

<b>United States Bankruptcy Court District of Puerto Rico</b>	<b>Voluntary Petition</b>
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Name of Debtor (if individual, enter Last, First, Middle): Rivera-Rodriguez, José D.	Name of Joint Debtor (Spouse) (Last, First, Middle):
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All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): dba Centro Cardiológico del Norte	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
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Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9259; EIN: 66-0506508	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
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Street Address of Debtor (No. and Street, City, and State) Urb. Los Aires Calle 3 G-4 Arecibo, PR	Street Address of Joint Debtor (No. and Street, City, and State)
ZIPCODE 00612	ZIPCODE

County of Residence or of the Principal Place of Business: Arecibo	County of Residence or of the Principal Place of Business:
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Mailing Address of Debtor (if different from street address): PO Box 141929 Arecibo, PR	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE 00614	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):	ZIPCODE
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<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input 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 style="width: 100%;"/>	<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 style="width: 100%;"/> <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  <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  <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
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<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 No. 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>Check one box: Chapter 11 Debtors</b> <input checked="" type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000 <hr style="width: 100%; border-top: 1px dashed black;"/> <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, in accordance with 11 U.S.C. § 1126(b).
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<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>THIS SPACE IS FOR COURT USE ONLY</b>
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000-5000 <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	
<b>Estimated Assets</b> <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	
<b>Estimated Liabilities</b> <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	



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

Name of Debtor(s):  
**José D. Rivera-Rodriguez**

**Signatures**

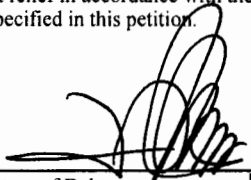
**Signature(s) of Debtor(s) (Individual/Joint)**

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)

August 14, 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 § 1515 of title 11 are attached.

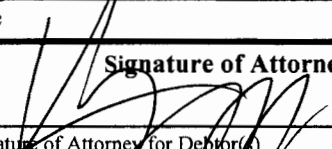
Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)

\_\_\_\_\_  
(Date)

**Signature of Attorney\***

X   
\_\_\_\_\_  
Signature of Attorney for Debtor(s)

WIGBERTO LUGO MENDER, ESQ. 212304  
Printed Name of Attorney for Debtor(s)

Lugo Mender & Co.  
Firm Name

Centro Internacional de Mercadeo  
Address

Rd #165 Torre 1 Suite 501 Guaynabo, PR 00968

787 707-0404 wlugo@lugomender.com  
Telephone Number e-mail

August 14, 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 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); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before 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 \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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.*

**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 \_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

Certificate Number: 02114-PR-CC-007824690

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on 07/28/09, at 09:29 o'clock AM EST, JOSE D RIVERA RODRIGUEZ received from Consumer Credit Counseling Service of Greater Atlanta, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the DISTRICT OF PUERTO RICO, an individual [or group] briefing (including a briefing conducted by telephone or on the Internet) that complied with the provisions of 11 U.S.C. §§ 109(h) and 111. A debt repayment Plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

Date: 07-28-2009

By /s/ CHAD JACKSON

Name CHAD JACKSON

Title Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

UNITED STATES BANKRUPTCY COURT
District of Puerto Rico

José D. Rivera-Rodriguez d/b/a Centro
Cardilógico del Norte

In re \_\_\_\_\_
Debtor(s)

Case No. \_\_\_\_\_
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding
credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy
case, and the court can dismiss any case you do file. If that happens, you will lose whatever
filing fee you paid, and your creditors will be able to resume collection activities against
you. If your case is dismissed and you file another bankruptcy case later, you may be
required to pay a second filing fee and you may have to take extra steps to stop creditors'
collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse
must complete and file a separate Exhibit D. Check one of the five statements below and attach
any documents as directed.

[X] 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing
from a credit counseling agency approved by the United States trustee or bankruptcy
administrator that outlined the opportunities for available credit counseling and assisted me in
performing a related budget analysis, and I have a certificate from the agency describing the
services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan
developed through the agency.

[ ] 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing
from a credit counseling agency approved by the United States trustee or bankruptcy
administrator that outlined the opportunities for available credit counseling and assisted me in
performing a related budget analysis, but I do not have a certificate from the agency describing
the services provided to me. You must file a copy of a certificate from the agency describing the
services provided to you and a copy of any debt repayment plan developed through the agency
no later than 15 days after your bankruptcy case is filed.

