. 600 Cincinnati, OH 45202	-		NET PROFIT TAXES, SERVICE CHARGES, INTEREST, AND PENALTIES			X	187,192.23	0.00
							187,192.23	187,192.23
Account No. 53-02026772			2008, 2009, 2010					
CITY OF CINCINNATI INCOME TAX DIVISION 805 CENTRAL AVENUE, STE. 600 Cincinnati, OH 45202	-		WITHHOLDING TAXES, INTEREST, AND PENALTIES			X	54,493.61	0.00
							54,493.61	54,493.61
Account No.								
Account No.								
Account No.								

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

Subtotal
(Total of this page) **241,685.84** **0.00**
241,685.84

Total
(Report on Summary of Schedules) **241,685.84** **0.00**
241,685.84

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

In re ABLECARE MEDICAL, INC. Case No. _____
 Debtor

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. ABBOTT NUTRITION ABBOTT LABORATORIES, INC. 3300 STELZER ROAD Columbus, OH 43215-1724	-	VARIOUS BUSINESS GOODS AND PRODUCTS				3,431.07
Account No. ALLIED WASTE SERVICES 40195 BUTTERNUT RIDGE ROAD Elyria, OH 44035-7903	-	VARIOUS DUMPSTER SERVICES AT (CLOSED) CLEVELAND FACILITY				198.10
Account No. CINCINNATI POLICE DEPT. FALSE ALARM REDUCTION UNIT P O BOX 14573 Cincinnati, OH 45250	-	RESPONSE TO SECURITY ALARM				800.00
Account No. CITY OF DAYTON 101 WEST 3RD ST. P O BOX 22 Dayton, OH 45401	-	RESPONSE TO SECURITY ALARM				300.00
Subtotal (Total of this page)						4,729.17

3 continuation sheets attached

In re **ABLECARE MEDICAL, 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 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. CORPORATE CROSSINGS LLC 4595 HINCKLEY INDUSTRIAL PKWY Cleveland, OH 44109	-		VARIOUS SNOW REMOVAL AT (CLOSED) CLEVELAND FACILITY				342.00	
Account No. DOMINION EAST OHIO P O BOX 26785 Richmond, VA 23261-6785	-		VARIOUS UTILITIES AT NOW-CLOSED FACILITY				716.48	
Account No. DRIVE MEDICAL P O BOX 798019 Saint Louis, MO 63179-8000	-		VARIOUS BUSINESS GOODS AND PRODUCTS				93,163.13	
Account No. GOERING & GOERING ATTORNEYS 220 W. THIRD ST. Cincinnati, OH 45202	-		2012 LEGAL SERVICES RE: HUNTINGTON BANK LITIGATION				1,900.00	
Account No. 8001740526 HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	X -		7/15/10 GUARANTY FOR THE OBLIGATIONS OF MARTIS REALTY I, LTD UNDER THREE NOTES KNOWN AS "NOTE 18", "NOTE 34" AND "NOTE 59"				792,155.05	
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	888,276.66

In re ABLECARE MEDICAL, 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 I S P U T E D	A M O U N T O F C L A I M
		H W J C	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.		
Account No. LIFE GAS 575 MOUNTAIN AVENUE New Providence, NJ 07974		-	VARIOUS BUSINESS GOODS AND PRODUCTS		59,815.74
Account No. RESMED LOCKBOX 534593 Atlanta, GA 30353		-	VARIOUS BUSINESS GOODS AND PRODUCTS		231,843.97
Account No. ROSCOE MEDICAL INC. P O BOX 73743 Cleveland, OH 44193		-	VARIOUS BUSINESS GOODS AND PRODUCTS		9,194.72
Account No. SIEVERS SECURITY INC 18210 ST. CLAIR AVENUE Cleveland, OH 44110		-	SECURITY SYSTEM AT (CLOSED) CLEVELAND FACILITY		71.12
Account No. SPRINT PCS P O BOX 4181 Carol Stream, IL 60197		-	VARIOUS PHONE SERVICES		1,415.24
Sheet no. <u>2</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)	302,340.79

