

**United States Bankruptcy Court  
District of Puerto Rico**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>VEGA ALTA COMMUNITY HEALTH INC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>66-0591650</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>CARR NUMERO 2 KM 31.9 BO ESPINOSA BAJURAS VEGA ALTA, PR</b>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE <b>00692</b>	ZIPCODE
County of Residence or of the Principal Place of Business: <b>Vega Alta</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address) <b>PO BOX 419 VEGA ALTA, PR</b>	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE <b>00692</b>	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):

ZIPCODE

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<p align="center"><b>Nature of Business</b> (Check <b>one</b> box.)</p> <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable.)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<p align="center"><b>Nature of Debts</b> (Check one box.)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<p align="center"><b>Filing Fee</b> (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p><b>Check if:</b></p> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. <p><b>Check all applicable boxes:</b></p> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<p><b>Statistical/Administrative Information</b></p> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY																				
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion												
<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion												

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>VEGA ALTA COMMUNITY HEALTH INC</b>
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**Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>None</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>None</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p align="center"><b>Exhibit A</b></p> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition.	<p align="center"><b>Exhibit B</b></p> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  X _____ Signature of Attorney for Debtor(s) <span style="float:right">Date</span>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.  
 No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.

**Information Regarding the Debtor - Venue**  
(Check any applicable box.)

Debtor has been domiciled or has had a residence, 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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord or lessor that obtained judgment)

\_\_\_\_\_  
(Address of landlord or lessor)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):  
**VEGA ALTA COMMUNITY HEALTH INC**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_  
Signature of Debtor

X \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

X /s/ Jorge Collazo  
Signature of Attorney for Debtor(s)

**Jorge Collazo 127203**  
Printed Name of Attorney for Debtor(s)

**Jorge R. Collazo Sanchez**  
Firm Name

**PO Box 1494**  
Address

**Coamo, PR 00769**

**(787) 825-7161**  
Telephone Number

**October 29, 2008**  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

X /s/ LUIS GONZALEZ BERMUDEZ, MD  
Signature of Authorized Individual

**LUIS GONZALEZ BERMUDEZ, MD**  
Printed Name of Authorized Individual

**PRESIDENT**  
Title of Authorized Individual

**October 29, 2008**  
Date

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  
*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

Document Page 4 of 19  
 United States Bankruptcy Court  
 District of Puerto Rico

IN RE:

Case No. \_\_\_\_\_

**VEGA ALTA COMMUNITY HEALTH INC**

Chapter **11**

Debtor(s)

**EXHIBIT "A" TO VOLUNTARY PETITION**

1. If any of debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is \_\_\_\_\_.

2. The following financial data is the latest available information and refers to debtor's condition on October 29, 2008.

a. Total assets	\$	<u>1,803,407.92</u>	
b. Total debts (including debts listed in 2.c., below)	\$	<u>2,133,443.26</u>	
c. Debt securities held by more than 500 holders.			Approximate Number of Holders
secured / / unsecured / / subordinated / /	\$	_____	_____
secured / / unsecured / / subordinated / /	\$	_____	_____
secured / / unsecured / / subordinated / /	\$	_____	_____
secured / / unsecured / / subordinated / /	\$	_____	_____
secured / / unsecured / / subordinated / /	\$	_____	_____
d. Number of shares of preferred stock		<u>0</u>	<u>0</u>
e. Number of shares of common stock		<u>0</u>	<u>0</u>

Comments, if any:

3. Brief description of debtor's business:

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Document Page 5 of 19
United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. \_\_\_\_\_

VEGA ALTA COMMUNITY HEALTH INC

Chapter 11

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Table with 5 columns: (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, government 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). Rows include TRIPLE S INC (351,491.40), IRS (339,179.86), LUIS M GONZALEZ BERMUDEZ (300,000.00), DEPARTAMENTO DE HACIENDA (248,765.72), DEPARTAMENTO DE SALUD PR (240,222.50), BECKMAN COULTER (183,666.49), MEDICARE V (123,015.63), DEPARTAMENTO DE HACIENDA (114,681.90), DEPARTAMENTO DEL TRABAJO (54,017.38), GOLDEN BILLING SERVICE INC (36,491.40), CORORACION FONDO SEGURO DEL ESTADO (35,836.61), SALVADOR F ROVIRA RODRIGUEZ (27,619.22), BORSCHOW HOSPITAL (18,921.97), LAB CARIBBEAN MEDICAL TESTING CENTER (10,347.54).

