

United States Bankruptcy Court District of Puerto Rico		Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): <b>DOCTORS WEIGHT LOSS CENTER 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>66-0468000</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>403 CALLE TENIENTE ESPADA URB ROOSEVELT HATO REY, PR</b>		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																					
ZIPCODE <b>00918</b>		ZIPCODE																					
County of Residence or of the Principal Place of Business: <b>San Juan</b>		County of Residence or of the Principal Place of Business:																					
Mailing Address of Debtor (if different from street address) <b>PO BOX 192135 SAN JUAN, PR</b>		Mailing Address of Joint Debtor (if different from street address):																					
ZIPCODE <b>00919</b>		ZIPCODE																					
Location of Principal Assets of Business Debtor (if different from street address above): <b>403 CALLE TENIENTE ESPADA, URB ROOSEVELT, HATO REY, PR</b>																							
<b>Type of Debtor</b> (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/>		<b>Nature of Business</b> (Check one box.) <input 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 checked="" type="checkbox"/> Other <hr/> <b>Tax-Exempt Entity</b> (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).																					
<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (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		<b>Chapter 15 Petition for Recognition of a Foreign Main Proceeding</b> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding																					
<b>Nature of Debts</b> (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.																							
<b>Filing Fee</b> (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.		<b>Chapter 11 Debtors</b> <b>Check one box:</b> <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). <b>Check if:</b> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. <hr/> <b>Check all applicable boxes:</b> <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).																					
<b>Statistical/Administrative Information</b> <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.																							
<b>Estimated Number of Creditors</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><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 type="checkbox"/>	<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"/>	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 type="checkbox"/>	<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"/>														
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<b>Estimated Assets</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><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 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"/>	\$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 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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<b>Estimated Liabilities</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><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 checked="" type="checkbox"/>	<input 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
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<b>THIS SPACE IS FOR COURT USE ONLY</b>																							

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>DOCTORS WEIGHT LOSS CENTER INC</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (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.)		<b>Exhibit B</b> (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.	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X</b> <small>Signature of Attorney for Debtor(s)</small>	
<small>Date</small>			
<b>Exhibit C</b>			
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?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b>			
(Check any applicable box.)			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> 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.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b>			
(Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
<hr/> <small>(Name of landlord or lessor that obtained judgment)</small> <hr/> <small>(Address of landlord or lessor)</small>			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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):

**DOCTORS WEIGHT LOSS CENTER 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 States 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 Attorney\*

**X** /s/ **ANTONIO I. HERNANDEZ SANTIAGO**

Signature of Attorney for Debtor(s)

**ANTONIO I. HERNANDEZ SANTIAGO USDC-PR 201602**  
**Hernandez Law Offices**  
**PO BOX 8509**  
**SAN JUAN, PR 00936-6431**  
**(787) 250-0575 Fax: (787) 753-7655**  
**afernandezlaw@yahoo.com**

**January 13, 2009**

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 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 M VAZQUEZ NEGRON**

Signature of Authorized Individual

**LUIS M VAZQUEZ NEGRON**

Printed Name of Authorized Individual

**President**

Title of Authorized Individual

**January 13, 2009**

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 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

**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.*

CERTIFIED COPY OF RESOLUTION OF THE BOARD  
OF DIRECTIORS AUTHORIZING THE FILING OF  
PETITION FOR REORGANIZATION UNDER CHAPTER 11  
OF THE BANKRUPTCY CODE

RESOLVED: Whereas Doctor Weight Loss Center, Inc. (the "Corporation") is unable to meet its obligation as they mature; and

Whereas, creditors are threatening suit and have threatened to undertake steps to obtain possession of the Corporation's assets; and

Whereas, it is apparent that the Corporation cannot continue its business without the protection of Chapter 11 proceedings. Now therefore,

Be it resolved that a Petition in Proceedings under Chapter 11 of the Bankruptcy Code be filed by the Corporation and that Luis M. Vazquez Negron, president, be and hereby is authorized to execute on behalf of the Corporation and for it all the necessary documents for the filing of a Petition under Chapter 11 of the Bankruptcy Code; and be it further resolved;

That Luis M. Vazquez Negron, the president, be and hereby is authorized to pay unto the Clerk of the Court all necessary filling fees required by law by the Corporation or in its behalf, and be it further resolved;

That Antonio I. Hernandez Santiago, Law Offices be employed to act as counsel for the Corporation in such Bankruptcy proceedings.

The undersigned hereby certifies that he is the secretary-treasurer of the Board of Directors of the Corporation, and that the above is a true and correct copy of a resolution adopted by the Board of Directors of Corporation at a duly constitute meeting held on the 12<sup>th</sup> day of January 2009, in accordance with its corporate regulations; that quorum was present at said meeting; that said resolution has not been revoked, modified, annulled or amended in any manner whatsoever.

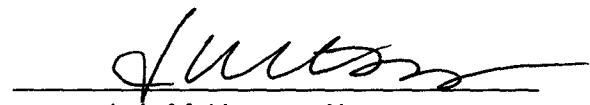
In witness hereof, I have hereunto set my hand and affixed the seal of said corporation this 12<sup>th</sup> day of January, 2009.