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor:

  
\_\_\_\_\_

JOSÉ D. RIVERA-RODRIGUEZ

Date: August 14, 2009

**UNITED STATES BANKRUPTCY COURT  
District of Puerto Rico**

José D. Rivera-Rodriguez d/b/a Centro Cardiológico  
del Norte

In re \_\_\_\_\_,  
Debtor

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)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Banco Bilbao Vizcaya PO Box 71397 San Juan PR 00936	PO Box 71397 San Juan PR 00936  www.bbvap.com 1-800-981-2323	Line of Credit		39,820.60
Asociación Medica de PR PO Box 15019 Wilmington DE 19886-5019	PO Box 15019 Wilmington DE 19886-5019  www.asociacionmedicapr.org 1-800-626-2556	Trade debt		34,356.00

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608	1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608  (787) 792-9282	Lease agreement		32,839.10
Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608	1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608 (787) 792-9282	Lease agreement	Unliquidated	26,707.75
Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608	1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608 (787) 792-9282	Lease Agreement	Unliquidated	24,072.86
Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608	1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608 (787) 792-9282	Lease Agreement	Unliquidated	16,920.62
Bank of America PO Box 15019 Wilmington DE 19886-5019	PO Box 15019 Wilmington DE 19886-5019  www.bankofamerica.com 1-800-626-2556	Credit Card		12,443.10
Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608	1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608 (787) 792-9282	Lease Agreement	Unliquidated	11,309.38



(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Dinners Club PO Box 6003 The Lakers NV 88901-6003	PO Box 6003 The Lakers NV 88901-6003  www.dinnersclub.com 1-800-234-6377	Credit Card		10,705.71
Banco Bilbao Vizcaya PO Box 71397 San Juan PR 00936	PO Box 71397 San Juan PR 00936  www.bbvapr.com 1-800-981-2323	Credit Card		10,053.61
CPA Juan R. Natal Henriquez PO Box 363035 San Juan PR 00936-3035	PO Box 363035 San Juan PR 00936-3035			10,000.00
First Bank PO Box 15019 Wilmington, DE 19886-5019	PO Box 15019 Wilmington, DE 19886-5019  www.firstbankpr.com 1-800-346-3178	Credit Card		6,815.84
Banco Popular Bankruptcy Department PO Box 362708 San Juan PR 00936-2708	PO Box 362708 San Juan PR 00936-2708  www.bppr.com 787.724.3650	CreditCard		6,776.14
Chase Manhattan Bank PO Box 94014 Palatine IL 60094-4014	PO Box 94014 Palatine IL 60094-4014  www.chase.com 1-888-446-3308	Credit Card		6,695.61
Banco Santander PO Box 362589 San Juan PR 00936-2589	PO Box 362589 San Juan PR 00936-2589  www.santandernet.com 1-800-726-8263	Credit Card		3,527.00

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

Dinners Club PO Box 6003 The Lakers NV 88901-6003	PO Box 6003 The Lakers NV 88901-6003  www.dinnersclub.com 1-800-234-6377	Credit Card		3,526.15
Sears PO Box 129 Linden MI 48451-0129	PO Box 129 Linden MI 48451-0129  www.sears.com 1-800-663-4707	Credit Card		3,406.22
Banco Bilbao Vizcaya PO Box 71397 San Juan PR 00936	PO Box 71397 San Juan PR 00936  www.bbvapr.com 1-800-981-2323	Line of Credit		3,170.64
Citi AAdvantage PO Box 183051 Columbus, OH 43218-3051	PO Box 183051 Columbus, OH 43218-3051  www.citicards.com 1-866-535-9408	Credit Card		1,897.67

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing list of twenty largest unsecured creditors and that it is true and correct to the best of my knowledge, information and belief.

Date August 14, 2009

Signature   
 JOSÉ D. RIVERA-RODRIGUEZ

# United States Bankruptcy Court District of Puerto Rico

In re José D. Rivera-Rodriguez d/b/a Centro Cardiológico del Norte

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

Chapter 11

Debtor(s)

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 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 ..... \$ 4,000.00

Prior to the filing of this statement I have received ..... \$ 4,000.00

Balance Due ..... \$ 0.00

2. The source of 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 other 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. [Other provisions as needed]

Fees and compensation to be rendered pursuant to terms disclosed in Application for Employment filed and approved by the Court.