DROGUERIA DE LA VILLA INC AVENIDA DE DIEGO NUMERO 17 ARECIBO, PR 00613	8,391.94
PREFERRED HEALTH PLAN PO BOX 23316 UPR STATION SAN JUAN, PR 00931	8,391.94
LABORATORIO CLINICO M LANDRON INC CALLE JJ ACOSTOA NUMERO 46 VEGA BAJA, PR 00936	8,304.70
DEPARTAMENTO DEL TRABAJO PO BOX 191020 SAN JUAN, PR 00919-1020	5,576.17
MEDICAL WASTE TRANSPORT INC BOX 2039 AIBONITO, PR 00705	4,572.00
QUEST DIAGNOSTICS AVENIDA MUNOZ RIVERA NUMERO 881 ESQ AVENIDA UNIVERSIDAD RIO PIEDRAS, PR 00927	1,810.43

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

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: October 29, 2008 Signature: /s/ LUIS GONZALEZ BERMUDEZ, MD

**LUIS GONZALEZ BERMUDEZ, MD, PRESIDENT**

(Print Name and Title)

B6D (Official Form 6B) (12/07)

IN RE VEGA ALTA COMMUNITY HEALTH INC Debtor(s) Case No. (If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED			AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

IN RE VEGA ALTA COMMUNITY HEALTH INC Debtor(s) Case No. (If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors.

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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IN RE VEGA ALTA COMMUNITY HEALTH INC

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS  
(Continuation Sheet)**

**Contributions to employee benefit plans**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT		DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			UNLIQUIDATED					
ACCOUNT NO. <b>0116001067</b> <b>CORORACION FONDO SEGURO DEL ESTADO</b> <b>PO BOX 365028</b> <b>SAN JUAN, PR 00936-5028</b>						<b>35,836.61</b>	<b>35,836.61</b>	
ACCOUNT NO. <b>66-0591650</b> <b>CRIM</b> <b>PO BOX 195387</b> <b>SAN JUAN, PR 00919-5387</b>						<b>1,200.00</b>	<b>1,200.00</b>	
ACCOUNT NO. <b>660-59-1650</b> <b>DEPARTAMENTO DE HACIENDA</b> <b>PO BOX S-2503</b> <b>SAN JUAN, PR 00936</b>		<b>499 R</b> <b>2004-2008</b>				<b>248,765.72</b>	<b>248,765.72</b>	
ACCOUNT NO. <b>318647000</b> <b>DEPARTAMENTO DEL TRABAJO</b> <b>PO BOX 191020</b> <b>SAN JUAN, PR 00919-1020</b>		<b>DISABILITY</b> <b>2005-2008</b>				<b>5,576.17</b>	<b>5,576.00</b>	<b>0.17</b>
ACCOUNT NO. <b>660-59-1650</b> <b>IRS</b> <b>PHILADELPHIA, PA 19255-0040</b>		<b>TAXES 2004, 2005, 2006, 2007</b> <b>AND 2008</b> <b>941</b> <b>940</b>				<b>339,179.86</b>	<b>339,179.86</b>	
ACCOUNT NO.								

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Totals of this page) \$ **630,558.36** \$ **630,558.19** \$ **0.17**

Total  
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) \$ **630,558.36**

Total  
(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.) \$ **630,558.19** \$ **0.17**

IN RE VEGA ALTA COMMUNITY HEALTH INC Debtor(s) Case No. \_\_\_\_\_ (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>AGA LINDE HEALTHCARE INC PO BOX 364727 SAN JUAN, PR 00936-4727</b>		<b>OXIGEN SERVICE</b>				<b>1,762.28</b>
ACCOUNT NO. <b>BECKMAN COULTER PMB 339 HC 01 BOX 29030 CAGUAS, PR 00725</b>	<b>X</b>	<b>RENT OF EQUIPMENT</b>				<b>183,666.49</b>
ACCOUNT NO. <b>4334</b> <b>BORSCHOW HOSPITAL PO BOX 366211 GEN POST OFFICE SAN JUAN, PR 00936</b>		<b>MEDICAL SUPPLIES</b>				<b>18,921.97</b>
ACCOUNT NO. <b>CARTRIDGE WORLD AVENIDA LOMAS VERDES IF-48 BAYAMON, PR 00956</b>		<b>MEDICAL SUPPLIES</b>				<b>85.60</b>

