

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known) _____

Chapter _____

Check if this an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against a non-individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code *Check one:*

Chapter 7

Chapter 11

Part 2: Identify the Debtor

2. Debtor's name Vascular Access Centers, L.P.

3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or *doing business as* names.

4. Debtor's federal Employer Identification Number (EIN) Unknown
76-0790010
EIN

5. Debtor's address

Principal place of business

2929 Arch Street

Number Street

Suite 1705

Philadelphia PA 19104-0000

City State Zip Code

Philadelphia

County

Mailing address, if different

Number Street

P.O. Box

City State Zip Code

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

Number Street

City State Zip Code

6. Debtor's website (URL) www.vascularaccesscenters.com

7. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other type of debtor. Specify: _____

8. Type of debtor's business *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 types of business listed.
- Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

No
 Yes. Debtor _____ Relationship _____

District _____ Date filed _____ Case number, if known _____
 MM / DD / YYYY

Debtor _____ Relationship _____
 District _____ Date filed _____ Case number, if known _____
 MM / DD / YYYY

Part 3: Report About the Case

10. Venue *Check one:*

Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
 A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

The debtor is generally not paying its debts as they become due, unless they are in the subject of a bona fide dispute as to liability or amount.
 Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

No
 Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Philadelphia Vascular Institute, LLC	secured loans (claim amount is principal only; unsecured portion of claim will be based upon collateral value, which is less than full claim)	\$1202120
			\$
			\$
	Metter & Company	accounting services	\$11911.25
			\$
			\$
	Crestwood Associates, LLC	vendor	\$6090
			\$
			\$
Total of petitioners' claims			\$1220121.25

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at top of each sheet. Following the format of this form,

Debtor Vascular Access Centers, L.P.

Case number (if known) _____


set out the information required in Parts 3 and 4 of the form for each statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4 Request for Relief

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.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

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

Petitioners or Petitioners' Representative	Attorneys
<p>Name and mailing address of petitioner Philadelphia Vascular Institute, LLC Name 585 County Line Road Number Street Radnor PA 19087-0000 City State Zip Code</p>	<p>David Smith, Esquire Printed name Smith Kane Holman, LLC Firm name, if any 112 Moores Road Suite 300 Number Street Malvern PA 19355-0000 City State Zip Code</p>
<p>Name and mailing address of petitioner's representative, if any Name Number Street City State Zip Code</p>	<p>Contact phone State Zip Code 610-407-7215 Email dsmith@skhlaw.com Bar number 59098 State PA</p>
<p>I declare under penalty of perjury that the foregoing is true and correct. Executed on November 12, 2019 MM/DD/YYYY /s/ James F. McGuckin Signature of petitioner or representative, including representative's title</p>	<p> /s/ David Smith, Esquire Signature of attorney Date signed November 12, 2019 MM/DD/YYYY</p>

Petitioners or Petitioners' Representative	Attorneys
<p>Name and mailing address of petitioner Metter & Company Name 831 DeKalb Pike Number Street Blue Bell PA 19422-0000 City State Zip Code</p>	<p>David Smith, Esquire Printed name Smith Kane Holman, LLC Firm name, if any 112 Moores Road Suite 300 Number Street Malvern PA 19355-0000 City State Zip Code</p>
<p>Name and mailing address of petitioner's representative, if any Name</p>	<p>Contact phone State Zip Code 610-407-7215 Email dsmith@skhlaw.com Bar number 59098 State PA</p>

Debtor Vascular Access Centers, L.P.

Case number (if known) _____

Number _____ Street _____

City _____ State _____ Zip Code _____

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

Executed on November 12,
2019
MM / DD / YYYY

/s/ David Smith, Esquire

Signature of attorney

Date signed November 12, 2019
MM / DD / YYYY

/s/ Stan A. Metter, Owner

Signature of petitioner or representative, including representative's title

Petitioner or Petitioner's Representative

Attorney

Name and mailing address of petitioner

Crestwood Associates, LLC
Name

240 East Lincoln Street
Number Street

Mount Prospect IL 60056-0000
City State Zip Code

Name and mailing address of petitioner's representative, if any

Name _____

Number _____ Street _____

City _____ State _____ Zip Code _____

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

Executed on November 12,
2019
MM / DD / YYYY

/s/ Brian McGuckin

Signature of petitioner or representative, including representative's title

David Smith, Esquire

Printed name

Smith Kane Holman, LLC

Firm name, if any
112 Moores Road
Suite 300

Number Street
Malvern PA 19355-0000

City State Zip Code
Contact phone 610-407-7215 State Email demith@skhlaw.com

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2019
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/s/ Stan A. Metter, Owner

Signature of petitioner or representative, including representative's title

/s/ David Smith, Esquire

Signature of attorney

Date signed November 12, 2019
MM/DD/YYYY

Petitioner's Mailing Address (if different from above)

Attorney's

Name and mailing address of petitioner

Crestwood Associates, LLC
Name

240 East Lincoln Street

Number Street

Mount Prospect IL 60056-0000

City State Zip Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City State Zip Code

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2019
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/s/ Brian McGuckin

Signature of petitioner or representative, including representative's title

David Smith, Esquire

Printed name

Smith Kane Holman, LLC

Firm name, if any

112 Moores Road

Suite 300

Number Street

Malvern PA 19355-0000

City

State

Zip Code

Contact phone

610-407-7215

Email

dsmith@ekhlaw.co
m

Bar number 69098

State PA

/s/ David Smith, Esquire

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