Luis M. Vazquez Negron  
Secretary-Treasurer

I, Luis M. Vazquez Negron, secretary-treasurer of Doctor Weight Loss Center, Inc., of legal age, single, and resident of San Juan, Puerto Rico, do hereby certify under penalty of perjury, that the statements contained in the foregoing document are true according to the best of my knowledge, information and belief.

San Juan, Puerto Rico, this 12<sup>th</sup> day of January, 2009.



Luis M. Vazquez Negron  
Secretary-Treasurer

IN RE:

DOCTORS WEIGHT LOSS CENTER INC

Debtor(s)

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

Chapter 11

## 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).

(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)
UNIVISION PUERTO RICO FINE ART SCHOOL CALLE CARASO #62 GUAYNABO, PR 00969		ADVERTISING		129,519.40
TELEMUNDO OF PUERTO RICO PO BOX 366222 SAN JUAN, PR 00936		ADVERTISING		103,671.00
BANCO POPULAR DE PR BANKRUPTCY DIVISION PO BOX 362708 SAN JUAN, PR 00936		Bank loan		50,000.00
BANCO BILBAO VIZCAYA BANKRUPTCY DIVISION PO BOX 364745 SAN JUAN, PR 00936		Bank loan		40,198.74
OFFICE LINK, INC. STE B, 133 CALLE O'NEILL SAN JUAN, PR 00918		Trade debt		24,500.00
INTERNAL REVENUE SERVICES BANKRUPTCY DIVISION PO BOX 21125 PHILADELPHIA, PA 19114		TAXES		19,721.60
HERMANOS OLAZABAL, S.E. APARTADO 2926 BAYAMON, PR 00960		Trade debt		18,816.72
DEPARTMENT OF TREASURE BANKRUPTCY DIVISION PO BOX 9022501 SAN JUAN, PR 00902		TAXES		17,086.78
HUMANA INSURANCE PO BOX 70310 SAN JUAN, PR 00936		Trade debt		12,288.67
CAROLINA SHOPPING COURT PO BOX 29112 SAN JUAN, PR 00929	LUIS F. DEL VALLE EMMANUELLI PO BOX 79897 CARRILLO, PR 00984-9897	Trade debt		10,216.04
SUCESION B RODRIGUEZ BOX 734 ARECIBO, PR 00613		Trade debt		10,140.65
CARIBE DEVELOPMENT, SE STE 201 CENTRO CARIBE BLDG PONCE, PR 00731		Trade debt		10,016.52

EDIFICIO BRAVO RAMIREZ  
95 C/GAUTIER BENITEZ ESQ DEGETAU  
CAGUAS, PR 00725

JARDINES REALES, SE  
GARDEN HILLS PLAZA 1353 STE 344  
GUAYNABO, PR 00966

STATE INSURANCE FUND  
PO BOX 420006  
SAN JUAN, PR 00940

WORLDNET TELECOMMUNICATIONS  
PO BOX 70201  
SAN JUAN, PR 00936

KELLY SERVICES INC  
PO BOX 530437  
ATLANTA, GA 30353

UFRET & FRONTERA LAW FIRM  
CAPITAL CENTER BLD SOUTH TOWER  
239 ARTERIAL HOSTOS STE 305  
SAN JUAN, PR 00918

GE CAPITAL  
PO BOX 802585  
CHICAGO, IL 60680

PROGRESSIVE INT. CORP.  
DEPT 1615  
DENVER, CO 80291

Trade debt

9,101.95

TAXES

8,953.15

Trade debt

8,440.16

Trade debt

6,100.49

Trade debt

4,948.25

Bank loan

4,260.48

Trade debt

4,076.31

**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: January 13, 2009

Signature: /s/ LUIS M VAZQUEZ NEGRON

**LUIS M VAZQUEZ NEGRON, President**

(Print Name and Title)

IN RE:

DOCTORS WEIGHT LOSS CENTER INC

Debtor(s)

