# United States Bankruptcy Court District of Puerto Rico

In re NORTH SIDE HOSPITAL INC.			Case No			
	Debtor		Chapter 11			
List Of C	creditors Holding 20	) Largest	Unsecu	ured Cla	nims	
(1)	(2)	(3)		(4)	(5)	
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, gov- emment contract, etc.)	is co unliq dispu	cate if claim antingent, quidated, uted or ect to setoff	Amount of claim [if secured also state value of security]	
PRAXAIR PUERTO RICO BOX 307 GURABO PR 00778			DISP	UTED	\$2,728.14	
EDUVIGES DE JESUS AMADOR PO BOX 1001 BAJADERO PR 00616					\$45.00	
TYCO (MAILINCHRODT) GPO BOX 71416 SAN JUAN PR 00936-1416			DISP	UTED	\$4,024.37	
LEONIDES SANCHEZ CABAN PO BOX 375 BAJADERO PR 00616					\$55.00	
RAMONA HERNANDEZ GONZALEZ HC 01 BUZON 3521 QUEBRADILLAS PR 00678					\$75.00	
LISANDRA ABRAHMS REVEROL HC 01 BOX 4706 BO. SAN ANTONIO QUEBRADILLAS PR 00678			DISPU	UTED	\$3,000,000.00	

In re NORTH SIDE HOSPITAL INC.		Case No.	
	Debtor	Chapter	11

#### **List Of Creditors Holding 20 Largest Unsecured Claims**

	(0)		-	
(1)  Name of creditor and complete mailing address including zip code	(2)  Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3)  Nature of claim (trade debt, bank loan, gov- emment contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
IRS MERCANTIL PLAZA BLDG. SUITE 904 STOP 27 1/2 PONCE DE LEON AVE SAN JUAN PR 00918		-	UNLIQUIDATED DISPUTED	\$2,506,864.76
JOHN M. KILGORE p/c LCDA. WILDA RODRIGUEZ PO BOX 70364 SAN JUAN PR 00936-8364			UNLIQUIDATED DISPUTED	\$1,200,000.00
GILBERTO VARGAS OCASIO p/c LCDO. CEFERINO FLORES 32 ACOSTA ST. BOX 1209 CAGUAS PR 00725			UNLIQUIDATED DISPUTED	\$1,010,000.00
TREASURY DEPARTMENT PO BOX 9022501 SAN JUAN PR 00902-2501			UNLIQUIDATED DISPUTED	\$339,064.27
NILSA ROMAN GUZMAN HC 02 BOX 16338 ARECIBO PR 00612			DISPUTED	\$600,800.00
DIVERSIFIED COLLECTION SERVICES INC. PO BOX 9046 PLEASANTON, CA 04566-9046			DISPUTED	\$35,200.00

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	Debte	or (	Chapter	11

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MIGUEL MERCADO PEREZ PO BOX 456 SAN JUAN PR 00612				\$330,000.00
DR. JOSE RODRIGUEZ RODRIGUEZ c/o LCDO. HECTOR MELENDEZ PO BOX 366283 SAN JUAN PR 0036-6283			DISPUTED	\$300,000.00
PATENTE MUNICIPAL MUNICIPIO DE ARECIBO PO BOX 70179 SAN JUAN PR 00936-7170			UNLIQUIDATED DISPUTED	\$298,383.75
AEE PO BOX 3508 SAN JUAN PR 00936-350			DISPUTED	\$291,808.48
ANASTACIO MERCADO and/or FELICITA PEREZ 741 SANTANA ARECIBO PR 00612				\$200,000.00

**ARNALDO MERCADO PEREZ** PO BOX 356 ARECIBO PR 00613

\$190,000.00

In re	NORTH SIDE HOSPITAL INC.	, Case No.	
	Debtor	Chapter	11

### **List Of Creditors Holding 20 Largest Unsecured Claims**

		_		
(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, gov- emment contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
HECTOR MERCADO PEREZ PO BOX 456 ARECIBO PR 00612			DISPUTED	\$131,000.00
BORSCHOW HOSPITAL & MEDICAL SUPPLIES GPO BOX 36621 SAN JUAN PR 00936-6211	•		DISPUTED	\$102,983.81
ARNALDO MERCADO PEREZ BO. SANTANA 741 ARECIBO PR 00612				\$81,230.50
FUTURE HEALTH CONCEPTS 1211 30TH ST. STANDFORD, FL 32772			DISPUTED	\$73,905.57
HECTOR I. MERCADO PEREZ VILLA MENA #64 ARECIBO PR 0612				\$71,900.50
MIGUEL A. MERCADO PEREZ 741 SANTANA ARECIBO PR 00612-6805				<b>\$67,235.50</b>

In re NORTH SIDE HOSPITAL INC.		Case No
	Debtor	Chapter 44

#### List Of Creditors Holding 20 Largest Unsecured Claims

(1)

Name of creditor and complete mailing address including zip code (2)

Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted

(3)

Nature of claim (trade debt, bank loan, govemment contract, etc.) (4)

Indicate if claim is contingent, unliquidated, disputed or subject to setoff (5)

Amount of claim [if secured also state value of security]

## DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, HECTOR MERCADO PEREZ, INC., PRESIDENT of the Co			declare under pena	alty of perjury that	I have read
the foregoing list and that it is true and correct to the best of n			_		
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		iDiT	10 1	P	_
		H. K.	Mul	v /u	<b>∠</b> )
Date:	Signatura				

**HECTOR MERCADO PEREZ** 

**PRESIDENT** 

(Print Name and Title)

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.