

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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 The Heart Care Group, P.C.

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) 23-2886756

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1249 S. Cedar Crest Blvd.  
Suite 100  
Allentown, PA 18103

Number, Street, City, State & ZIP Code

Lehigh  
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

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

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

Debtor **The Heart Care Group, P.C.**  
Name

Case number (if known)

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

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

## B. Check all that apply

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

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

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

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

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

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

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

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

- ☒ No
- ☐ Yes.

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

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

Debtor **The Heart Care Group, P.C.**  
Name

Case number (if known)

**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 &amp; 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**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **The Heart Care Group, P.C.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

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

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

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

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

Executed on **October 24, 2018**  
MM / DD / YYYY**X /s/ Shehzad M. Malik, M.D.**

Signature of authorized representative of debtor

**Shehzad M. Malik, M.D.**

Printed name

Title **President****18. Signature of attorney****X /s/ John R. K. Solt, Esquire**

Signature of attorney for debtor

Date **October 24, 2018**

MM / DD / YYYY

**John R. K. Solt, Esquire**

Printed name

**John R. K. Solt, P.C.**

Firm name

**Gateway Professional Center  
2045 Westgate Dr., Suite 404B  
Bethlehem, PA 18017**

Number, Street, City, State &amp; ZIP Code

Contact phone **610-865-2465**Email address **jsolt.soltlaw@rcn.com****24686 PA**

Bar number and State

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

Debtor name The Heart Care Group, P.C.

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

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

☐ Check if this is an amended filing

Official Form 202

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

12/15

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

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

**Declaration and signature**

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

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

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

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

Executed on October 24, 2018

X /s/ Shehzad M. Malik, M.D.

Signature of individual signing on behalf of debtor

Shehzad M. Malik, M.D.

Printed name

President

Position or relationship to debtor

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

Debtor name The Heart Care Group, P.C.  
 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 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
Heart Care Group Profit Sharing Plan 1249 S. Cedar Crest Blvd. Suite 100 Allentown, PA 18103		contribution due				\$77,214.00
Bank of America P.O. Box 15796 Wilmington, DE 19886		credit card				\$63,080.68
Berkheimer Tax Administrator 325-A N. Pottstown Pike Exton, PA 19341-2290		2015 & 2016 business privilege and mercantile taxes				\$32,889.86
Bessemer Trust 100 Woodbridge Center Drive Woodbridge, NJ 07095		401K Investment Fees				\$44,722.69
Cardinal Health P.O. Box 70609 Chicago, IL 60673		medical supplies				\$76,076.59
Cedar Crest Professional Park VIII LP 1255 S. Cedar Crest Blvd. Suite 1600 Allentown, PA 18103		real estate lease				\$57,542.84
Covidien 15 Hampshire Street Mansfield, MA 02048		medical supplies				\$29,057.05
Dex-Media/DEX-YP PO Box 619009 Dallas, TX 75261-9009		phone book/internet advertising				\$7,513.05

Debtor **The Heart Care Group, P.C.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Digirad Imaging Solutions P.O. Box 671153 Dallas, TX 75267-1153		Nuclear Imaging-Satellite offices				\$14,540.00
GE Healthcare Services Lockbox 641419 500 First Ave. Pittsburgh, PA 15219		service agreement				\$29,288.96
Independent Physician Services 300 Penn Center Blvd. Pittsburgh, PA 15235		employee benefits				\$314,437.28
Infobionics 600 Suffolk St. Lowell, MA 01853		monitoring service				\$26,914.04
Iron Mountain 1000 Campus Drive Collegeville, PA 19426		storage of records				\$85,899.78
ISS Solutions, Inc. P.O. Box 13700-1066 Philadelphia, PA 19191		service agreement				\$20,415.43
Lantheus Medical Imaging, Inc 331 Treble Cove Road North Billerica, MA 01862		Definity -Medical Drug				\$13,050.00
Lynn Medical Instruments, Inc 50120 Pontiac Trail Wixom, MI 48393-2019		medical supplies				\$7,513.05
Medent P.O. Box 980 Auburn, NY 13021		software/billing support				\$26,211.36
Melvin Schwartz 3920 Maulfair Place Allentown, PA 18103		payout of shares				\$45,288.29
Nixon Uniform Services, Inc. Jim Breakey, Collection Specialist 5151 E. Broadway Blvd. Suite 800 Tucson, AZ 85711		uniform service				\$20,863.69

Debtor **The Heart Care Group, P.C.** Case number (if known) \_\_\_\_\_  
Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>Provident Bank 100 Wood Avenue South Iselin, NJ 08830</b>		<b>all inventory, chattel paper, accounts, equipment and general intangibles</b>		<b>\$572,243.74</b>	<b>\$254,366.10</b>	<b>\$317,243.74</b>



Fill in this information to identify the case:

Debtor name The Heart Care Group, P.C.

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

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

☐ Check if this is an amended filing

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

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>765,962.99</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>765,962.99</u>

Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>957,877.64</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>347,327.14</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>730,077.68</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>2,035,282.46</u>

## Fill in this information to identify the case:

Debtor name The Heart Care Group, P.C.United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

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

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 2. Cash on hand

\$0.00

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Provident Bank acct

business checking

3814

\$35,363.79

3.2. Provident Bank

money market

8368

\$300.00

## 4. Other cash equivalents (Identify all)

## 5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$35,663.79

**Part 2: Deposits and Prepayments**

## 6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Security deposit with Miners Bank

\$4,750.00

Debtor The Heart Care Group, P.C. Case number (If known) \_\_\_\_\_  
Name

7.2. Security deposit with Cedar Crest Professional Park \$68,470.00

7.3. security deposit with Redline Apartments \$2,500.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$75,720.00

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 1,636,447.88 - 981,868.68 = .... \$654,579.20  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$654,579.20

**Part 4: Investments**

13. **Does the debtor own any investments?**

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

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

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

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

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

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

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

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

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

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

**General description**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

Debtor The Heart Care Group, P.C. Case number (If known) \_\_\_\_\_  
Name

39. **Office furniture**  
**furniture and fixtures** Unknown Unknown

40. **Office fixtures**

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

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

43. **Total of Part 7.** \$0.00  
Add lines 39 through 42. Copy the total to line 86.