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 the bankruptcy proceeding.

August 14, 2009  
\_\_\_\_\_  
Date

/s/ Wigberto Lugo Mender, Esq.  
\_\_\_\_\_  
Signature of Attorney

Lugo Mender & Co.  
\_\_\_\_\_  
Name of law firm

UNITED STATES BANKRUPTCY COURT

District of Puerto Rico

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

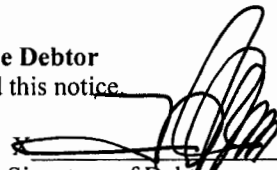
X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer,  
principal, responsible person, or partner whose Social  
Security number is provided above.

\_\_\_\_\_  
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.)

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

José D. Rivera-Rodriguez  
Printed Name(s) of Debtor(s)

  
Signature of Debtor      August 14, 2009  
Date

Case No. (if known) \_\_\_\_\_

X \_\_\_\_\_  
Signature of Joint Debtor (if any)      Date

**B22B (Official Form 22B) (Chapter 11) (01/08)**

In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte  
 Debtor(s)

Case Number: \_\_\_\_\_  
 (If known)

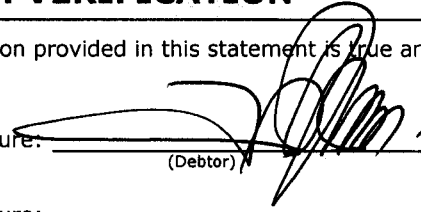
**CHAPTER 11 STATEMENT OF CURRENT MONTHLY INCOME**

In addition to Schedule I and J, this statement must be completed by every individual Chapter 11 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

<b>Part I. CALCULATION OF CURRENT MONTHLY INCOME</b>																	
<b>1</b>	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b></p> <p>b. <input checked="" type="checkbox"/> Married, not filing jointly. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b></p> <p>c. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.</b></p>																
	<p>All figures must reflect average monthly income received from all sources, derived during the the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you divide the six-month total by six, and enter the result on the appropriate line.</p>			<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>												
<b>2</b>	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>			\$ 0.00	\$ 0.00												
<b>3</b>	<p><b>Net income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference on Line 3. If more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 45%;">Gross receipts</td> <td style="width: 15%; text-align: right;">\$ 0.00</td> <td style="width: 35%;"></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business Income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$ 0.00		b.	Ordinary and necessary business expenses	\$ 0.00		c.	Business Income	Subtract Line b from Line a		\$ 50,000.00	\$ 0.00
a.	Gross receipts	\$ 0.00															
b.	Ordinary and necessary business expenses	\$ 0.00															
c.	Business Income	Subtract Line b from Line a															
<b>4</b>	<p><b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference on Line 4. Do not enter a number less than zero.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 45%;">Gross receipts</td> <td style="width: 15%; text-align: right;">\$ 0.00</td> <td style="width: 35%;"></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business Income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts	\$ 0.00		b.	Ordinary and necessary operating expenses	\$ 0.00		c.	Business Income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
a.	Gross receipts	\$ 0.00															
b.	Ordinary and necessary operating expenses	\$ 0.00															
c.	Business Income	Subtract Line b from Line a															
<b>5</b>	<b>Interest, dividends and royalties.</b>			\$ 0.00	\$ 0.00												
<b>6</b>	<b>Pension and retirement income.</b>			\$ 0.00	\$ 0.00												
<b>7</b>	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the the debtor's spouse if Column B is completed.</p>			\$ 0.00	\$ 0.00												
<b>8</b>	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 15%;">Debtor \$ 0.00</td> <td style="width: 15%;">Spouse \$ 0.00</td> <td style="width: 30%;"></td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00		\$ 0.00	\$ 0.00								
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00															

9	<b>Income from all other sources.</b> If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.			
	a.	Rent-C/Querubin #25	\$ 700.00	
	b.		\$ 0.00	
Total and enter on Line 9			\$ 700.00	\$ 0.00
10	<b>Subtotal of current monthly income.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).		\$ 50,700.00	\$ 0.00
11	<b>Total Current Monthly.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		\$ 50,700.00	

**Part VIII: VERIFICATION**

12	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i>	
	Date: August 14, 2009	Signature:  (Debtor)
	Date: August 14, 2009	Signature: _____ (Joint Debtor, if any)

In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte,  
 Debtor

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 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 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 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.

