

United States Bankruptcy Court District of Puerto Rico		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): COMERIO MEDICAL HOSPITAL		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): 66-0604648		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): 18 GEORGETTI STREET COMERIO, PR		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE 00782		ZIPCODE
County of Residence or of the Principal Place of Business:		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): PO BOX 418 COMERIO, PR		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE 00782		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): , COMERIO, PR		ZIPCODE
Type of Debtor (Form of Organization) (Check one box.) <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.) <hr/>	Nature of Business (Check one box.) <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 <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <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 <hr/> Nature of Debts (Check one box.) <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.
Filing Fee (Check one box) <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.		Chapter 11 Debtors Check one box: <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). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. <hr/> Check all applicable boxes: <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).
Statistical/Administrative Information <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
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

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Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): COMERIO MEDICAL HOSPITAL
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Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: None	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: None	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</p> <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.)</p> <p><input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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.</p> <p style="text-align: center;">X _____ Signature of Attorney for Debtor(s) Date</p>
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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):
COMERIO MEDICAL HOSPITAL

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 31, 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 G GONZALEZ BERMUDEZ
Signature of Authorized Individual

LUIS G GONZALEZ BERMUDEZ
Printed Name of Authorized Individual

PRESIDENT
Title of Authorized Individual

October 31, 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 20
United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

COMERIO MEDICAL HOSPITAL

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 31, 2008.

Table with 3 columns: Description, Amount, and Approximate Number of Holders. Rows include Total assets, Total debts (1,267,400.00), Debt securities held by more than 500 holders (secured/unsecured/subordinated), Number of shares of preferred stock (0), and Number of shares of common stock (0).

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 20
United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

COMERIO MEDICAL HOSPITAL

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 IRS (312,494.00), DEPARTAMENTO DE HACIENDA (260,606.00), BORSCHOW HOSPITAL (131,917.00), YOLANDA CINTRON (55,448.00), DEPARTAMENTO DEL TRABAJO (54,600.00), LABORATORIO CARIBBEAN MEDICAL TESTING (14,236.00), MUNICIPIO DE COMERIO (10,995.00), LABORATORIO CLINICO TOLEDO (10,484.00), QUEST DIAGNOSTICS (7,187.00), CRIM (5,500.00), COULTER ELECTRONIC SALES (5,225.00), TOP FINANCING (5,179.00), EVERTEC (4,411.00), and CORPORACION FONDO SEGURO DEL ESTADO (4,248.00).

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BECKMAN COULTER PMB 339 HC 01 BOX 29030 CAGUAS, PR 00725	Trade debt	4,100.00
ENRIQUE JARA 57 SE STREET NO 850 RIO PIEDRAS, PR 00921-2312	SERVICE	3,677.00
TORCOS PO BOX 29708 SSAN JUAN, PR 00929	Trade debt	3,626.00
PRIMUS 13800 NW 17TH SUITE 130 SUNRISE, FL 33323		3,152.00
PUERTO RICO HOSPITAL AVENIDA MUNOZ RIVERA 881 ESQ AVENIDA UNIVERSIDAD RIO PIEDRAS, PR 00929		3,152.00
MODERN MEDICAL SALES CALLE 13 M 33 CONDADO MOERNO CAGUAS, PR 00726		2,974.00

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 31, 2008 Signature: /s/ LUIS G GONZALEZ BERMUDEZ

LUIS G GONZALEZ BERMUDEZ, PRESIDENT

(Print Name and Title)

IN RE **COMERIO MEDICAL HOSPITAL**

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			AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			UNLIQUIDATED	DISPUTED			
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.)

B6E (Official Form 6E) (12/07) IN RE COMERIO MEDICAL HOSPITAL 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. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

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).

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 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 this total also on the Summary of Schedules.