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

☒ No

☐ Yes

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

☒ No

☐ Yes

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

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

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**  
**medical equipment** Unknown Unknown

51. **Total of Part 8.** \$0.00  
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

Debtor **The Heart Care Group, P.C.**

Name

Case number (If known)

☐ Yes

**Part 9: Real property**

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

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <b>Cedar Crest Professional Park</b> <b>1255 S. Cedar Crest Blvd.</b> <b>Allentown, PA 18103</b>	<b>Commercial property lease</b>	<b>\$0.00</b>		<b>Unknown</b>
55.2. <b>1504 Route 61 Highway South</b> <b>Pottsville, PA 17901</b>	<b>Commercial property lease</b>	<b>\$0.00</b>		<b>\$0.00</b>
55.3. <b>860 Interchange Rd.</b> <b>Lehigh, PA 18235</b>	<b>Commercial property lease</b>	<b>\$0.00</b>		<b>\$0.00</b>

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

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

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor The Heart Care Group, P.C. Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$35,663.79</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$75,720.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$654,579.20</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$765,962.99</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$765,962.99</b>

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

Debtor name The Heart Care Group, P.C.

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

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

☐ Check if this is an amended filing

**Official Form 206D**

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

12/15

Be as complete and accurate as possible.

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

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

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Provident Bank</b> <small>Creditor's Name</small>  <b>100 Wood Avenue South</b> <b>Iselin, NJ 08830</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>all inventory, chattel paper, accounts, equipment and general intangibles</b>  Describe the lien <b>term loan secured by security interest</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$385,633.90</b>	<b>\$385,633.90</b>

<b>2.2</b>	<b>Provident Bank</b> <small>Creditor's Name</small>  <b>100 Wood Avenue South</b> <b>Iselin, NJ 08830</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	Describe debtor's property that is subject to a lien <b>all inventory, chattel paper, accounts, equipment and general intangibles</b>  Describe the lien <b>line of credit secured by security interest</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$572,243.74</b>	<b>\$254,366.10</b>
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Debtor **The Heart Care Group, P.C.**

Case number (if know)

Name

☒ No

☐ Contingent

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$957,877.64**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

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

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Lesavoy Butz & Seitz  
1620 Pond. Rd.  
Suite 200  
Allentown, PA 18104**

Line **2.1**



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

Debtor name **The Heart Care Group, P.C.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

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

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

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

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

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

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

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

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Berkheimer Tax Administrator</b> <b>325-A N. Pottstown Pike</b> <b>Exton, PA 19341-2290</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$32,889.86</b>	<b>\$32,889.86</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>2015 &amp; 2016 business privilege and mercantile taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Independent Physician Services</b> <b>300 Penn Center Blvd.</b> <b>Pittsburgh, PA 15235</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$314,437.28</b>	<b>\$141,855.44</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: <b>employee benefits</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

Amount of claim

Debtor	<b>The Heart Care Group, P.C.</b> Name _____	Case number (if known) _____
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3.1	<b>Nonpriority creditor's name and mailing address</b> <b>Heart Care Group Profit Sharing Plan</b> <b>1249 S. Cedar Crest Blvd.</b> <b>Suite 100</b> <b>Allentown, PA 18103</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$77,214.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>contribution due</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Accountemps</b> <b>12400 Collections Center Drive</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,047.29</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>temporary staffing service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Altek Business</b> <b>300 Emlen Way</b> <b>Telford, PA 18969</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$816.93</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>service agreement with Kyocera</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>ANSWERNET</b> <b>1729 W. Tilghman Street</b> <b>Suite 2</b> <b>Allentown, PA 18104</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$538.77</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>answering service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Bank of America</b> <b>P.O. Box 15796</b> <b>Wilmington, DE 19886</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$63,080.68</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Bartuch Signs</b> <b>302 N. Washington St.</b> <b>Orwigsburg, PA 17961</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$271.04</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Berk's Credit Collections</b> <b>P.O. Box 329</b> <b>Temple, PA 19560-0329</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,070.76</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **The Heart Care Group, P.C.**

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

3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Berks Deaf and Hard of Hearing</b> <b>2045 Centre Ave.</b> <b>Reading, PA 19605</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>patient assistance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,982.71</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Bessemer Trust</b> <b>100 Woodbridge Center Drive</b> <b>Woodbridge, NJ 07095</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>401K Investment Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,722.69</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Ridge Communications</b> <b>P.O. Box 316</b> <b>Palmerton, PA 18071</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>cable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$66.90</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Busy Brooms</b> <b>1 W. Broad St.</b> <b>11th Floor</b> <b>Bethlehem, PA 18018</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Office cleaning service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,708.10</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>C&amp;S Research Corporation</b> <b>P.O. Box 60509</b> <b>King of Prussia, PA 19406</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>practice management service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health</b> <b>P.O. Box 70609</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>medical supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76,076.59</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Cedar Crest Professional Park VIII LP</b> <b>1255 S. Cedar Crest Blvd.</b> <b>Suite 1600</b> <b>Allentown, PA 18103</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>real estate lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57,542.84</b>

Debtor	<b>The Heart Care Group, P.C.</b> <small>Name</small>	Case number (if known) _____
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>P.O. Box 3001</b> <b>Southeastern, PA 19398</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>cable service</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$311.00</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Covidien</b> <b>15 Hampshire Street</b> <b>Mansfield, MA 02048</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>medical supplies</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,057.05</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Danlee Medical Products Inc.</b> <b>6075 East Molloy Road</b> <b>Syracuse, NY 13211</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Medical Supply</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,786.47</b>
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Debbie Becker</b> <b>P.O. Box 264</b> <b>Walnutport, PA 18088</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>cleaning service</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,653.60</b>
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Dex-Media/DEX-YP</b> <b>PO Box 619009</b> <b>Dallas, TX 75261-9009</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>phone book/internet advertising</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,513.05</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Digirad Imaging Solutions</b> <b>P.O. Box 671153</b> <b>Dallas, TX 75267-1153</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Nuclear Imaging-Satelite offices</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,540.00</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Docherty Cleaning</b> <b>78 N. Broad Street</b> <b>Bangor, PA 18013</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>cleaning services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
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Debtor **The Heart Care Group, P.C.**