4 continuation sheets attached

Subtotal  
(Total of this page) \$ **204,436.34**

Total  
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$

IN RE VEGA ALTA COMMUNITY HEALTH INC

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>DELTA MEDICAL SERVICES INC PO BOX 8223 BAYAMON, PR 00960-8223</b>		<b>MEDICAL SUPPLIES</b>				<b>600.00</b>
ACCOUNT NO. <b>660-59-1650</b> <b>DEPARTAMENTO DE HACIENDA PO BOX S-2503 SAN JUAN, PR 00936</b>		<b>480.6(b) (7% retained) 2004-2008</b>				<b>114,681.90</b>
ACCOUNT NO. <b>DEPARTAMENTO DE SALUD PR PO BOX 70184 SAN JUAN, PR 00936</b>		<b>RENT 2004-2008</b>				<b>240,222.50</b>
ACCOUNT NO. <b>3186470000</b> <b>DEPARTAMENTO DEL TRABAJO PO BOX 191020 SAN JUAN, PR 00919-1020</b>		<b>UNEMPLOYMENT 2004-2008</b>				<b>54,017.38</b>
ACCOUNT NO. <b>17620</b> <b>DROGUERIA DE LA VILLA INC AVENIDA DE DIEGO NUMERO 17 ARECIBO, PR 00613</b>		<b>MEDICAL SUPPLIES</b>				<b>8,391.94</b>
ACCOUNT NO. <b>1001716</b> <b>EVERTEC PO BOX 364527 SAN JUAN, PR 00936-4527</b>		<b>MAINTENANCE</b>				<b>75.00</b>
ACCOUNT NO. <b>GOLDEN BILLING SERVICE INC PO BOX 192438 SAN JUAN, PR 00919-2438</b>		<b>BILLING SERVICES 2004-2008</b>				<b>36,491.40</b>

Sheet no. 1 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) \$ **454,480.12**

Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ \_\_\_\_\_

IN RE VEGA ALTA COMMUNITY HEALTH INC

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>LAB CARIBBEAN MEDICAL TESTING CENTER PO BOX 192071 SAN JUAN, PR 00919-2071</b>		<b>MEDICAL SERVICES 2004-2008</b>				<b>10,347.54</b>
ACCOUNT NO. <b>LABORATORIO CLINICO M LANDRON INC CALLE JJ ACOSTOA NUMERO 46 VEGA BAJA, PR 00936</b>						<b>8,304.70</b>
ACCOUNT NO. <b>LANDAUER INC 2 SCIENCE ROAD GLENWOOD ILLINOIS, US 60425-1586</b>		<b>MEDICAL SUPPLIES</b>				<b>996.93</b>
ACCOUNT NO. <b>LUIS M GONZALEZ BERMUDEZ PO BOX 419 VEGA LATA, PR 00692</b>		<b>PERSONAL LOAN</b>				<b>300,000.00</b>
ACCOUNT NO. <b>MEDICAL LIGHTING DISTRIBUTORS CORP PO BOX 16742 SAN JUAN, PR 00908-6742</b>		<b>MEDICAL SUPPLIES</b>				<b>350.00</b>
ACCOUNT NO. <b>MEDICAL WASTE TRANSPORT INC BOX 2039 AIBONITO, PR 00705</b>		<b>WASTE DISPOSAL SERVICES</b>				<b>4,572.00</b>
ACCOUNT NO. <b>9206193500070</b> <b>MEDICARE V CO PCR INC PO BOX 189 ARCADE, NY 14009</b>		<b>OVERPAYMENT 2004-2008</b>				<b>123,015.63</b>

