

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN 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 Circulatory Center of Ohio, Inc.

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

3. Debtor's federal Employer Identification Number (EIN) 34-1532264

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 300 Chapel Harbor Drive, Suite 102 Pittsburgh, PA 15238 Allegheny County

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

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

Debtor Circulatory Center of Ohio, Inc. Case number (if known) _____
Name

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

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(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>.

6213

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	<u>Circulatory Center of West Virginia, Inc.</u>	Relationship	<u>Affiliate</u>
District	<u>Western District of Pennsylvania</u>	When	<u>1/20/17</u>
		Case number, if known	<u>17-20211-GLT</u>

Debtor Circulatory Center of Ohio, Inc. Case number (if known) _____
Name

11. Why is the case filed in this district? *Check all that apply:*
- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- No
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (*Check all that apply.*)
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
 - It needs to be physically secured or protected from the weather.
 - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 - Other _____
- Where is the property? _____
 Number, Street, City, State & ZIP Code _____
- Is the property insured?
- No
 - Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*
- Funds will be available for distribution to unsecured creditors.
 - After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

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

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

Debtor Circulatory Center of Ohio, Inc. Case number (if known) _____
Name

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 June 23, 2017
MM / DD / YYYY

/s/ Tom Certo
Signature of authorized representative of debtor

Title President

Tom Certo
Printed name

18. Signature of attorney

/s/ Robert O Lampi
Signature of attorney for debtor

Date June 23, 2017
MM / DD / YYYY

Robert O Lampi
Printed name

Robert O Lampi, Attorney at Law
Firm name

960 Penn Avenue, Suite 1200
Pittsburgh, PA 15222
Number, Street, City, State & ZIP Code

Contact phone 412-392-0330 Email address _____

19809
Bar number and State

Fill in this information to identify the case:

Debtor name Circulatory Center of Ohio, Inc.
 United States Bankruptcy Court for the: WESTERN 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
Creighton, LLC 4653 Trueman Boulevard, Suite 100 Hilliard, OH 43026						\$850,000.00
Fifth Third Bank c/o Bernstein-Burkley, P.C. Gulf Tower Suite 2200 Pittsburgh, PA 15219			Disputed	\$3,379,708.46	\$0.00	\$3,379,708.46
Julius Zorn, Inc. 3690 Zorn Drive Cuyahoga Falls, OH 44223			Unliquidated			\$6,670.08
Timberline MOB, LLC 4653 Trueman Boulevard, Suite 100 Hilliard, OH 43026						\$850,000.00
United States of America 700 Grant Street, Suite 4000 c/o Colin J. Callahan Pittsburgh, PA 15219		Medicare Reimbursement Claim	Unliquidated Disputed			\$0.00

NO ADDITIONAL CREDITORS

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

In re Circulatory Center of Ohio, Inc.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

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

Date: June 23, 2017

/s/ Tom Certo

Tom Certo/President
Signer/Title

Ariha LLC
d/b/a Timberline Mob & Creighton
445 Hutchinson Avenue, Suite 800
Columbus, OH 43235

Campana Development
6155 Park Square Drive, Ste. 3
Lorain, OH 44053

CMOKM LLC
d/b/a Hayes Realty
4368 Dressler Road NW, Suite 104
Canton, OH 44718

Creighton, LLC
4653 Trueman Boulevard, Suite 100
Hilliard, OH 43026

CTW Development Corporation
970 Windham Court, Suite 7
Boardman, OH 44512

Fifth Third Bank
c/o Bernstein-Burkley, P.C.
Gulf Tower
Suite 2200
Pittsburgh, PA 15219

HR McNaughten SPE, LLC
3310 West End Avenue, Suite 700
Nashville, TN 37203

Julius Zorn, Inc.
3690 Zorn Drive
Cuyahoga Falls, OH 44223

Lewis Howland Associate, Ltd.
8031 East Market Street
Warren, OH 44484

Loreto Development Co., Ltd.
2794 Som Center Road, Suite 5
Willoughby, OH 44094

Richard A & Sherry D. Ransom
d/b/a Ransom Properties Ltd.
1565 Arthur Drive
Wooster, OH 44691

Rosalie Fond
208 Maple Leaf Drive
Hubbard, OH 44425

Timberline MOB, LLC
4653 Trueman Boulevard, Suite 100
Hilliard, OH 43026

Tres Properties, LLC
10474 Broadview Road
Broadview Heights, OH 44147

United States of America
700 Grant Street, Suite 4000
c/o Colin J. Callahan
Pittsburgh, PA 15219

United States of America
700 Grant Street, Suite 4000
c/o Jill Locnikar
Pittsburgh, PA 15219