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. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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. Individual debtors 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 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 **COMERIO MEDICAL HOSPITAL**

Debtor(s)

Case No. _____

(If known)

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

Taxes and Other Certain Debts Owed to Governmental Units

(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		AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			UNLIQUIDATED	DISPUTED			
ACCOUNT NO. 66-0604648 CRIM PO BOX 195387 SAN JUAN, PR 00919-5387		PROPERTY TAXES 2004 - 2008			5,500.00	5,500.00	
ACCOUNT NO. 66-0604649 DEPARTAMENTO DE HACIENDA PO BOX S-2503 SAN JUAN, PR 00936		F480, F499 2004 - 2008			260,606.00	260,606.00	
ACCOUNT NO. 3276520007 DEPARTAMENTO DEL TRABAJO PO BOX 191020 SAN JUAN, PR 00919-1020		UNEMPLOYMENT AND SINOT 2004 - 2008			54,600.00	54,600.00	
ACCOUNT NO. 66-0604648 IRS PHILADELPHIA, PA 19255-0040		F940, F941 2004 - 2008			312,494.00	312,494.00	
ACCOUNT NO. 66-0604648 MUNICIPIO DE COMERIO PO BOX 1108 COMERIO, PR 00782		PATENT 2006 - 2008			10,995.00	10,995.00	
ACCOUNT NO.							

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

Subtotal
(Totals of this page)

\$ **644,195.00** \$ **644,195.00** \$

Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$ **644,195.00**

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.)

\$ **644,195.00** \$

IN RE COMERIO MEDICAL HOSPITAL 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. 6327 AGA LINDE HEALTHCARE INC PO BOX 364727 SAN JUAN, PR 00936-4727		MEDICAL SUPPLIES				908.00
ACCOUNT NO. ALPHA BIOMEDICAL AND DIAGNOSTIC PO BOX 670 CAGUAS PR, PR 00726		MEDICAL & LABORATORIES				135.00
ACCOUNT NO. AMERICAN GENERAL LIFE PO BOX 4373 HOUSTON, TX 77210-4373		MEDICAL SUPPLIES				608.00
ACCOUNT NO. COMECP02 BECKMAN COULTER PMB 339 HC 01 BOX 29030 CAGUAS, PR 00725		MEDICAL SUPPLIES				4,100.00

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5 continuation sheets attached

Subtotal
(Total of this page) \$ **5,751.00**

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 **COMERIO MEDICAL HOSPITAL**

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. 4453 BORSCHOW HOSPITAL PO BOX 366211 GEN POST OFFICE SAN JUAN, PR 00936		MEDICAL SUPPLIES				131,917.00
ACCOUNT NO. 04160001852008 CORPORACION FONDO SEGURO DEL ESTADO PO BOX 248 BAYAMON, PR 00960-0248		WORKERS INSURANCES				4,248.00
ACCOUNT NO. 039876 CORTELCO PUERTO RICO PO BOX 70260 SAN JUAN, PR 00936-8260		SUPPLIES				708.00
ACCOUNT NO. COMECP02 COULTER ELECTRONIC SALES PO BOX 70142 SAN JUAN, PR 00936		SUPPLIES				5,225.00
ACCOUNT NO. DRA IRMA N COLON URB PONCE DE LEON AVENIDA ESMERALDA 202 GUAYNABO, PR 00969		SERVICES				1,500.00
ACCOUNT NO. 51753900 DRUG PACKAGE INC PO BOX 790044 ST LOUIS, MO 63179		SUPPLIES				934.00
ACCOUNT NO. EDDIE A MOLINA HC 72 BOX 4062 NARANJITO, PR 00719		SERVICES				164.00

Sheet no. 1 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **144,696.00**

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 **COMERIO MEDICAL HOSPITAL**

