

Fill in this information to identify the case:

United States Bankruptcy Court for the:
Western District of Pennsylvania
(State)
Case number (if known): Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

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 the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name MJM Healthcare, P.C.

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

3. Debtor's federal Employer Identification Number (EIN) 16 - 1755120

4. Debtor's address Principal place of business Mailing address, if different from principal place of business
3940 Monroeville Boulevard
Number Street
Monroeville PA 15146
City State ZIP Code
ALLEGHENY
County
Location of principal assets, if different from principal place of business
Number Street
City State ZIP Code

5. Debtor's website (URL)

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

Debtor MJM Healthcare, 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>.

6 2 1 3

**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. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

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

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

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

Case number, if known \_\_\_\_\_

Debtor MJM Healthcare, 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 \_\_\_\_\_ 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 for distribution 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"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated assets

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

Debtor MJM Healthcare, P.C. Case number (if known) \_\_\_\_\_  
Name

16. **Estimated liabilities**
- |   |  |  |
|---|--|--|
| <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        |

**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 08/11/2017  
MM / DD / YYYY

**X** s/Michael A. Pirollo Michael A. Pirollo  
 Signature of authorized representative of debtor Printed name  
 Title President

18. **Signature of attorney**

**X** s/Francis E. Corbett Date 08/11/2017  
 Signature of attorney for debtor MM / DD / YYYY  
 PA  
Francis E. Corbett  
 Printed name  
Francis E. Corbett, Esquire  
 Firm name  
310 Grant St., Suite 1420  
 Number Street  
Pittsburgh PA 15219  
 City State ZIP Code  
(412) 456-1882 fcorbett@fcorbettlaw.com  
 Contact phone Email address  
37594 PA  
 Bar number State

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

Debtor name MJM Healthcare, P.C.

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 the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	The Huntington National Bank P.O. Box 182232 NC1W32 Columbus, OH 43218-2232		Business loan				\$41,226.13
2	PNC Bank P.O. Box 3429  Pittsburgh, PA 15230		Business loan				\$31,920.56
3	Pirollo Properties Denise Pirollo 116 McCurdy Drive Pittsburgh, PA 15235		Lease for business property				\$24,000.00
4	The Huntington National bank Pittsburgh Commercial Lending 310 Grant Street, 4th Floor Pittsburgh, PA 15219		Business loan				\$23,188.49
5	Capital One Bank, N. A. P.O. Box 71083  Charlotte, NC 28272-1083		Credit card				\$13,704.84
6	Bank of America Business Card P.O. Box 15796 Wilmington, DE 19886-5796		Credit card				\$10,324.95
7	PNC-Small Business Credit Card National Enterprise Systems 2479 Edison Blvd., Unit A Twinburg, OH 44087-2340		Credit card				\$10,239.82
8	American Express Bank, FSB 4315 South 2700 West  Salt Lake City, UT 84184		Credit card				\$4,200.00

Debtor MJM Healthcare, 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 the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured 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
9	Access Information Systems 923 Bidwell Street  Pittsburgh, PA 15233		Storage fees	Disputed			\$500.00
10	Deluxe P.O. Box 742572  Cincinnati, OH 45274-2572		Checks				\$410.09
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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

In re **MJM Healthcare, P.C.**

Case No.

Debtor.

Chapter 11

**STATEMENT OF CORPORATE OWNERSHIP**

Comes now **MJM Healthcare, P.C.** (the "Debtor") and pursuant to Fed. R. Bankr. P. 1007(a) and 7007.1 state as follows:

\_\_\_\_ All corporations that directly or indirectly own 10% or more of any class of the corporation's equity interests are listed below:

OR,

There are no entities to report.

By: s/Francis E. Corbett  
**Francis E. Corbett**  
Signature of Attorney

Counsel for **MJM Healthcare, P.C.**  
Bar no.: **37594**  
Address.: **310 Grant St., Suite 1420**  
**Pittsburgh, Pennsylvania 15219**

Telephone No.: **(412) 456-1882**  
Fax No.: **(412) 471-5125**  
E-mail address: **fcorbett@fcorbettlaw.com**

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF PENNSYLVANIA**

In Re:

MJM Healthcare, P.C.,  
Debtor

Case No.

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007, Fed. R. Bank. P. for filing in this Chapter 11 case.

Security Holder's Registered Name and Last Known Address or Place of Business	Class of Security	Number of Securities or Percentage	Kind of Interest
None			

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

I, Michael A. Pirollo, 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: August 11, 2017

Signature: s/Michael A. Pirollo  
Printed Name: Michael A. Pirollo  
Title: President

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



UNITED STATES BANKRUPTCY COURT  
Western District of Pennsylvania

In re: **MJM Healthcare, P.C.**  
Debtors

Case No. \_\_\_\_\_  
Chapter **11** \_\_\_\_\_

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **August 11, 2017**

Signed: **s/Michael A. Pirollo**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

**Francis E. Corbett**  
**Attorney for Debtor(s)**  
**Bar no.: 37594**  
**310 Grant St., Suite 1420**  
**Pittsburgh, Pennsylvania 15219**  
**Telephone No: (412) 456-1882**  
**Fax No: (412) 471-5125**

**E-mail address:**  
**fcorbett@fcorbettlaw.com**

Access Information Systems  
923 Bidwell Street  
Pittsburgh, PA 15233

American Express Bank, FSB  
4315 South 2700 West  
Salt Lake City, UT 84184

Bank of America  
Business Card  
P.O. Box 15796  
Wilmington, DE 19886-5796

Capital One Bank, N. A.  
P.O. Box 71083  
Charlotte, NC 28272-1083

Deluxe  
P.O. Box 742572  
Cincinnati, OH 45274-2572

Pirollo Properties  
Denise Pirollo  
116 McCurdy Drive  
Pittsburgh, PA 15235

PNC Bank  
P.O. Box 3429  
Pittsburgh, PA 15230

PNC-Small Business Credit Card  
National Enterprise Systems  
2479 Edison Blvd., Unit A  
Twinburg, OH 44087-2340

The Huntington National bank  
Pittsburgh Commercial Lending  
310 Grant Street, 4th Floor  
Pittsburgh, PA 15219

The Huntington National Bank  
P.O. Box 182232  
NC1W32  
Columbus, OH 43218-2232

There are no more creditors