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, 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. 081010016196561 Banco Bilbao Vizcaya PO Box 71397 San Juan PR 00936		Incurred: Aug 2004 Lien: First Mortgage Security: Real property located at Calle Querubin #29 Urb El Paraiso Arecibo PR						216,158.95	0.00
		VALUE \$ 300,000.00							
ACCOUNT NO. 893008001 Doral Bank 1451 FD Roosevelt Ave. San Juan PR 00920-2717		Incurred: Jan-2005 Lien: First Mortgage Security: Real Prop. Urb Paraiso #25 Arecibo PR						85,307.00	0.00
		VALUE \$ 225,000.00							
ACCOUNT NO. 4164001219 Eurobank PO Box 191009 San Juan PR 00919-1009		Incurred: Jul-2006 Lien: First Mortgage Security: Comm. Bldg located at #19 ave. De Diego Arecibo PR						255,645.44	0.00
		VALUE \$ 400,000.00							
Subtotal (Total of this page)								\$ 557,111.39	\$ 0.00
Total (Use only on last page)								\$	\$

1 continuation sheets attached

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



In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte

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

Debtor

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED 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, 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. 4164000857 Eurobank PO Box 191009 San Juan PR 00919-1009		Incurred: Jul-2006 Lien: First Mortgage Security: Comm. Bldg located at #16 Ave. De Diego Arecibo PR  VALUE \$ 343,000.00				96,084.50	0.00
ACCOUNT NO. 16330 Scotiabank 273 Ave Ponce de Leon Hato Rey PR 00917		Lien: Chattel Mortgage Security: Boat Aldamar of 35 feet  VALUE \$ 125,000.00	X	X		75,654.00	0.00
ACCOUNT NO.		  VALUE \$					
ACCOUNT NO.		  VALUE \$					
ACCOUNT NO.		  VALUE \$					

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

Subtotal (s) (Total(s) of this page)	\$ 171,738.50	\$ 0.00
Total(s) (Use only on last page)	\$ 728,849.89	\$ 0.00

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

In re José D. Rivera-Rodriguez d/b/a Centro Cardiológico del Norte  
Debtor

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 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).

**B6E (Official Form 6E) (12/07) - Cont.**

In re José D. Rivera-Rodriguez d/b/a Centro Cardiológico del Norte,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**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.

In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte,  
 Debtor

Case No. \_\_\_\_\_  
 (If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
 (Continuation Sheet) Sec. 507(a)(1)

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	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.  Hamara Enid Jimenez Tuquez Cond Paseo del Rocio #400 Carr. Estatal 176 Apt 506 San Juan PR 00926			Consideration: Ex-Wife (Alimony daughter up to date)				Notice Only	Notice Only	Notice Only
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									

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

Subtotal  
 (Totals of this page)

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

Totals  
 (Use only on last page of the completed  
 Schedule E. If applicable, report also on  
 the Statistical Summary of Certain  
 Liabilities and Related Data.)

\$ 0.00	\$ <del>16,898.68</del>	\$ 2,880.00
\$ 66,195.94		
	\$ 59,001.45	\$ 7,194.49

In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte  
 Debtor

Case No. \_\_\_\_\_  
 (If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
 (Continuation Sheet) Sec. 507(a)(8)

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	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 660-50-6508 Corporacion Fondo Seguro Estado PO Box 365028 San Juan PR 00936-5028		Consideration: Workmens Compensation				Notice Only	Notice Only	Notice Only
ACCOUNT NO. 012-076-101-10-001 CRIM PO BOX195387 San Juan PR 00936-5387		Consideration: Real Property Taxes Re: Comm. Bldg Ave De Diego # 16 Arecibo PR				7,707.65	7,707.65	0.00
ACCOUNT NO. 012-086-142-06-901 CRIM PO BOX195387 San Juan PR 00936-5387		Consideration: Real property Taxes Re. Coom Bldg Ave De Diego # 19 Arecibo PR				8,252.02	8,252.02	0.00
ACCOUNT NO. 051-009-010-34-000 CRIM PO BOX195387 San Juan PR 00936-5387		Consideration: Real property taxes Re: Real prop Urb Paraiso C4 No. 29 Arecibo PR				888.92	888.92	0.00
Subtotal						\$ 16,848.59	\$ 16,848.59	\$ 0.00
(Totals of this page)								
Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)								
Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								