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

3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Fitzpatrick, Lentz, Bubba</b> <b>4001 Schoolhouse Lane</b> <b>Center Valley, PA 18034</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>attorney fees</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,074.50</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Forest Medical, LLC</b> <b>6700 Old Collamer Rd.</b> <b>East Syracuse, NY 13057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,000.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>GE Healthcare Services</b> <b>Lockbox 641419</b> <b>500 First Ave.</b> <b>Pittsburgh, PA 15219</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>service agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,288.96</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>H&amp;H Beverage</b> <b>437 Pinewood Rd.</b> <b>Lehighon, PA 18235</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>water service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12.72</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>HCSC Ambulatory Care</b> <b>2171 28th Street, S.W.</b> <b>Allentown, PA 18103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>ambulatory services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,071.53</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Henry Schein</b> <b>135 Duryea Rd.</b> <b>Melville, NY 11747</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,206.58</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>HIBU Inc-fka-Yellowbook</b> <b>PO Box 11815</b> <b>Newark, NJ 07101-8115</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>yellowbook advertising</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,115.84</b>

Debtor	<b>The Heart Care Group, P.C.</b> Name _____	Case number (if known) _____
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Huber, Waldron &amp; Williams, LLP</b> <b>1150 Cedar Crest Blvd.</b> <b>Allentown, PA 18103</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$118.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>attorney fees</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Infobionics</b> <b>600 Suffolk St.</b> <b>Lowell, MA 01853</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$26,914.04</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>monitoring service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate Healthcare Corporation</b> <b>508 Prudential Rd.</b> <b>Suite 100</b> <b>Horsham, PA 19044</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$770.94</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>malpractice insurance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Iron Mountain</b> <b>1000 Campus Drive</b> <b>Collegeville, PA 19426</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$85,899.78</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>storage of records</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>ISS Solutions, Inc.</b> <b>P.O. Box 13700-1066</b> <b>Philadelphia, PA 19191</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$20,415.43</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>service agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>KUDU Creative</b> <b>230 Ferry Street</b> <b>Floor 1 Suite 2</b> <b>Easton, PA 18042</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$714.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>marketing service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Lantheus Medical Imaging, Inc</b> <b>331 Treble Cove Road</b> <b>North Billerica, MA 01862</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$13,050.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Definity -Medical Drug</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>The Heart Care Group, P.C.</b> Name _____	Case number (if known) _____
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Lynn Medical Instruments, Inc</b> <b>50120 Pontiac Trail</b> <b>Wixom, MI 48393-2019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$7,513.05</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Medent</b> <b>P.O. Box 980</b> <b>Auburn, NY 13021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$26,211.36</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>software/billing support</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Device Depot</b> <b>3230 Bethany Lane</b> <b>Suite 8</b> <b>Ellicott City, MD 21042</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$108.02</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Medpro Waste Disposal</b> <b>P.O. Box 5683</b> <b>Carol Stream, IL 60197</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,262.36</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical waste disposal</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Melvin Schwartz</b> <b>3920 Maulfair Place</b> <b>Allentown, PA 18103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$45,288.29</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>payout of shares</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Modern Strategic Branding</b> <b>118 Dickerson Rd.</b> <b>Suite B</b> <b>North Wales, PA 19454</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$389.15</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>medical supplies</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Morey, Nee, Buck &amp; Oswald, LLC</b> <b>2571 Baglyos Circle, Suite B20</b> <b>Bethlehem, PA 18020</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,575.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>accounting services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>The Heart Care Group, P.C.</b> Name _____	Case number (if known) _____
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Nixon Uniform Services, Inc.</b> <b>Jim Breakey, Collection Specialist</b> <b>5151 E. Broadway Blvd.</b> <b>Suite 800</b> <b>Tucson, AZ 85711</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>2218</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$20,863.69</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>uniform service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>O'Brien's Moving and Storage</b> <b>P.O. Box 236</b> <b>Allentown, PA 18105</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,003.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>storage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Office Ally</b> <b>P.O. Box 872020</b> <b>Vancouver, WA 98687</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$19.95</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>software portal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Pottsville Republican Herald</b> <b>P.O. Box 3478</b> <b>Scranton, PA 18505</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,147.30</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>newspaper/advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Casualty Association</b> <b>1012 W. 9th Ave.</b> <b>#250</b> <b>King of Prussia, PA 19406</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,402.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>business insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Purchase Power</b> <b>P.O. Box 371874</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,476.49</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>mailing/postage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Radiation Detection Company</b> <b>3527 Sneed Drive</b> <b>Georgetown, TX 78626</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$40.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>radiation badges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor **The Heart Care Group, P.C.**

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

3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Regan, Levin, Bloss, Brown &amp; Savchak</b> <b>702 Hamilton Street</b> <b>Suite 200</b> <b>Allentown, PA 18101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,740.00</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Republican Herald/Pottsville</b> <b>PO Box 3478</b> <b>Scranton, PA 18505-0478</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>local newspaper ads</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,147.30</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Safeguard Business Systems, Inc.</b> <b>1132 Hamilton Street</b> <b>#309</b> <b>Allentown, PA 18101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>check ordering</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$166.86</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Schuylkill Mobile Fone, Inc.</b> <b>210 West Market Street</b> <b>Pottsville, PA 17901</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>cell phone services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$235.32</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Service Electric Cable TV</b> <b>P.O. Box 25025</b> <b>Lehigh Valley, PA 18002</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>cable services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104.36</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Stanley Access Technologies</b> <b>P.O. Box 0371595</b> <b>Pittsburgh, PA 15251</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>door installation service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$988.13</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>T3 Technologies LLC</b> <b>1001 Nor-Bath Blvd.</b> <b>Suite 2</b> <b>Northampton, PA 18067</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>IT services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,114.70</b>