Sheet no. 2 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **447,586.80**

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  
\$

IN RE VEGA ALTA COMMUNITY HEALTH INC

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>NATIONAL INSURANCE 510 AVE M RIVERA HATO REY, PR 00918</b>		<b>INSURANCE</b>				<b>1,187.90</b>
ACCOUNT NO. <b>PARCOM PO BOX 194976 SAN JUAN, PR 00919-4976</b>		<b>MEDICAL SUPPLIES</b>				<b>1,371.50</b>
ACCOUNT NO. <b>C07027</b> <b>PREFERRED HEALTH PLAN PO BOX 23316 UPR STATION SAN JUAN, PR 00931</b>		<b>EMPLOYEES MEDICAL INSURANCE</b>				<b>8,391.94</b>
ACCOUNT NO. <b>8863-6728</b> <b>PRTCO PO BOX 71535 SAN JUAN, PR 00936-8635</b>		<b>TELEPHONE SERVICES</b>				<b>410.88</b>
ACCOUNT NO. <b>70296</b> <b>QUEST DIAGNOSTICS AVENIDA MUNOZ RIVERA NUMERO 881 ESQ AVENIDA UNIVERSIDAD RIO PIEDRAS, PR 00927</b>		<b>MEDICAL SERVICES</b>				<b>1,810.43</b>
ACCOUNT NO. <b>RAFAEL PEREZ BATISTA PO BOX 422 CAGUAS, PR 00726-0422</b>		<b>ACCOUNTING SEREVICES</b>				<b>1,000.00</b>
ACCOUNT NO. <b>RAIMUNDI COMPUTER REPAIR MAIL BOX 4000 CALLE ESTACION VEGA ALTA, PR 00692</b>		<b>SERVICES</b>				<b>953.37</b>

Sheet no. 3 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) \$ **15,126.02**

Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$

IN RE VEGA ALTA COMMUNITY HEALTH INC

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>SALVADOR F ROVIRA RODRIGUEZ 606 AVENIDA TITO CASTRO LA RAMBLA PLAZA SUITE 201 PONCE, PR 00716-0210</b>		<b>LEGAL SERVICES</b>				<b>27,619.22</b>
ACCOUNT NO. <b>8119779</b> <b>STERICYCLEINC PO BOX 9001590 LOUISVILLE, KY 40290-1590</b>		<b>MEDICAL SUPPLIES</b>				<b>1,628.00</b>
ACCOUNT NO. <b>19095/31201/31224</b> <b>TRIPLE S INC BOX 71391 SAN JUAN, PR 00936-1391</b>		<b>OVER PAYMENTS 84380 31243 83936 84662 19245 19246</b>				<b>351,491.40</b>
ACCOUNT NO. <b>UNI-LAB SUPPLIES HC 91 BOX 9195 VEGA ALTA, PR 00692</b>		<b>MEDICAL SUPPLIES</b>				<b>517.00</b>
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

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Sheet no. **4** of **4** continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) \$ **381,255.62**

Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ **1,502,884.90**

IN RE VEGA ALTA COMMUNITY HEALTH INC Debtor(s) Case No. \_\_\_\_\_ (If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Joint Debtor, if any) [If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

\_\_\_\_\_  
Address

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

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

I, the **PRESIDENT** \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the **VEGA ALTA COMMUNITY HEALTH INC** (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: **October 29, 2008** Signature: **/s/ LUIS GONZALEZ BERMUDEZ, MD**

**LUIS GONZALEZ BERMUDEZ, MD** (Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*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.*

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United States Bankruptcy Court  
District of Puerto Rico

IN RE:

Case No. \_\_\_\_\_

**VEGA ALTA COMMUNITY HEALTH INC**

Chapter **11**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: **October 29, 2008**