In re ABLECARE MEDICAL, 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. THE ILLUMINATING COMPANY P O BOX 3638 Akron, OH 44309		-				751.64	
Account No.							
Account No.							
Account No.							
Account No.							
Sheet no. <u>3</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	751.64
						Total (Report on Summary of Schedules)	1,196,098.26

In re ABLECARE MEDICAL, 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.
CIT FINANCE LLC 10201 CENTURION PARKWAY N. #100 Jacksonville, FL 32256	CAPITAL LEASE - SEE SCHEDULE "D"
FIRST FINANCIAL EQUIPMENT FINANCE LLC 201 E. 4TH STREET Cincinnati, OH 45202	CAPITAL LEASE - SEE SCHEDULE "D"
KEY EQUIPMENT FINANCE INC. 1000 S. MCCASLIN BLVD. SUPERIOR, CO 80027	CAPITAL LEASE - SEE SCHEDULE "D"
PHILLIPS MEDICAL CAPITAL 1111 OLD EAGLE SCHOOL ROAD Wayne, PA 19087	CAPITAL LEASE - SEE SCHEDULE "D"
WELLS FARGO FINANCIAL LEASING 300 TRI-STATE INTERNATIONAL, STE. 400 Lincolnshire, IL 60069	CAPITAL LEASE - SEE SCHEDULE "D"

In re **ABLECARE MEDICAL, 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
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	FIRST FINANCIAL EQUIPMENT FINANCE LLC 201 E. 4TH STREET Cincinnati, OH 45202
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	PHILLIPS MEDICAL CAPITAL 1111 OLD EAGLE SCHOOL ROAD Wayne, PA 19087
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	KEY EQUIPMENT FINANCE INC. 1000 S. MCCASLIN BLVD. SUPERIOR, CO 80027
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	WELLS FARGO FINANCIAL LEASING 300 TRI-STATE INTERNATIONAL, STE. 400 Lincolnshire, IL 60069
MARTIS REALTY I, LTD. C/O DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909
MARTIS REALTY I, LTD. C/O DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909

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

In re ABLECARE MEDICAL, 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 SOLE SHAREHOLDER AND 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 18 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date March 11, 2013

Signature /s/ DINESH J. MARTIS

DINESH J. MARTIS

SOLE SHAREHOLDER AND PRESIDENT

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

B7 (Official Form 7) (12/12)

United States Bankruptcy Court Southern District of Ohio

In re ABLECARE MEDICAL, 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 \$2,289,655.00

SOURCE 2011 BUSINESS OPERATIONS

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
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None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. 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
BURLINGTON HEALTH CARE	1/18/13	\$16,410.00	\$0.00
CALIGURI HEATING & COOLING CO.	2/8/13 & 2/15/13	\$48,317.94	\$0.00
CENTRAL INSURANCE COMPANIES	1/28/13	\$12,582.84	\$0.00
CIT FINANCE LLC 10201 CENTURION PARKWAY N. #100 Jacksonville, FL 32256	12/28/12 & 2/25/13	\$7,284.01	\$0.00
DAVE SWART	1/31/13 & 2/28/13	\$20,000.00	\$0.00
GEMCO MEDICAL SALES	1/29/13	\$11,550.92	\$0.00
ICP, INC.	2/25/13	\$6,854.75	\$0.00
INDEPENDENCE MEDICAL	1/14/12, 1/15/12, 2/19/13	\$19,892.38	\$0.00
KEY EQUIPMENT FINANCE INC. 1000 S. MCCASLIN BLVD. SUPERIOR, CO 80027	3/4/13	\$11,332.23	\$0.00
PORTER, WRIGHT, MORRIS & ARTHUR LLP	1/4/13	\$15,003.26	\$0.00
RESPONSIVE RESPIRATORY	2/4/13	\$8,565.75	\$0.00
VAN G.MILLER & ASSOC., INC.	12/12/12 & 12/18/12	\$6,384.00	\$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.)