Debtor <b>The Heart Care Group, P.C.</b>		Case number (if known) _____
Name _____		
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>The Sentinel Imaging Group, Inc.</b> <b>1172 Winola Rd.</b> <b>Clarks Summit, PA 18411</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$4,240.04</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>service agreement Echo machines</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Topton Family Practice</b> <b>72 Washington Street</b> <b>Topton, PA 19562</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,014.40</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>offsite testing facility</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Trane U.S. Inc.</b> <b>P.O. Box 406469</b> <b>Atlanta, GA 30384</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$734.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>HVAC</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>United Concordia Life &amp; Health</b> <b>P.O. Box 827399</b> <b>Philadelphia, PA 19182</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$435.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>dental insurance</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>United Retirement Plan</b> <b>P.O. Box 638750</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,035.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>retirement consulting service</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Valley Business Systems</b> <b>1344 Center Street</b> <b>Bethlehem, PA 18018</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$354.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>service agreement copier</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>P.O. Box 28000</b> <b>Lehigh Valley, PA 18002</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$526.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>phone services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **The Heart Care Group, P.C.** Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

3.64 Nonpriority creditor's name and mailing address **Verizon Long Distance**  
**P.O. Box 4830**  
**Trenton, NJ 08650**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$106.34**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: cell phone service  
 Is the claim subject to offset? ☒ No ☐ Yes

3.65 Nonpriority creditor's name and mailing address **Verizon Wireless**  
**P.O. Box 25505**  
**Lehigh Valley, PA 18002**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$335.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: cell phone provider  
 Is the claim subject to offset? ☒ No ☐ Yes

3.66 Nonpriority creditor's name and mailing address **WB Mason**  
**P.O. Box 981101**  
**Boston, MA 02298**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$1,433.85**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: office supplies  
 Is the claim subject to offset? ☒ No ☐ Yes

3.67 Nonpriority creditor's name and mailing address **Windstream Communications**  
**6805 US-202**  
**New Hope, PA 18938**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$7,464.43**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: phone service  
 Is the claim subject to offset? ☒ No ☐ Yes

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

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

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

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Amato Keating and Lessa, P.C.</b> <b>107 N Commerce Way, Suite 100</b> <b>Bethlehem, PA 18017-8913</b>	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Barr Credit Services</b> <b>5151 E. Broadway Blvd.</b> <b>Suite 800</b> <b>Tucson, AZ 85711</b>	Line <u>3.43</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>DeHann &amp; Bach</b> <b>25 Whitney Drive</b> <b>Suite 106</b> <b>Milford, OH 45150</b>	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Haggerty, Hinton &amp; Cosgrove-Attorneys</b> <b>203 Franklin Ave.</b> <b>Scranton, PA 18503</b>	Line <u>3.51</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor	<u>The Heart Care Group, P.C.</u>	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.5	<b>Rauch-Milliken International, Inc</b> <b>PO Box 8390</b> <b>Metairie, LA 70011-8390</b>	Line <u><b>3.28</b></u>  <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Recievable Management SVS</b> <b>P.O. Box 361348</b> <b>Columbus, OH 43236</b>	Line <u><b>3.32</b></u>  <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Schwartz &amp; Stafford, Attorneys</b> <b>8625 Crown Crescent Court</b> <b>Suite 110</b> <b>Charlotte, NC 28227</b>	Line <u><b>3.19</b></u>  <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Weltman, Weinberg &amp; Reis</b> <b>170 S. Independence Mall W. Suite</b> <b>874 W.</b> <b>Philadelphia, PA 19106</b>	Line <u><b>3.33</b></u>  <input type="checkbox"/> Not listed. Explain _____	—

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

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>347,327.14</b>
5b. +	\$ <b>730,077.68</b>
5c.	\$ <b>1,077,404.82</b>

Fill in this information to identify the case:

Debtor name **The Heart Care Group, P.C.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

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

☐ Check if this is an amended filing

Official Form 206G

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

12/15

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

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

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

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

State the term remaining

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

**Cardinal Health Nuclear  
7000 Cardinal Place  
Dublin, OH 43017**

2.2. State what the contract or lease is for and the nature of the debtor's interest **commerical lease of business office in Allentown**

State the term remaining

**7 years**

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

**Cedar Crest Professional Park  
1255 S. Cedar Crest Blvd.  
Allentown, PA 18103**

2.3. State what the contract or lease is for and the nature of the debtor's interest **lease of MPI imaging and required radiopharmaceuticals.**

State the term remaining

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

**Digirad Imaging Solutions  
941 Marcon Blvd.  
#401  
Allentown, PA 18109**

2.4. State what the contract or lease is for and the nature of the debtor's interest **manage day to day business operations**

State the term remaining

**9 months**

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

**Independent Physican Services LLC  
1600 Peninsula Drive  
P.O. Box 8070  
Erie, PA 16505**

Debtor 1 **The Heart Care Group, P.C.**

Case number (if known)

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **sublease for Pottsville office location**

State the term remaining **3 years 5 months**

List the contract number of any government contract

**Miners Bank  
1504 Route 61  
Highway South  
Pottsville, PA 17901**

2.6. State what the contract or lease is for and the nature of the debtor's interest **lease for 2 ultrasound machines**

State the term remaining **54**

List the contract number of any government contract

**Philips Medical Capital, LLC  
1111 Old Eagle School Rd.  
Wayne, PA 19087**

2.7. State what the contract or lease is for and the nature of the debtor's interest **lease for postage machine**

State the term remaining

List the contract number of any government contract

**Pitney Bowes Global Financial Services  
P.O. Box 371887  
Pittsburgh, PA 15250-7887**

2.8. State what the contract or lease is for and the nature of the debtor's interest **office space in Carbon County**

State the term remaining

List the contract number of any government contract

**Redline Apartments  
860 Interchange Rd.  
Lehighton, PA 18235**

2.9. State what the contract or lease is for and the nature of the debtor's interest **lease for 2 copy machines**

State the term remaining

List the contract number of any government contract

**Wells Fargo Financial Leasing  
P.O. Box 6434  
Carol Stream, IL 60197-6434**

Fill in this information to identify the case:

