

United States Bankruptcy Court District of Puerto Rico		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): LABORATORIO FRANCISCO LANDRON, INC.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 66-0367367		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): CENTRO CONDOMINO LAGUNA GARDENS SUITE 208 CAROLINA, PR		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE 00979		ZIPCODE
County of Residence or of the Principal Place of Business: Carolina		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address)		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): CENTRO CONDOMINIO LAGUNA GARDENS, SUITE 208, CAROLINA, PR		
ZIPCODE 00979		
<p style="text-align: center;">Type of Debtor (Form of Organization) (Check one box.)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	<p style="text-align: center;">Nature of Business (Check one box.)</p> <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____	<p style="text-align: center;">Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <p style="text-align: center;">Nature of Debts (Check one box.)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<p style="text-align: center;">Filing Fee (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p style="text-align: center;">Chapter 11 Debtors</p> <p>Check one box:</p> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p>Check if:</p> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <p>Check all applicable boxes:</p> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
<p>Statistical/Administrative Information</p> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<p>Estimated Number of Creditors</p> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
<p>Estimated Assets</p> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<p>Estimated Liabilities</p> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

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

Location Where Filed: None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

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

Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:

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

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

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

Exhibit D

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

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

If this is a joint petition:

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

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

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

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

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

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

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

(Name of landlord or lessor that obtained judgment)

(Address of landlord or lessor)

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

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

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

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

Name of Debtor(s):
LABORATORIO FRANCISCO LANDRON, INC.

Signatures

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

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

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

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

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

X _____
 Signature of Debtor

X _____
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

 Date

Signature of a Foreign Representative

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

(Check only **one** box.)

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

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

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Attorney*

X /s/ JAIME L. VELASCO BONILLA II, ESQ.
 Signature of Attorney for Debtor(s)

JAIME L. VELASCO BONILLA II, ESQ.
BAR NO. 222,312
P.O. BOX 9023336
SAN JUAN, PR 00902-3336
(787) 562-0837
VELASCOLAW@HOTMAIL.COM

September 11, 2010
 Date

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

Signature of Non-Attorney Petition Preparer

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

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

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

 Address

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ FRANCES LANDRON NAVAS
 Signature of Authorized Individual

FRANCES LANDRON NAVAS
 Printed Name of Authorized Individual

SECRETARY
 Title of Authorized Individual

September 11, 2010
 Date

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

 Date

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

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

LABORATORIO CLINICO FRANCISCO LANDRON, INC.

MINUTA SOBRE RESOLUCION CORPORATIVA

Laboratorio Clínico Francisco Landrón, Inc. corporación constituida de conformidad a las leyes del Estado Libre Asociado de Puerto Rico, por la presente certifica:

PRIMERO: Que en reunión de la Junta de Directores y Accionistas de esta corporación, celebrada el 9 de septiembre de 2010, quedó resuelto solicitar la protección del Tribunal Federal de Quiebras con la radicación inmediata de una petición de reorganización corporativa de conformidad al Capítulo 11 del Código de Quiebras. La resolución adoptada por la Junta de Directores y Accionista fue como sigue:

"En el mejor interés de la Empresa se autoriza en presentar una petición de reorganización en conformidad al Capítulo 11 del Código Federal de Quiebras. De igual forma se autoriza a la Presidente, Lillian Navas Vélez que represente a la Corporación en este proceso, incluyendo la contratación de los servicios profesionales necesarios para esta encomienda."

"Habiendo realizado la gestión para la cual fui autorizada se escogió al Lcdo. Jaime Velasco para la presentación del correspondiente recurso ante el Tribunal Federal de Quiebras."

EN TESTIMONIO DE LO CUAL, la aquí suscribiente certifica que los datos contenidos en esta resolución son ciertos, hoy 10 de septiembre de 2010.

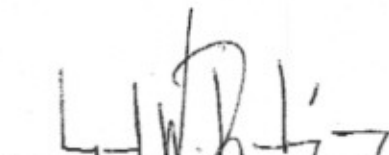

SECRETARIA EN FUNCIONES

AFFIDÁVIT NUM: 0693

SUSCRITO ante mí por Frances Landrón Navas, mayor de edad, soltera, secretaria en funciones de la corporación, vecina y residente de San Juan, PR a quien **DOY FE** de conocerle personalmente.

En **SAN JUAN**, Puerto Rico, 10 de septiembre de 2010.




