

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known)

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Brookside Clinical Laboratory, Inc.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 23-1988691

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 2901 Duttons Mill Road, Suite 100 Aston, PA 19014 Delaware Location of principal assets, if different from principal place of business

5. Debtor's website (URL) www.brooksidelab.com

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership Other. Specify:

Debtor Brookside Clinical Laboratory, Inc. Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

Debtor Brookside Clinical Laboratory, Inc. Case number (if known) _____
 Name

11. Why is the case filed in this district? *Check all that apply:*

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

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
 Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds. *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

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

16. Estimated liabilities

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

Debtor Brookside Clinical Laboratory, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signature

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

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 30, 2015
MM / DD / YYYY

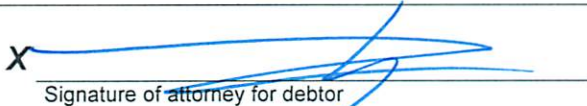
X 

Signature of authorized representative of debtor

John J. Iacono
Printed name

Title President

18. Signature of attorney

X 

Signature of attorney for debtor

Date December 30, 2015
MM / DD / YYYY

Eugene J. Malady, Esquire
Printed name

Eugene J. Malady, LLC
Firm name

211 N. Olive Street, Suite 1
Media, PA 19063
Number, Street, City, State & ZIP Code

Contact phone (610) 565-5000 Email address emalady@ejmcounselors.com

25201
Bar number and State

Fill in this information to identify the case:

Debtor name Brookside Clinical Laboratory, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known): _____

Check if this is an amended filing

Official Form 204

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

12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alere PO Box 846153 Boston, MA 02284-6153		Vendor				\$17,768.27
ARK 48089 Fremont Blvd Fremont, CA 94538		Vendor				\$6,837.12
Biorad PO Box 849740 Los Angeles, CA 90084-9740		Vendor				\$24,401.00
College of American Pathologists PO Box 71698 Chicago, IL 60694-1698		Pathology services				\$5,411.89
CSS 2106 New Road Bldg E-6 Linwood, NJ 08221		Vendor				\$26,924.18
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		taxes				\$1,100,000.00
Intrumation PO Box 347934 Pittsburgh, PA 15251		Vendor				\$5,268.07
Kelly, Grimes, Pietrangelo 36 E. Second Street Media, PA 19063		Attorney fees				\$9,011.78
King Medical 250 Corporate Blvd Suite K Newark, DE 19702		Vendor				\$12,787.74

Debtor **Brookside Clinical Laboratory, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Nanticoke Hospital PO Box 824318 Philadelphia, PA 19182		Vendor				\$28,815.70
Pennsylvania Department of Revenue Bureau of Compliance P.O. Box 280948 Harrisburg, PA 17128-0946						\$125,000.00
Pennsylvania Dept. of Labor & Industry Bureau of Employer Tax Operations 444 N. 3rd Street, Suite 3B Philadelphia, PA 19123						\$154,000.00
POMS 2727 Philmont Ave Unit 320 Huntingdon Valley, PA 19006		Vendor				\$4,501.79
Quest Diagnostics 800 Business Center Drive, #2 Horsham, PA 19044		Vendor				\$27,000.00
Remel 12076 Sante Fe Drive Lenexa, KS 66215		Vendor				\$11,218.66
Seimens PO Box 121102 Dallas, TX 75312-1102		Vendor				\$28,562.99
Stericycle PO Box 6582 Carol Stream, IL 60197-6582		Vendor				\$16,072.00
TD Bank PO Box 16027 Columbus, GA 31908-4037		ChargeAccount				\$5,590.50
Time Payment 16 N.E. Executive Park #200 Burlington, MA 01803		Vendor				\$7,670.69

Debtor **Brookside Clinical Laboratory, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Verizon PO Box 25505 Lehigh Valley, PA 18002-5505		Utility bill				\$7,814.99

United States Bankruptcy Court
Eastern District of Pennsylvania

In re Brookside Clinical Laboratory, Inc.