Debtor name **The Heart Care Group, P.C.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

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

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

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

### 1. Do you have any codebtors?

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

☒ Yes

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

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Joseph M. Laureti, D.O.** **805 Birch Ave. Pen Argyl, PA 18072**

**Provident Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Shehzad M. Malik, M.D.** **3543 Aster Court Allentown, PA 18104**

**Bank of America**

☐ D \_\_\_\_\_  
☒ E/F 3.5  
☐ G \_\_\_\_\_

2.3 **Shehzad M. Malik, M.D.** **3543 Aster Court Allentown, PA 18104**

**Provident Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.4 **William J. Smolinski, D.O.** **2635 Arbor Circle Emmaus, PA 18049**

**Provident Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

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

Debtor name The Heart Care Group, P.C.

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

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

☐ Check if this is an amended filing

**Official Form 207**

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

04/16

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

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

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

**From the beginning of the fiscal year to filing date:**

From 1/01/2018 to **Filing Date**

**Sources of revenue**

Check all that apply

☒ Operating a business

☐ Other \_\_\_\_\_

**Gross revenue**

(before deductions and exclusions)

**\$3,419,078.36**

**For prior year:**

From 1/01/2017 to 12/31/2017

☒ Operating a business

☐ Other \_\_\_\_\_

**\$5,784,502.65**

**2. Non-business revenue**

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

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**

(before deductions and exclusions)

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

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

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

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**

Check all that apply

3.1. **IPS**

**\$73,609.71**

☐ Secured debt

☐ Unsecured loan repayments

☐ Suppliers or vendors

☒ Services

☐ Other \_\_\_\_\_



Debtor **The Heart Care Group, P.C.**

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

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.2. <b>Philips Medical Capital</b>		<b>\$7,194.85</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.3. <b>Morey, Nee, Buck and Oswald</b>		<b>\$13,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.4. <b>Cardinal Health Nuclear</b>		<b>\$32,500.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.5. <b>Joseph W. Buss</b>		<b>\$28,297.07</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.6. <b>Covidien</b>		<b>\$18,847.03</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other____
3.7. <b>Capital Blue Cross</b>		<b>\$40,537.25</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>medical benefit premium</u>
3.8. <b>Miners Bank</b>		<b>\$18,520.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>rent</u>
3.9. <b>Bessemer Trust</b>		<b>\$16,771.02</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>401K Investment fees</u>

Debtor **The Heart Care Group, P.C.**

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

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.10 <b>Melvin Schwartz</b>		<b>\$10,833.32</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>pay out of shares</b></u>
3.11 <b>Cedar Crest Professional Park VII LP</b>		<b>\$100,574.35</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>rent</b></u>
3.12 <b>Prime Rate PFC, Inc.</b>		<b>\$21,215.34</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>physician's malpractice insurance</b></u>
3.13 <b>Digirad Imaging Solutions</b>		<b>\$25,140.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>rent/lease for MPI Imaging and required radiopharmaceuticals</b></u>
3.14 <b>Windstream</b>		<b>\$7,415.26</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 <b>Redline Apartments</b>		<b>\$7,595.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>rent</b></u>
3.16 <b>Selective Insurance P.O. Box 371468 Pittsburgh, PA 15250</b>		<b>\$2,500.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **The Heart Care Group, P.C.**

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

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 <b>Infobionics</b> <b>600 Suffolk St.</b> <b>Lowell, MA 01853</b>		<b>\$16,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.18 <b>Wells Fargo Financial Leasing</b> <b>P.O. Box 6434</b> <b>Carol Stream, IL 60197-6434</b>		<b>\$5,600.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 <b>Digirad Imaging Solutions</b> <b>P.O. Box 671153</b> <b>Dallas, TX 75267-1153</b>		<b>\$34,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 <b>Nixon Uniform Services, Inc.</b> <b>Jim Breakey, Collection Specialist</b> <b>5151 E. Broadway Blvd.</b> <b>Suite 800</b> <b>Tucson, AZ 85711</b>		<b>\$5,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.21 <b>Medent</b> <b>P.O. Box 980</b> <b>Auburn, NY 13021</b>		<b>\$4,200.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

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

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
<b>Everbank</b> <b>10 Waterview Blvd.</b> <b>Parsippany, NJ 07054</b>	<b>portable Echo machine (Zonaire machine)</b>		<b>Unknown</b>

**6. Setoffs**

Debtor **The Heart Care Group, P.C.**

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

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

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

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

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>Provident Bank v. The Heart Care Group, P.C. 2018-N-0777</b>	<b>Civil-debt collection- Confession of judgment</b>	<b>Lehigh County Court of Common Pleas Lehigh County Courthouse 455 Hamilton St. Allentown, PA 18101</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>International Shared Services, Inc. vs. The Heartcare Group, P.C. 2018-C-2123</b>	<b>Civil- debt collection</b>	<b>Lehigh County Court of Common Pleas Lehigh County Courthouse 455 Hamilton St. Allentown, PA 18101</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>Provident Bank v. The Heart Care Group, P.C. 2018-N-0885</b>	<b>Civil</b>	<b>Lehigh County Court of Common Pleas Lehigh County Courthouse 455 Hamilton St. Allentown, PA 18101</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**8. Assignments and receivership**

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

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	<b>Habitat for Humanity-LV 245 N. Graham Street Allentown, PA 18109</b>	<b>cash donations</b>	<b>10/2017, 8/2018</b>	<b>\$1,500.00</b>
	<b>Recipients relationship to debtor</b>			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

Debtor **The Heart Care Group, P.C.**

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

☐ None

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

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

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

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>John R. K. Solt, P.C. Gateway Professional Center 2045 Westgate Dr., Suite 404B Bethlehem, PA 18017</b>		<b>9/1/2018</b>	<b>\$3,000.00</b>
	Email or website address <u>jsolt.soltlaw@rcn.com</u>			
	Who made the payment, if not debtor?			
11.2.	<b>John R. K. Solt, P.C. Gateway Professional Center 2045 Westgate Dr., Suite 404B Bethlehem, PA 18017</b>		<b>10/24/2018</b>	<b>\$15,000.00</b>
	Email or website address <u>jsolt.soltlaw@rcn.com</u>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

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

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

☐ None.