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

In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte  
 Debtor

Case No. \_\_\_\_\_  
 (If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
 (Continuation Sheet) Sec. 507(a)(8)

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>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 051-009-515-02-000 CRIM PO BOX195387 San Juan PR 00936-5387		Consideration: Real property taxes Re: Real property Urb El Paraiso #25 Arecibo PR				8,836.35	8,836.35	0.00
ACCOUNT NO. 9259 CRIM PO BOX195387 San Juan PR 00936-5387		Consideration: Personal Taxes				Notice Only	Notice Only	Notice Only
ACCOUNT NO. 660-50-6508 Departamento de Hacienda PO Box 9024140 Oficina 424-B San Juan,P R00902-4140		Incurred: 2004, 06, 07 & 08 Consideration: Employment Witheld & 7% Q4 2006, Q1, Q2 & Q3 2007, Q1, Q2, Q3 & Q4 2008 and 2004 & 2006 7%			X	8,938.37	6,054.00	2,884.37
ACCOUNT NO. 660-50-6508 Department of Labor Edificio Prudencio Rivera Martinez 505 Muñoz Rivera Avenue San Juan PR 00919		Consideration: Disablity & Unemployment				Notice Only	Notice Only	Notice Only
Subtotal						\$ 17,774.72	\$ 14,890.35	\$ 2,884.37
Total (Totals of this page)						\$		
Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)						\$		
Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						\$		

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

In re José D. Rivera-Rodriguez d/b/a Centro Cardiológico del Norte  
 Debtor

Case No. \_\_\_\_\_  
 (If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
 (Continuation Sheet) Sec. 507(a)(8)

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 UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 66-050-6508 Internal Revenue Services City View Plaza 2 48 Carretera 165 Suite 2000 Guaynabo PR 00968-8000		Consideration: Personal 1040PR (2007, 2008)		31,572.63	27,262.51	4,310.12
ACCOUNT NO. 660-50-6508 Municipality of Arecibo PO Box 1086 Arecibo PR 00613-1086		Consideration: Municipality License (Patentes)		Notice Only	Notice Only	Notice Only
ACCOUNT NO.						
ACCOUNT NO.						
Subtotal				\$ 31,572.63	\$ 16,890.00	\$ 2,880.00
Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)				\$ 66,195.94		
Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)				\$	\$ 59,001.45	\$ 7,194.49

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Sheet no. 4 of 4 continuation sheets attached to Schedule of  
 Creditors Holding Priority Claims

In re José D. Rivera-Rodriguez d/b/a Centro Cardológico del Norte  
 Debtor

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 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 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. 5406650031003131 Asociación Medica de PR PO Box 15019 Wilmington DE 19886-5019	X		Consideration: Credit card debt				34,356.00	
ACCOUNT NO. 100805800823785 Banco Bilbao Vizcaya PO Box 71397 San Juan PR 00936	X		Consideration: VISA-Credit card debt				10,053.61	
ACCOUNT NO. 080-6360401011 Banco Bilbao Vizcaya PO Box 71397 San Juan PR 00936	X		Consideration: Credit Line				39,820.60	
ACCOUNT NO. 080-6070400706 Banco Bilbao Vizcaya PO Box 71397 San Juan PR 00936	X		Consideration: Credit Line				3,170.64	
Subtotal							\$	87,400.85
Total							\$	