Signature: /s/ LUIS GONZALEZ BERMUDEZ, MD  
LUIS GONZALEZ BERMUDEZ, MD, PRESIDENT

Debtor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint Debtor, if any



VEGA ALTA COMMUNITY HEALTH INC  
PO BOX 419  
VEGA ALTA, PR 00692

DEPARTAMENTO DE SALUD PR  
PO BOX 70184  
SAN JUAN, PR 00936

MEDICAL LIGHTING DISTRIBUTORS CORP  
PO BOX 16742  
SAN JUAN, PR 00908-6742

Jorge R. Collazo Sanchez  
PO Box 1494  
Coamo, PR 00769

DEPARTAMENTO DEL TRABAJO  
PO BOX 191020  
SAN JUAN, PR 00919-1020

MEDICAL WASTE TRANSPORT INC  
BOX 2039  
AIBONITO, PR 00705

AGA LINDE HEALTHCARE INC  
PO BOX 364727  
SAN JUAN, PR 00936-4727

DROGUERIA DE LA VILLA INC  
AVENIDA DE DIEGO NUMERO 17  
ARECIBO, PR 00613

MEDICARE V  
CO PCR INC  
PO BOX 189  
ARCADE, NY 14009

BECKMAN COULTER  
PMB 339 HC 01 BOX 29030  
CAGUAS, PR 00725

EVERTEC  
PO BOX 364527  
SAN JUAN, PR 00936-4527

NATIONAL INSURANCE  
510 AVE M RIVERA  
HATO REY, PR 00918

BORSCHOW HOSPITAL  
PO BOX 366211  
GEN POST OFFICE  
SAN JUAN, PR 00936

GOLDEN BILLING SERVICE INC  
PO BOX 192438  
SAN JUAN, PR 00919-2438

PARCOM  
PO BOX 194976  
SAN JUAN, PR 00919-4976

CARTRIDGE WORLD  
AVENIDA LOMAS VERDES IF-48  
BAYAMON, PR 00956

IRS  
PHILADELPHIA, PA 19255-0040

PREFERRED HEALTH PLAN  
PO BOX 23316  
UPR STATION  
SAN JUAN, PR 00931

CORORACION FONDO SEGURO DEL  
ESTADO  
PO BOX 365028  
SAN JUAN, PR 00936-5028

LAB CARIBBEAN MEDICAL TESTING  
CENTER  
PO BOX 192071  
SAN JUAN, PR 00919-2071

PRTCO  
PO BOX 71535  
SAN JUAN, PR 00936-8635

CRIM  
PO BOX 195387  
SAN JUAN, PR 00919-5387

LABORATORIO CLINICO M LANDRON INC  
CALLE JJ ACOSTOA NUMERO 46  
VEGA BAJA, PR 00936

QUEST DIAGNOSTICS  
AVENIDA MUNOZ RIVERA NUMERO 881  
ESQ AVENIDA UNIVERSIDAD  
RIO PIEDRAS, PR 00927

DELTA MEDICAL SERVICES INC  
PO BOX 8223  
BAYAMON, PR 00960-8223

LANDAUER INC  
2 SCIENCE ROAD GLENWOOD  
ILLINOIS, US 60425-1586

RAFAEL PEREZ BATISTA  
PO BOX 422  
CAGUAS, PR 00726-0422

DEPARTAMENTO DE HACIENDA  
PO BOX S-2503  
SAN JUAN, PR 00936

LUIS M GONZALEZ BERMUDEZ  
PO BOX 419  
VEGA LATA, PR 00692

RAIMUNDI COMPUTER REPAIR  
MAIL BOX 4000 CALLE ESTACION  
VEGA ALTA, PR 00692

SALVADOR F ROVIRA RODRIGUEZ  
606 AVENIDA TITO CASTRO  
LA RAMBLA PLAZA SUITE 201  
PONCE, PR 00716-0210

STERICYCLEINC  
PO BOX 9001590  
LOUSVILLE, KY 40290-1590

TRIPLE S INC  
BOX 71391  
SAN JUAN, PR 00936-1391

UNI-LAB SUPPLIES  
HC 91 BOX 9195  
VEGA ALTA, PR 00692

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United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. \_\_\_\_\_

VEGA ALTA COMMUNITY HEALTH INC

Chapter 11

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 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 ..... \$ 5,000.00
Prior to the filing of this statement I have received ..... \$ 5,000.00
Balance Due ..... \$ 0.00

- 2. The source of the compensation paid to me was: [ ] Debtor [x] Other (specify):
3. The source of compensation to be paid to me is: [ ] Debtor [ ] Other (specify):
4. [x] 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. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
e. [Other provisions as needed]

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

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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 29, 2008

Date

/s/ Jorge Collazo

Signature of Attorney

Jorge R. Collazo Sanchez

Name of Law Firm