Debtor **The Heart Care Group, P.C.**

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

Who received transfer?  
AddressDescription of property transferred or  
payments received or debts paid in exchangeDate transfer  
was madeTotal amount or  
value**Part 7: Previous Locations****14. Previous addresses**

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

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	1202 S. Cedar Crest Blvd. Suite 500 P.O. Box 3880 Allentown, PA 18106	5/17/2000-12/31/2015
14.2.	451 Chew Street Suite 403 Allentown, PA 18102	3/2010-4/28/2016
14.3.	858 Interchange Rd. Lehigh, PA 18235	10/2008-present
14.4.	4329 Easton Avenue Bethlehem, PA 18020	6/2/2015-5/28/2018
14.5.	1504 Route 61 Highway South Pottsville, PA 17901	4/6/2016-present

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

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

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	The Heart Care Group, P.C. 1249 South Cedar Crest Blvd. Suite 100 Allentown, PA 18103	cardiology practice	
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. The Heartcare Group, P.C. 1249 South Cedar Crest Blvd. Suite 100 Allentown, PA 18103	How are records kept? <i>Check all that apply:</i>
			<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

Debtor **The Heart Care Group, P.C.**

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

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

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

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

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

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**The Heartcare Group Profit Sharing Plan**

Employer identification number of the plan

EIN: **23-2886756**

Has the plan been terminated?

- ☒ No
- ☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

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

**19. Safe deposit boxes**

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

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

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

☒ None

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

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

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

☒ None

Debtor **The Heart Care Group, P.C.**

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

**Part 12: Details About Environment Information**

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

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☒ No.☐ Yes. Provide details below.

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

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☒ No.☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**☒ No.☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

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

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed EIN:
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25.1. **Lehigh Valley  
Cardio-Diagnostics, Inc.  
1210 S. Cedar Crest Blvd.  
Suite 201A  
Allentown, PA 18103**

**Cardiology services****From-To 1/1990-12/2016**

25.2. **Lehigh Valley Health Network  
1-78 and Cedar Crest Blvd.  
Allentown, PA 18105-4067**

**medical services****EIN:****From-To 12/2008-6/2014**

25.3. **Sacred Heart Hospital  
421 Chew Street  
Allentown, PA 18102**

**Cardiovascular Center Admin  
Services****EIN:****From-To 7/2010-2015**



Debtor **The Heart Care Group, P.C.**

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

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****EIN:****From-To 11/1995-2013**

25.4. **Medical Associates of Lehigh Valley**  
**1255 S. Cedar Crest Blvd.**  
**Suite 2200**  
**Allentown, PA 18103**

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

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

☐ None**Name and address****Date of service****From-To**

26a.1. **Morey, Nee, Buck & Oswald, LLC**  
**2571 Bagylos Circle**  
**Suite B20**  
**Bethlehem, PA 18020**

**12/2015-7/2017**

26a.2. **Regin, Levin, Bloss, Brown & Savchak**  
**702 Hamilton Street**  
**Suite 200**  
**Allentown, PA 18101**

**7/2017- present**

26a.3. **Linda Danubio**  
**1249 S. Cedar Crest Blvd.**  
**Suite 100**  
**Allentown, PA 18103**

**6/2013-present**

26a.4. **John Spatta**  
**300 Penn Center Blvd.**  
**Pittsburgh, PA 15235**

**8/2016-4/2017**

26a.5. **IPS/Berta Lewis**  
**300 Penn Center Blvd.**  
**Pittsburgh, PA 15235**

**4/2017-present**

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

☐ None**Name and address****Date of service****From-To**

26b.1. **Buckno Lisicky and Company**  
**645 Hamilton Street**  
**Suite 204**  
**Allentown, PA 18101-2108**

**4/1997-12/2015****Name and address****Date of service****From-To**

26b.2. **Morey, Nee, Buck & Oswald, LLC**  
**2571 Baglyos Circle**  
**Suite B20**  
**Bethlehem, PA 18020**

**12/2015-7/2017****Name and address****Date of service****From-To**

26b.3. **Regan, Levin, BLoss & Savchak, P.C.**  
**702 Hamilton Street**  
**Suite 200**  
**Allentown, PA 18101**

**7/2017-present**

Debtor **The Heart Care Group, P.C.**

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

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

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. **Regan, Levin, BLoss & Savchak, P.C.**  
**702 Hamilton Street**  
**Suite 200**  
**Allentown, PA 18101**

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

☐ None**Name and address**

26d.1. **Morey, Nee, Buck & Oswald, LLC**  
**2571 Baglyos Circle**  
**Suite B20**  
**Bethlehem, PA 18020**

26d.2. **Regan, Levin, BLoss & Savchak, P.C.**  
**702 Hamilton Street**  
**Suite 200**  
**Allentown, PA 18101**

26d.3. **Linda Danubio**  
**1249 S. Cedar Crest Blvd.**  
**Suite 100**  
**Allentown, PA 18103**

26d.4. **John Spatta**  
**300 Penn Center Blvd.**  
**Pittsburgh, PA 15235**

26d.5. **Berta Lewis/IPS**  
**300 Penn Center Blvd.**  
**Pittsburgh, PA 15235**

**27. Inventories**

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

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

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

Name	Address	Position and nature of any interest	% of interest, if any
Joseph Laureti, D.O.	805 Birch Ave. Pen Argyl, PA 18072	Shareholder	
Shehzad Malik, M.D.	3543 Aster Court Allentown, PA 18104	Shareholder	

Debtor The Heart Care Group, P.C.

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

Name	Address	Position and nature of any interest	% of interest, if any
William Smolinski, D.O.	2635 Arbor Circle Emmaus, PA 18049	Shareholder	

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

- ☒ No  
☐ Yes. Identify below.