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. ENRIQUE JARA 57 SE STREET NO 850 RIO PIEDRAS, PR 00921-2312		SERVICES				3,677.00
ACCOUNT NO. 1001716 EVERTEC PO BOX 364527 SAN JUAN, PR 00936-4527		SUPPLIES				4,411.00
ACCOUNT NO. FOTO FORMS PO BOX 11717 CAPARRA HEIGHTS, PR 00922		SERVICE				614.00
ACCOUNT NO. GENTECH BIOMEDICAL PO BOX 192438 SAN JUAN, PR 00919-2438		MEDICAL SERVICES & SUPPLIES				778.00
ACCOUNT NO. 3484 LABORATORIO CARIBBEAN MEDICAL TESTING PO BOX 192071 SAN JUAN, PR 00919-2071		LABORATORY SERVICES				14,236.00
ACCOUNT NO. 082 LABORATORIO CLINICO M LANDRON INC CALLE JJ ACOSTOA NUMERO 46 VEGA BAJA, PR 00936		LABORATORY SERVICES				891.00
ACCOUNT NO. 537 LABORATORIO CLINICO TOLEDO CALLE PALMA 51 ARECIBO, PR 00612		LABORATORY SERVICES				10,484.00

Sheet no. 2 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **35,091.00**

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 **COMERIO MEDICAL HOSPITAL**

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. 141915-27-4 LANDAUER INC 2 SCIENCE ROAD GLENWOOD ILLINOIS, US 60425-1586		MEDICAL				1,415.00
ACCOUNT NO. LUIS M GONZALEZ BERMUDEZ PO BOX 419 VEGA LATA, PR 00692		PERSONAL LOAN				350,000.00
ACCOUNT NO. CO0053 MEDICAL BIOTRONICS PO BOX 2952 BAYAMON, PR 00960-2952		SUPPLIES				252.00
ACCOUNT NO. MODERN MEDICAL SALES CALLE 13 M 33 CONDADO MOERNO CAGUAS, PR 00726		SUPPLIES				2,974.00
ACCOUNT NO. 2756923 PRIMUS 13800 NW 17TH SUITE 130 SUNRISE, FL 33323		SUPPLIES				3,152.00
ACCOUNT NO. C23002 PUERTO RICO HOSPITAL AVENIDA MUNOZ RIVERA 881 ESQ AVENIDA UNIVERSIDAD RIO PIEDRAS, PR 00929		SUPPLIES/SERVICES				3,152.00
ACCOUNT NO. 0015030122000515 QUEST DIAGNOSTICS AVENIDA MUNOZ RIVERA NUMERO 881 ESQ AVENIDA UNIVERSIDAD RIO PIEDRAS, PR 00927		SUPPLIES/SERVICES				7,187.00

Sheet no. 3 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **368,132.00**

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 **COMERIO MEDICAL HOSPITAL**

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. SKY TEC E-1 ROYAL INDUSTRIAL PARK BO PALMAS CATANO, PR 00692		MEDICAL SUPPLIES				375.00
ACCOUNT NO. 8068378 STERICYCLEINC PO BOX 9001590 LOUISVILLE, KY 40290-1590		MEDICAL SUPPLIES				256.00
ACCOUNT NO. 01002004848 TOP FINANCING PO BOX 195375 SAN JUAN, PR 00919-5375		FINANCING				5,179.00
ACCOUNT NO. 010104 TORCOS PO BOX 29708 SSAN JUAN, PR 00929		SUPPLIES				3,626.00
ACCOUNT NO. 2001025117 TRANSACTION DATA SYSTEMS 1555 BORE DR OCOEE, FL 34761-2989		DATA SERVICES				606.00
ACCOUNT NO. 36628 VALUE IN PHARMACEUTICALS PO BOX 8500-1020 PHILADELPHIA, PA 19178-1020		MEDICAL SUPPLIES				2,734.00
ACCOUNT NO. 316121200 VERIZON WIRELESS PO BOX 70366 SANJUAN, PR 00936		CELLULAR SERVICES				279.00

Sheet no. 4 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **13,055.00**

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 COMERIO MEDICAL HOSPITAL

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. 916257 WORLDNET TELECOMMUNICATION INC PO BOX 70201 SAN JUAN, PR 00936-8201		SERVICES				1,032.00
ACCOUNT NO. YOLANDA CINTRON PO BOX 1387 TOA BAJA, PR 00951		BILLING SERVICES				55,448.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 5 of 5 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **56,480.00**