4 continuation sheets attached

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



In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte  
 Debtor

Case No. \_\_\_\_\_  
 (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,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4549195180534123 Banco Popular Bankruptcy Department PO Box 362708 San Juan PR 00936-2708	X		Incurred: date opened 10/1/85 Consideration: Credit card debt				6,776.14
ACCOUNT NO. 4506730100016883 Banco Santander PO Box 362589 San Juan PR 00936-2589	X		Incurred: Date opened 2/1/86 Consideration: VISA-Credit card debt				3,527.00
ACCOUNT NO. 5406650014174750 Bank of America PO Box 15019 Wilmington DE 19886-5019	X		Incurred: date opened 4/1/05 Consideration: Credit card debt				12,443.10
ACCOUNT NO. 4417124091910247 Chase Manhattan Bank PO Box 94014 Palatine IL 60094-4014	X		Incurred: date opened 8/1/90 Consideration: VISA-Credit Card				6,695.61
ACCOUNT NO. 4922002510200762 Citi AAdvantage PO Box 183051 Columbus, OH 43218-3051	X		Consideration: Credit card debt				1,897.67

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

Subtotal	\$	31,339.52
Total	\$	

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

In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte  
 Debtor

Case No. \_\_\_\_\_  
 (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,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CPA Juan R. Natal Henriquez PO Box 363035 San Juan PR 00936-3035		Consideration: Accounting Services				10,000.00
ACCOUNT NO. 5306310000897689 Dinners Club PO Box 6003 The Lakers NV 88901-6003	X	Consideration: Credit card debt				10,705.71
ACCOUNT NO. 5306300005396688 Dinners Club PO Box 6003 The Lakers NV 88901-6003	X	Consideration: Credit card debt				3,526.15
ACCOUNT NO. 4744087019424027 First Bank PO Box 15019 Wilmington, DE 19886-5019	X	Consideration: Credit card debt				6,815.84
ACCOUNT NO. 02600675110010700 Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608		Incurred: 7-15-09 Consideration: Lease Medical equipment vin# US90700361				32,839.10

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

Subtotal	\$	63,886.80
Total	\$	

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

In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte  
 Debtor

Case No. \_\_\_\_\_  
 (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,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 02500675110045049 Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608		Incurred: 7-15-09 Consideration: Lease vehicle Honda Accord 2004		X		11,309.38
ACCOUNT NO. 02500675110023555 Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608		Incurred: 7-15-09 Consideration: Lease vehicle Acura 2004 MDX		X		16,920.62
ACCOUNT NO. 02500675110001180 Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608		Incurred: 7-15-09 Consideration: Lease vehicle Dodge Nitro 2007		X		24,072.86
ACCOUNT NO. 02500675110035702 Popular Auto 1901 Ave Jesus T Pineiro Suite 210 San Juan PR 00920-5608		Incurred: 7-15-09 Consideration: Lease vehicle Audi 2006		X		26,707.75
ACCOUNT NO. Scotiabank of PR C/O Manuel A. Frau Catusus 606 Ave Tito Castro Suite 125 La Rambla Ponce PR 00716-0205	X	Re: Civil Case CCD2008-1208 Scotiabank vs Jose D. Rivera Collection of Money		X	X	Notice Only

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

Subtotal >	\$ 79,010.61
Total >	\$

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

In re José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte,  
 Debtor

Case No. \_\_\_\_\_  
 (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,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8782284 Sears PO Box 129 Linden MI 48451-0129	X		Consideration: Credit card debt				3,406.22
ACCOUNT NO.							
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	\$	3,406.22
Total	\$	265,044.00

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

José D. Rivera-Rodriguez d/b/a Centro Cardilógico del Norte

In re \_\_\_\_\_ Debtor

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 29 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 14, 2009

Signature: [Handwritten Signature] Debtor

Date \_\_\_\_\_

Signature: Not Applicable (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 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 this document.

Address

X \_\_\_\_\_ 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 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.

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

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [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 \_\_\_\_\_ 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 \_\_\_\_\_

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

[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.

Asociación Medica de PR  
PO Box 15019  
Wilmington DE 19886-5019

Banco Bilbao Vizcaya  
PO Box 71397  
San Juan PR 00936

Banco Bilbao Vizcaya  
PO Box 71397  
San Juan PR 00936

Banco Bilbao Vizcaya  
PO Box 71397  
San Juan PR 00936

Banco Bilbao Vizcaya  
PO Box 71397  
San Juan PR 00936

Banco Popular  
Bankruptcy Department  
PO Box 362708  
San Juan PR 00936-2708

Banco Santander  
PO Box 362589  
San Juan PR 00936-2589

Bank of America  
PO Box 15019  
Wilmington DE 19886-5019

Centro Cardiologico del Norte  
& Popular Auto  
1901 Ave Jesus T Pineiro  
Suite 210  
San Juan PR 00920-5608