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

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

- ☒ No  
☐ Yes. Identify below.

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

- ☒ No  
☐ Yes. Identify below.

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

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

- ☐ No  
☒ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
The Heart Care Group Profit Sharing Plan	EIN: 23-2886756

#### Part 14: Signature and Declaration

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

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

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

Executed on October 24, 2018

/s/ Shehzad M. Malik, M.D.

Signature of individual signing on behalf of the debtor

Shehzad M. Malik, M.D.

Printed name

Position or relationship to debtor President

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

- ☒ No  
☐ Yes

**United States Bankruptcy Court  
Eastern District of Pennsylvania**

In re **The Heart Care Group, P.C.**

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Chapter **11**

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

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

For legal services, I have agreed to accept ..... \$ **\$290.00/hr. attorney time, \$125.00/hr. legal assistant time**

Prior to the filing of this statement I have received ..... \$ **18,000.00**

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]

**The retainer paid on behalf of the Debtor totaled \$18,000.00. Additionally, the sum of \$1,717.00 was paid to cover the Chapter 11 filing fee. The firm expended the sum of \$6,858.00 prior to the bankruptcy filing, leaving a retainer balance of \$ 11,142.00 which will be credited against future fee applications to be filed by Debtor's attorney.**

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

**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.

**October 24, 2018**

*Date*

*/s/ John R. K. Solt, Esquire*

**John R. K. Solt, Esquire**

*Signature of Attorney*

**John R. K. Solt, P.C.**

**Gateway Professional Center**

**2045 Westgate Dr., Suite 404B**

**Bethlehem, PA 18017**

**610-865-2465 Fax: 610-691-2018**

***jsolt.soltlaw@rcn.com***

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of Pennsylvania**

In re The Heart Care Group, P.C.

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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
--	----------------	----------------------	------------------

**Joseph Laureti, M.D**  
**805 Birch Ave.**  
**Pen Argyl, PA 18072**

**Shehzad Malik, M.D.**  
**3543 Aster Court**  
**Allentown, PA 18104**

**William Smolinski, M.D.**  
**2635 Arbor Circle**  
**Emmaus, PA 18049**

**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 October 24, 2018

Signature /s/ Shehzad M. Malik, M.D.  
Shehzad M. Malik, M.D.

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

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**11**

**VERIFICATION OF CREDITOR MATRIX**

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

Date: **October 24, 2018**

**/s/ Shehzad M. Malik, M.D.**

**Shehzad M. Malik, M.D./President**

Signer/Title

Heart Care Group Profit Sharing Plan  
1249 S. Cedar Crest Blvd.  
Suite 100  
Allentown, PA 18103

Accountemps  
12400 Collections Center Drive  
Chicago, IL 60693

Altek Business  
300 Emlen Way  
Telford, PA 18969

Amato Keating and Lessa, P.C.  
107 N Commerce Way, Suite 100  
Bethlehem, PA 18017-8913

ANSWERNET  
1729 W. Tilghman Street  
Suite 2  
Allentown, PA 18104

Bank of America  
P.O. Box 15796  
Wilmington, DE 19886

Barr Credit Services  
5151 E. Broadway Blvd.  
Suite 800  
Tucson, AZ 85711

Bartuch Signs  
302 N. Washington St.  
Orwigsburg, PA 17961

Berk's Credit Collections  
P.O. Box 329  
Temple, PA 19560-0329

Berkheimer Tax Administrator  
325-A N. Pottstown Pike  
Exton, PA 19341-2290

Berks Deaf and Hard of Hearing  
2045 Centre Ave.  
Reading, PA 19605

Bessemer Trust  
100 Woodbridge Center Drive  
Woodbridge, NJ 07095

Blue Ridge Communications  
P.O. Box 316  
Palmerton, PA 18071

Busy Brooms  
1 W. Broad St.  
11th Floor  
Bethlehem, PA 18018

C&S Research Corporation  
P.O. Box 60509  
King of Prussia, PA 19406

Cardinal Health  
P.O. Box 70609  
Chicago, IL 60673

Cardinal Health Nuclear  
7000 Cardinal Place  
Dublin, OH 43017

Cedar Crest Professional Park  
1255 S. Cedar Crest Blvd.  
Allentown, PA 18103



Cedar Crest Professional Park VIII LP  
1255 S. Cedar Crest Blvd.  
Suite 1600  
Allentown, PA 18103

Comcast  
P.O. Box 3001  
Southeastern, PA 19398

Covidien  
15 Hampshire Street  
Mansfield, MA 02048

Danlee Medical Products Inc.  
6075 East Molloy Road  
Syracuse, NY 13211

Debbie Becker  
P.O. Box 264  
Walnutport, PA 18088

DeHann & Bach  
25 Whitney Drive  
Suite 106  
Milford, OH 45150

Dex-Media/DEX-YP  
PO Box 619009  
Dallas, TX 75261-9009

Digirad Imaging Solutions  
P.O. Box 671153  
Dallas, TX 75267-1153

Digirad Imaging Solutions  
941 Marcon Blvd.  
#401  
Allentown, PA 18109

Docherty Cleaning  
78 N. Broad Street  
Bangor, PA 18013

Fitzpatrick, Lentz, Bubba  
4001 Schoolhouse Lane  
Center Valley, PA 18034

Forest Medical, LLC  
6700 Old Collamer Rd.  
East Syracuse, NY 13057

GE Healthcare Services  
Lockbox 641419  
500 First Ave.  
Pittsburgh, PA 15219

H&H Beverage  
437 Pinewood Rd.  
Lehighton, PA 18235

Haggerty, Hinton & Cosgrove-Attorneys  
203 Franklin Ave.  
Scranton, PA 18503

HCSC Ambulatory Care  
2171 28th Street, S.W.  
Allentown, PA 18103

Henry Schein  
135 Duryea Rd.  
Melville, NY 11747

HIBU Inc-fka-Yellowbook  
PO Box 11815  
Newark, NJ 07101-8115

Huber, Waldron & Williams, LLP  
1150 Cedar Crest Blvd.  
Allentown, PA 18103

Independent Physican Services LLC  
1600 Peninsula Drive  
P.O. Box 8070  
Erie, PA 16505