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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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
THE HUNTINGTON NATIONAL BANK v. ABLECARE MEDICAL, INC. et al A1208645	ON NOTES, BREACH OF GUARANTEES, ETC.	HAMILTON COUNTY COMMON PLEAS	JUDGMENT
PRO2 RESPIRATORY SERVICES, INC. v. ABLECARE MEDICAL, INC. A1206658	BREACH OF CONTRACT AND COUNTERCLAIM FOR BREACH OF CONTRACT	HAMILTON COUNTY COMMON PLEAS COURT	TRIAL SET FOR AUGUST, 2013

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
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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
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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
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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
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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
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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
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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 PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
GOERING & GOERING ATTORNEYS 220 W. THIRD ST. Cincinnati, OH 45202	2012	\$6,900
Elliott Polaniecki 9000 Plainfield Road Cincinnati, OH 45236	2/13/13	\$5,000 RETAINER - DEPOSITED IN IOLTA \$7,500 RETAINER - DEPOSITED IN IOLTA \$1,500 COSTS - DEPOSITED IN IOLTA
DAVID SWART 3520 MULLEN'S WAY Cincinnati, OH 45245	1/31/13 & 2/28/13	\$20,000

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
LAURA MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140 WIFE OF 100% SHAREHOLDER		1/2 INTEREST IN 2008 LEXUS

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- 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
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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
FIRST FINANCIAL BANK	CHECKING ACCOUNT XXX8576	\$47.54 - CLOSED FEB. 2013

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
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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
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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
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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
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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
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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
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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
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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.

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	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME	31-1417231	7798 READING ROAD Cincinnati, OH 45237	DURABLE MEDICAL EQUIPMENT	9/1/94 - CURRENTLY OPERATING
ABLECARE MEDICAL, INC.				

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
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	

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
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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
POWELL ACCOUNTING SERVICES	285 S. LIBERTY STREET Powell, OH 43065

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
CIT FINANCE LLC 10201 CENTURION PARKWAY N. #100 Jacksonville, FL 32256	
FIRST FINANCIAL EQUIPMENT FINANCE LLC 201 E. 4TH STREET Cincinnati, OH 45202	
HUNTINGTON NATIONAL BANK CINCINNATI COMMERCIAL LENDING P O BOX 341470 - NC1W25 Columbus, OH 43234-9909	

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NAME AND ADDRESS
KEY EQUIPMENT FINANCE INC.
1000 S. MCCASLIN BLVD.
SUPERIOR, CO 80027

DATE ISSUED

PHILLIPS MEDICAL CAPITAL
1111 OLD EAGLE SCHOOL ROAD
Wayne, PA 19087

WELLS FARGO FINANCIAL LEASING
300 TRI-STATE INTERNATIONAL, STE. 400
Lincolnshire, IL 60069

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

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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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
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- 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
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	PRESIDENT, SOLE SHAREHOLDER	100%

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
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- 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
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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
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140 100% SHAREHOLDER	IN LIEU OF SALARY - PAYMENTS TO THIRD PARTIES FOR BENEFIT OF ABOVE RECIPIENT - INCLUDES MORTGAGE PAYMENTS, CREDIT CARD PAYMENTS, CHURCH CONTRIBUTIONS, FAMILY EXPENSES	\$186,612.04

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 March 11, 2013

Signature /s/ DINESH J. MARTIS
DINESH J. MARTIS
SOLE SHAREHOLDER AND 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 Southern District of Ohio

In re ABLECARE MEDICAL, INC.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 3 rows: For legal services, I have agreed to accept; Prior to the filing of this statement I have received; Balance Due. Columns include dollar sign and amount 0.00.

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

Debtor Other (specify):

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

Debtor Other (specify):

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

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

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

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

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

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

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

CERTIFICATION

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

Dated: March 11, 2013

/s/ Elliott Polaniecki

Elliott Polaniecki 0006387
Elliott Polaniecki
9000 Plainfield Road
Cincinnati, OH 45236
513-793-5999 Fax: 513-793-4691
e28p@aol.com

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

In re ABLECARE MEDICAL, 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
DINESH J. MARTIS 6313 TRAIL RIDGE COURT Loveland, OH 45140	COMMON STOCK	100%	OWNERSHIP

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the SOLE SHAREHOLDER AND 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 March 11, 2013

Signature /s/ DINESH J. MARTIS
DINESH J. MARTIS
SOLE SHAREHOLDER AND 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.