Centro Cardiologico del Norte  
& Popular Auto  
1901 Ave Jesus T. Pineiro  
Suite 210  
San Juan PR 00920-5608

Centro Cardiologico del Norte  
& Popular Auto Inc.  
1901 Ave Jesus T Pineiro  
Suite 210  
San Juan PR 00920-5608

Centro Cardiologico del Norte &  
Popular Auto  
1901 Ave. Jesus T Pineiro  
Suite 210  
San Juan PR 00920-5608

Centro Cardiologico del Norte &  
Popular Auto  
1901 Ave. Jesus T. Pineiro  
Suite 210  
San Juan PR 00920-5608

Chase Manhattan Bank  
PO Box 94014  
Palatine IL 60094-4014

Citi AAdvantage  
PO Box 183051  
Columbus, OH 43218-3051

Corporacion Fondo Seguro Estado  
PO Box 365028  
San Juan PR 00936-5028

CPA Juan R. Natal Henriquez  
PO Box 363035  
San Juan PR 00936-3035

CRIM  
PO BOX195387  
San Juan PR 00936-5387

CRIM  
PO BOX195387  
San Juan PR 00936-5387

CRIM  
PO BOX195387  
San Juan PR 00936-5387

CRIM  
PO BOX195387  
San Juan PR 00936-5387

CRIM  
PO BOX195387  
San Juan PR 00936-5387

Departamento de Hacienda  
PO Box 9024140  
Oficina 424-B  
San Juan,P R00902-4140

Department of Labor  
Edificio Prudencio Rivera Martinez  
505 Muñoz Rivera Avenue  
San Juan PR 00919

Dinners Club  
PO Box 6003  
The Lakers NV 88901-6003

Dinners Club  
PO Box 6003  
The Lakers NV 88901-6003

Doral Bank  
1451 FD Roosevelt Ave.  
San Juan PR 00920-2717

Eurobank  
PO Box 191009  
San Juan PR 00919-1009

Eurobank  
PO Box 191009  
San Juan PR 00919-1009

First Bank  
PO Box 15019  
Wilmington, DE 19886-5019

Hamara Enid Jimenez Tuquez  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614

Hamara Enid Jimenez Tuquez  
Ex-Wife  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614

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Arecibo PR 00614

Hamara Enid Jimenez Tuquez  
Ex-Wife  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614

Internal Revenue Services  
City View Plaza 2  
48 Carretera 165  
Suite 2000  
Guaynabo PR 00968-8000

Popular Auto  
1901 Ave Jesus T Pineiro  
Suite 210  
San Juan PR 00920-5608

Popular Auto  
1901 Ave Jesus T Pineiro  
Suite 210  
San Juan PR 00920-5608

Scotibank of PR  
C/O Manuel A. Frau Catusus  
606 Ave Tito Castro Suite 125  
La Rambla Ponce PR 00716-0205

Hamara Enid Jimenez Tuquez  
Ex-Wife  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614  
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Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614

Hamara Enid Jimenez Tuquez  
Ex-Wife  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614

Jose Rivera Rodriguez &  
Erilex Colón Toledo  
PO Box 144063  
Arecibo PR 00614

Popular Auto  
1901 Ave Jesus T Pineiro  
Suite 210  
San Juan PR 00920-5608

Popular Auto  
1901 Ave Jesus T Pineiro  
Suite 210  
San Juan PR 00920-5608

Sears  
PO Box 129  
Linden MI 48451-0129

Hamara Enid Jimenez Tuquez  
Ex-Wife  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614  
Hamara Enid Jimenez Tuquez  
Ex-Wife  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614

Hamara Enid Jimenez Tuquez  
Ex-Wife  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614

Hamara Enid Jimenez Tuquez  
Ex-Wife  
Calle Querubin #29  
Urb. El Paraiso  
Arecibo PR 00614  
La Rambla Ponce PR 00716-0205  
Municipality of Arecibo  
PO Box 1086  
Arecibo PR 00613-1086

Popular Auto  
1901 Ave Jesus T Pineiro  
Suite 210  
San Juan PR 00920-5608

Scotibank  
273 Ave Ponce de Leon  
Hato Rey PR 00917