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

Chapter 11

**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: January 13, 2009

Signature: /s/ LUIS M VAZQUEZ NEGRON  
LUIS M VAZQUEZ NEGRON, President

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Joint Debtor, if any

DOCTORS WEIGHT LOSS CENTER INC  
PO BOX 192135  
SAN JUAN, PR 00919

BLANCA L VIVAS RODRIGUEZ  
PO BOX 734  
ARECIBO, PR 00613

DAISY COREANO  
CALLE12 M-6  
CALLESAN ANTONIO  
CAGUAS, PR 00725

Hernandez Law Offices  
PO BOX 8509  
SAN JUAN, PR 00936-6431

BRENDA SENCO  
CALLE5 C-13  
APT. B URB. PARKSIDE  
GUAYNABO, PR 00968

DEPARTAMENTO DEL TRABAJO  
NEGOCIADO NORMAS DE TRABAJO  
EDIF 828 AVE HOSOSTOS STE 301  
MAYAGUEZ, PR 00682

ABNERIS DIAZ  
CJOSE CELSO BARBOSA  
NO.30 BO. AMELIA  
CATANO, PR 00962

CARIBE DEVELOPMENT, SE  
STE 14 CENTRO CARIBE BLDG  
PONCE, PR 00731

DEPARTAMENTO DEL TRABAJO  
NEGOCIADO NORMAS DE TRABAJO  
45 CURZ ORTIZ STELLA N STE 6  
HUMACAO, PR 00791

AMARILIS MARCANO  
C/FRANCISCO FRANKIE  
CASA 33  
JUNCOS, PR 00777

CARIBE DEVELOPMENT, SE  
STE 201 CENTRO CARIBE BLDG  
PONCE, PR 00731

DEPARTAMENTO DEL TRABAJO  
NEGOCIADO NORMAS DE TRABAJO  
45 CRUZ ORTIZ STELLA STE 6  
HUMACAO, PR 00682

AMERICAN EXPRESS  
BANKRUPTCY DIVISION  
PO BOX 1270  
NEWARK, NJ 07101

CARLOINA SHOPPING COURT  
PO BOX 29112  
SAN JUAN, PR 00929

DEPARTMENT FIRE EQUIPMENT  
PO BOX 11633  
SAN JUAN, PR 00910

AUT ENERGIA ELECTRICA  
BANKRUPTCY DIVISION  
GPO BOX 363508  
SAN JUAN, PR 00936

CAROLINA SHOPPING COURT  
PO BOX 29112  
SAN JUAN, PR 00929

DEPARTMENT OF TREASURE  
BANKRUPTCY DIVISION  
PO BOX 9022501  
SAN JUAN, PR 00902

BANCO BILBAO VIZCAYA  
BANKRUPTCY DIVISION  
PO BOX 364745  
SAN JUAN, PR 00936

COND DOCTORS CENTER  
257 ADUANA, STE2 PMB 273  
MAYAGUEZ, PR 00682

EDIFICIO BRAVO RAMIREZ  
95 C/GAUTIER BENITEZ ESQ DEGETAU  
CAGUAS, PR 00725

BANCO POPULAR DE PR  
BANKRUPTCY DIVISION  
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CRIM  
BANKRUPTCY DIVISION  
PO BOX 70325  
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C/ BARRANQUITAS NO. 511  
URB. REPARTO LAS AMERICAS  
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URB. VILLAS DEL RIO BLANCO  
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SAN RAFAEL ESTATES  
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JACQUELINE VELEZ  
C-15 MEDREGAL  
ALTURAS DE PUERTO REAL  
CABO ROJO, PR 00623

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RFD#1 33HH  
CAROLINA, PR 00983

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GARDEN HILLS PLAZA 1353 STE 344  
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URB. VALLE DEENSUENO  
C3 B3  
GURABO, PR 00778

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UBR. BRISAS DEL PRADO  
C/ COLIBRI 1604  
SANTA ISABEL, PR 00757

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CALLE 7 E-11  
URB.RIVER VIEW  
BAYAMON, PR 00961

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3RA EXT COUNTRY CLUB  
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C/ 3 E-16  
TOA ALTA, PR 00953

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JUANA DIAZ, PR 00795

MUJICA GROUP  
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BAYAMON, PR 00959

IMPRESOS DE LA TORRE  
321 CALLE 12 FLAMINGO HILLS  
BAYAMON, PR 00956

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STE B, 133 CALLE O'NEILL  
SAN JUAN, PR 00918

UFRET & FRONTERA LAW FIRM  
CAPITAL CENTER BLD SOUTH TOWER  
239 ARTERIAL HOSTOS STE 305  
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UNITED SURETY & INDEMNITY CO.  
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APARTADO 7885  
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PMB 140 CARR 19 1353 GDNS HILLS  
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3 TERMINAL ROAD  
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DEPT 1615  
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UNIVISION PUERTO RICO  
FINE ART SCHOOL  
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GUAYNABO, PR 00969

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Municipio De Ponce  
Departamento De Finanzas  
Apartado 331709  
Ponce, PR 00733

ROBERTO CRUZ  
856 C/BALDORIAOTY DE CASTRO  
COND. JARDIN UNIVERSITARIO #104  
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SYSTRONICS  
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YEIZA PIZARRO  
URB. LAS AGUILAS 71 - 28  
COAMO, PR 00769

IN RE:

DOCTORS WEIGHT LOSS CENTER INC

Debtor(s)

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

Chapter 11

**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 ..... \$ **200.00/hr**

Prior to the filing of this statement I have received ..... \$ **800.00**

Balance Due ..... \$ \_\_\_\_\_

2. The source of the compensation paid to me was:  Debtor  Other (specify): \_\_\_\_\_

3. The source of compensation to be paid to me is:  Debtor  Other (specify): \_\_\_\_\_

4.  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:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- [Other provisions as needed]

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

**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.

January 13, 2009

Date

*Antonio I. Hernandez Santiago*  
/s/ ANTONIO I. HERNANDEZ SANTIAGO

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