ABBOTT NUTRITION
ABBOTT LABORATORIES, INC.
3300 STELZER ROAD
Columbus, OH 43215-1724

ALLIED WASTE SERVICES
40195 BUTTERNUT RIDGE ROAD
Elyria, OH 44035-7903

CINCINNATI POLICE DEPT.
FALSE ALARM REDUCTION UNIT
P O BOX 14573
Cincinnati, OH 45250

CIT FINANCE LLC
10201 CENTURION PARKWAY N. #100
Jacksonville, FL 32256

CITY OF CINCINNATI
INCOME TAX DIVISION
805 CENTRAL AVENUE, STE. 600
Cincinnati, OH 45202

CITY OF DAYTON
101 WEST 3RD ST.
P O BOX 22
Dayton, OH 45401

CORPORATE CROSSINGS LLC
4595 HINCKLEY INDUSTRIAL PKWY
Cleveland, OH 44109

DINESH J. MARTIS
6313 TRAIL RIDGE COURT
Loveland, OH 45140

DOMINION EAST OHIO
P O BOX 26785
Richmond, VA 23261-6785

DRIVE MEDICAL
P O BOX 798019
Saint Louis, MO 63179-8000

ELIZABETH GRAHAM WEBER, ESQ.
DRESSMAN BENZINGER LAVELLE PSC
207 THOMAS MORE PARKWAY
Ft Mitchell, KY 41017

FIRST FINANCIAL EQUIPMENT FINANCE LLC
201 E. 4TH STREET
Cincinnati, OH 45202

GOERING & GOERING ATTORNEYS
220 W. THIRD ST.
Cincinnati, OH 45202

HUNTINGTON NATIONAL BANK
CINCINNATI COMMERCIAL LENDING
P O BOX 341470 - NC1W25
Columbus, OH 43234-9909

HUNTINGTON NATIONAL BANK
ATTN: ARTHUR BLOCKSIDGE
105 E. 4TH ST. - CN01
Cincinnati, OH 45202

KEY EQUIPMENT FINANCE INC.
1000 S. MCCASLIN BLVD.
SUPERIOR, CO 80027

KONRAD KIRCHER, ESQ.
ATTORNEY FOR PRO2 RESPIRATORY SERV., INC
Mason, OH 45040

LIFE GAS
575 MOUNTAIN AVENUE
New Providence, NJ 07974

MARTIS REALTY I, LTD.
C/O DINESH J. MARTIS
6313 TRAIL RIDGE COURT
Loveland, OH 45140

PHILLIPS MEDICAL CAPITAL
1111 OLD EAGLE SCHOOL ROAD
Wayne, PA 19087

PRO2 RESPIRATORY SERVICES, INC.
5800 CREEK ROAD
Cincinnati, OH 45242

RESMED
LOCKBOX 534593
Atlanta, GA 30353

ROSCOE MEDICAL INC.
P O BOX 73743
Cleveland, OH 44193

SIEVERS SECURITY INC
18210 ST. CLAIR AVENUE
Cleveland, OH 44110

SPRINT PCS
P O BOX 4181
Carol Stream, IL 60197

THE ILLUMINATING COMPANY
P O BOX 3638
Akron, OH 44309

W. KELLY JOHNSON, ESQ.
250 E. FIFTH STREET, STE. 2200
Cincinnati, OH 45202

WELLS FARGO FINANCIAL LEASING
300 TRI-STATE INTERNATIONAL, STE. 400
Lincolnshire, IL 60069

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

In re ABLECARE MEDICAL, 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 ABLECARE MEDICAL, 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:

None [*Check if applicable*]

March 11, 2013

Date

/s/ Elliott Polaniecki

Elliott Polaniecki 0006387

Signature of Attorney or Litigant
Counsel for **ABLECARE MEDICAL, INC.**

Elliott Polaniecki

9000 Plainfield Road

Cincinnati, OH 45236

513-793-5999 Fax:513-793-4691

e28p@aol.com