Debtor(s)

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
John J. Iacono 347 Ivy Mills Road Glen Mills, PA 19342			100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date December 30, 2015

Signature


John J. Iacono

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

ABC Paper
510 E. Barnard Street
Unit 1
West Chester, PA 19382

Alere
PO Box 846153
Boston, MA 02284-6153

American Association of Bioanalysts
205 West Levee Streets
Brownsville, TX 78520

ARK
48089 Fremont Blvd
Fremont, CA 94538

Biorad
PO Box 849740
Los Angeles, CA 90084-9740

College of American Pathologists
PO Box 71698
Chicago, IL 60694-1698

CSS
2106 New Road
Bldg E-6
Linwood, NJ 08221

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Intrumation
PO Box 347934
Pittsburgh, PA 15251

Kelly, Grimes, Pietrangelo
36 E. Second Street
Media, PA 19063

King Medical
250 Corporate Blvd
Suite K
Newark, DE 19702

Nanticoke Hospital
PO Box 824318
Philadelphia, PA 19182

Pennsylvania Department of Revenue
Bureau of Compliance
P.O. Box 280948
Harrisburg, PA 17128-0946

Pennsylvania Dept. of Labor & Industry
Bureau of Employer Tax Operations
444 N. 3rd Street, Suite 3B
Philadelphia, PA 19123

POMS
2727 Philmont Ave
Unit 320
Huntingdon Valley, PA 19006

Quest Diagnostics
800 Business Center Drive, #2
Horsham, PA 19044

Remel
12076 Sante Fe Drive
Lenexa, KS 66215

Seimens
PO Box 121102
Dallas, TX 75312-1102

Stericycle
PO Box 6582
Carol Stream, IL 60197-6582

TD Bank
PO Box 16027
Columbus, GA 31908-4037

Time Payment
16 N.E. Executive Park #200
Burlington, MA 01803

Verizon
PO Box 25505
Lehigh Valley, PA 18002-5505

United States Bankruptcy Court
Eastern District of Pennsylvania

In re Brookside Clinical Laboratory, Inc.
Debtor(s)

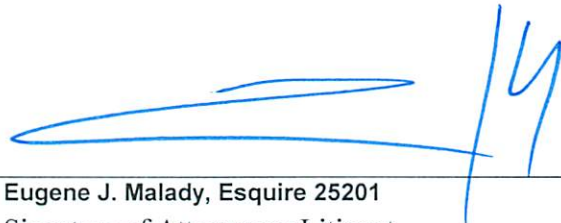
Case No. _____
Chapter 11

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 Brookside Clinical Laboratory, 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*]

December 30, 2015
Date



Eugene J. Malady, Esquire 25201
Signature of Attorney or Litigant
Counsel for Brookside Clinical Laboratory, Inc.
Eugene J. Malady, LLC
211 N. Olive Street, Suite 1
Media, PA 19063
(610) 565-5000 Fax:(610) 565-1201
emalady@ejmcounselors.com

United States Bankruptcy Court
Eastern District of Pennsylvania

In re Brookside Clinical Laboratory, Inc. Debtor(s) Case No. _____ Chapter 11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **John J. Iacono**, declare under penalty of perjury that I am the **President** of **Brookside Clinical Laboratory, Inc.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the ___ day of __, 20__.

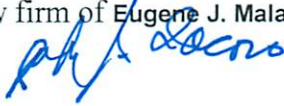
"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **John J. Iacono**, **President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **John J. Iacono**, **President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **John J. Iacono**, **President** of this Corporation is authorized and directed to employ **Eugene J. Malady, Esquire 25201**, attorney and the law firm of **Eugene J. Malady, LLC** to represent the corporation in such bankruptcy case."

Date 12/30/15

Signed 

John J. Iacono

Resolution of Board of Directors
of
Brookside Clinical Laboratory, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **John J. Iacono, President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **John J. Iacono, President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **John J. Iacono, President** of this Corporation is authorized and directed to employ **Eugene J. Malady, Esquire 25201**, attorney and the law firm of **Eugene J. Malady, LLC** to represent the corporation in such bankruptcy case.

Date 12/30/15

Signed X

Date _____

Signed _____