Independent Physician Services  
300 Penn Center Blvd.  
Pittsburgh, PA 15235

Infobionics  
600 Suffolk St.  
Lowell, MA 01853

Interstate Healthcare Corporation  
508 Prudential Rd.  
Suite 100  
Horsham, PA 19044

Iron Mountain  
1000 Campus Drive  
Collegeville, PA 19426

ISS Solutions, Inc.  
P.O. Box 13700-1066  
Philadelphia, PA 19191

Joseph M. Laureti, D.O.  
805 Birch Ave.  
Pen Argyl, PA 18072

KUDU Creative  
230 Ferry Street  
Floor 1 Suite 2  
Easton, PA 18042

Lantheus Medical Imaging, Inc  
331 Treble Cove Road  
North Billerica, MA 01862

Lesavoy Butz & Seitz  
1620 Pond. Rd.  
Suite 200  
Allentown, PA 18104

Lynn Medical Instruments, Inc  
50120 Pontiac Trail  
Wixom, MI 48393-2019

Medent  
P.O. Box 980  
Auburn, NY 13021

Medical Device Depot  
3230 Bethany Lane  
Suite 8  
Ellicott City, MD 21042

Medpro Waste Disposal  
P.O. Box 5683  
Carol Stream, IL 60197

Melvin Schwartz  
3920 Maulfair Place  
Allentown, PA 18103

Miners Bank  
1504 Route 61  
Highway South  
Pottsville, PA 17901

Modern Strategic Branding  
118 Dickerson Rd.  
Suite B  
North Wales, PA 19454

Morey, Nee, Buck & Oswald, LLC  
2571 Baglyos Circle, Suite B20  
Bethlehem, PA 18020

Nixon Uniform Services, Inc.  
Jim Breakey, Collection Specialist  
5151 E. Broadway Blvd.  
Suite 800  
Tucson, AZ 85711

O'Brien's Moving and Storage  
P.O. Box 236  
Allentown, PA 18105

Office Ally  
P.O. Box 872020  
Vancouver, WA 98687

Philips Medical Capital, LLC  
1111 Old Eagle School Rd.  
Wayne, PA 19087

Pitney Bowes Global Financial Services  
P.O. Box 371887  
Pittsburgh, PA 15250-7887

Pottsville Republican Herald  
P.O. Box 3478  
Scranton, PA 18505

Professional Casualty Association  
1012 W. 9th Ave.  
#250  
King of Prussia, PA 19406

Provident Bank  
100 Wood Avenue South  
Iselin, NJ 08830

Purchase Power  
P.O. Box 371874  
Pittsburgh, PA 15250

Radiation Detection Company  
3527 Sneed Drive  
Georgetown, TX 78626

Rauch-Milliken International, Inc  
PO Box 8390  
Metairie, LA 70011-8390

Recievable Management SVS  
P.O. Box 361348  
Columbus, OH 43236

Redline Apartments  
860 Interchange Rd.  
Lehighton, PA 18235

Regan, Levin, Bloss, Brown & Savchak  
702 Hamilton Street  
Suite 200  
Allentown, PA 18101

Republican Herald/Pottsville  
PO Box 3478  
Scranton, PA 18505-0478

Safeguard Business Systems, Inc.  
1132 Hamilton Street  
#309  
Allentown, PA 18101

Schuylkill Mobile Fone, Inc.  
210 West Market Street  
Pottsville, PA 17901

Schwartz & Stafford, Attorneys  
8625 Crown Crescent Court  
Suite 110  
Charlotte, NC 28227

Service Electric Cable TV  
P.O. Box 25025  
Lehigh Valley, PA 18002

Shehzad M. Malik, M.D.  
3543 Aster Court  
Allentown, PA 18104

Stanley Access Technologies  
P.O. Box 0371595  
Pittsburgh, PA 15251

T3 Technologies LLC  
1001 Nor-Bath Blvd.  
Suite 2  
Northampton, PA 18067

The Sentinel Imaging Group, Inc.  
1172 Winola Rd.  
Clarks Summit, PA 18411

Topton Family Practice  
72 Washington Street  
Topton, PA 19562

Trane U.S. Inc.  
P.O. Box 406469  
Atlanta, GA 30384

United Concordia Life & Health  
P.O. Box 827399  
Philadelphia, PA 19182

United Retirement Plan  
P.O. Box 638750  
Cincinnati, OH 45263

Valley Business Systems  
1344 Center Street  
Bethlehem, PA 18018

Verizon  
P.O. Box 28000  
Lehigh Valley, PA 18002

Verizon Long Distance  
P.O. Box 4830  
Trenton, NJ 08650

Verizon Wireless  
P.O. Box 25505  
Lehigh Valley, PA 18002

WB Mason  
P.O. Box 981101  
Boston, MA 02298

Wells Fargo Financial Leasing  
P.O. Box 6434  
Carol Stream, IL 60197-6434

Weltman, Weinberg & Reis  
170 S. Independence Mall W. Suite  
874 W.  
Philadelphia, PA 19106

William J. Smolinski, D.O.  
2635 Arbor Circle  
Emmaus, PA 18049



Windstream Communications  
6805 US-202  
New Hope, PA 18938

**United States Bankruptcy Court  
Eastern District of Pennsylvania**

In re **The Heart Care Group, P.C.**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

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

☒ None [*Check if applicable*]

**October 24, 2018**

Date

**/s/ John R. K. Solt, Esquire**

**John R. K. Solt, Esquire**

Signature of Attorney or Litigant

Counsel for **The Heart Care Group, P.C.**

**John R. K. Solt, P.C.**

**Gateway Professional Center**

**2045 Westgate Dr., Suite 404B**

**Bethlehem, PA 18017**

**610-865-2465 Fax:610-691-2018**

**jsolt.soltlaw@rcn.com**