(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.) \$ **623,205.00**

B6 Declaration (Official Form 6 - Declaration) (12/07) IN RE COMERIO MEDICAL HOSPITAL 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 **COMERIO MEDICAL HOSPITAL** _____ (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 19 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 31, 2008** Signature: **/s/ LUIS G GONZALEZ BERMUDEZ**

LUIS G GONZALEZ BERMUDEZ

(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. _____

COMERIO MEDICAL HOSPITAL

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 31, 2008

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

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

COMERIO MEDICAL HOSPITAL
PO BOX 418
COMERIO, PR 00782

CRIM
PO BOX 195387
SAN JUAN, PR 00919-5387

IRS
PHILADELPHIA, PA 19255-0040

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

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

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

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

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

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

ALPHA BIOMEDICAL AND DIAGNOSTIC
PO BOX 670
CAGUAS
PR, PR 00726

DRA IRMA N COLON
URB PONCE DE LEON
AVENIDA ESMERALDA 202
GUAYNABO, PR 00969

LABORATORIO CLINICO TOLEDO
CALLE PALMA 51
ARECIBO, PR 00612

AMERICAN GENERAL LIFE
PO BOX 4373
HOUSTON, TX 77210-4373

DRUG PACKAGE INC
PO BOX 790044
ST LOUIS, MO 63179

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

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

EDDIE A MOLINA
HC 72 BOX 4062
NARANJITO, PR 00719

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

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

ENRIQUE JARA
57 SE STREET NO 850
RIO PIEDRAS, PR 00921-2312

MEDICAL BIOTRONICS
PO BOX 2952
BAYAMON, PR 00960-2952

CORPORACION FONDO SEGURO DEL
ESTADO
PO BOX 248
BAYAMON, PR 00960-0248

EVERTEC
PO BOX 364527
SAN JUAN, PR 00936-4527

MODERN MEDICAL SALES
CALLE 13 M 33
CONDADO MOERNO
CAGUAS, PR 00726

CORTELCO PUERTO RICO
PO BOX 70260
SAN JUAN, PR 00936-8260

FOTO FORMS
PO BOX 11717
CAPARRA HEIGHTS, PR 00922

MUNICIPIO DE COMERIO
PO BOX 1108
COMERIO, PR 00782

COULTER ELECTRONIC SALES
PO BOX 70142
SAN JUAN, PR 00936

GENTECH BIOMEDICAL
PO BOX 192438
SAN JUAN, PR 00919-2438

PRIMUS
13800 NW 17TH SUITE 130
SUNRISE, FL 33323

PUERTO RICO HOSPITAL
AVENIDA MUNOZ RIVERA 881
ESQ AVENIDA UNIVERSIDAD
RIO PIEDRAS, PR 00929

YOLANDA CINTRON
PO BOX 1387
TOA BAJA, PR 00951

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

SKY TEC
E-1 ROYAL INDUSTRIAL PARK
BO PALMAS
CATANO, PR 00692

STERICYCLEINC
PO BOX 9001590
LOUSVILLE, KY 40290-1590

TOP FINANCING
PO BOX 195375
SAN JUAN, PR 00919-5375

TORCOS
PO BOX 29708
SSAN JUAN, PR 00929

TRANSACTION DATA SYSTEMS
1555 BORE
DR OCOEE, FL 34761-2989

VALUE IN PHARMACEUTICALS
PO BOX 8500-1020
PHILADELPHIA, PA 19178-1020

VERIZON WIRELESS
PO BOX 70366
SANJUAN, PR 00936

WORLDNET TELECOMMUNICATION INC
PO BOX 70201
SAN JUAN, PR 00936-8201

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United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

COMERIO MEDICAL HOSPITAL

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): AS APPROVAL BY THE COURT
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]

PREPARE DISCLOSURE STATEMENT AND CHAPTER 11 PLAN AND SECTION 1129 STATEMENT.

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
THE UNDERSIGNED ATTORNEY'S FEE WILL CHARGE AT A HOURLY RATE OF \$120.00 SUBJECT TO THE COURT'S APPROVAL.

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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 31, 2008 /s/ Jorge Collazo
Date Signature of Attorney
Jorge R. Collazo Sanchez
Name of Law Firm