ABOGADO / NOTARIO

APPENDIX

11 USC 1116(1)

Liquidator:	Reviewer:	2008 COMMONWEALTH OF PUERTO RICO DEPARTMENT OF THE TREASURY 2008	Serial Number
Field audited by:		Corporation Income Tax Return	<input type="checkbox"/> AMENDED RETURN
Date: ____/____/____		TAXABLE YEAR BEGINNING ON 1 January, 2008 AND ENDING ON 31 December, 2008	Payment Stamp
R M N			
Taxpayer's Name LABORATORIO FRANCISCO LANDRON, INC		Employer Identification Number 66-0367367	
Postal Address CENTRO COM.LAGUNA GARDENS SUITE 208 ISLA VERDE Carolina PR		Department of State Registry No. 42295	
Zip Code 00979		Industrial Code 6215 Municipal Code 20	
"Place Label here".		Merchant's Registration Number	
Location of Principal Industry or Business - Number, Street, City CENTRO COMERCIAL LAGUNA GARDENS SUITE 208 ISLA VERDE CAROLINA PR 00979		Telephone Number - Extension (787) 603-8189	
Type of Principal Industry or Business (i.e. Hardware, Cafeteria, etc.) LABORATORIO MEDICO		Date Incorporated Day 19 / Month 3 / Year 1973	
Check the corresponding box, if applicable		Place Incorporated SAN JUAN	
<input type="checkbox"/> First return <input type="checkbox"/> Last return		E-mail Address	Receipt No. Amount:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Contracts with Governmental Entities			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CHANGE OF ADDRESS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2009 RETURN <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> English			

Part I	1. Net operating income (or loss) (From Part V, line 49)	(1)	14,784	00
	2. Less: Net operating loss deduction from preceding year (Submit detail)	(2)	75,845	00
	3. Net income (or loss)	(3)	-61,061	00
Part II	4. Less: Dividends or profits received from domestic corporations or partnerships	(4)		00
	5. Net income subject to normal tax (Subtract line 4 from line 3)	(5)	-61,061	00
	6. Less: Surtax net income credit	(6)	25,000	00
	7. Net income subject to surtax (Subtract line 6 from line 5)	(7)		00
Part III	8. Normal tax (Multiply line 5 by 20%)	(8)		00
	9. Surtax (See instructions)	(9)		00
	10. Amount of recapture (See instructions)	(10)		00
	11. Total Tax (Add lines 8 through 10)	(11)		00
	12. Alternative Tax - Capital Gains (Schedule D Corporation and Partnership, Part V, line 36)	(12)		00
	13. Tax Determined (Line 11 or 12, whichever is smaller)	(13)	0	00
	14. Recapture of credit claimed in excess (Schedule B Corporation and Partnership, Part I, line 3)	(14)		00
	15. Tax credits (Schedule B Corporation and Partnership, Part II, line 27)	(15)		00
	16. Tax liability before alternative minimum tax (Subtract line 15 from the sum of lines 13 and 14)	(16)		00
	17. Alternative minimum tax (Schedule A Corporation and Partnership, Part V, line 33)	(17)		00
	18. Branch profits tax (Form AS 2879, line 11)	(18)		00
	19. Tax on eligible interest (See instructions)	(19)		00
	20. Total Tax Liability (Add lines 16 through 19)	(20)		00
	21. Less: Other Payments and Withholdings (Schedule B Corporation and Partnership, Part III, line 9)	(21)		00
	22. Balance of tax due (If line 20 is larger than line 21, enter the difference here, otherwise, on line 24)			
	a) Tax	(22a)		00
	b) Interest	(22b)		00
	c) Surcharges	(22c)		00
	d) Total (Add lines 22(a) through 22(c))			00
	23. Addition to the Tax for Failure to Pay Estimated Tax (Schedule T Corporation and Partnership, Part III, line 4)	(23)		00
	24. Excess of tax paid or withheld (See instructions)	(24)		00
	25. Amount paid with this return (Add lines 22(d) and 23 less line 24)			00
	26. Amount overpaid (Subtract lines 21 from the sum of lines 20 and 23. Distribute line 24 between line A or B):			
	A. To be credited to estimated tax for 2009			00
	B. To be refunded			00

Estado Libre Asociado de Puerto Rico
DEPARTAMENTO DE HACIENDA
1178 - Colección Puerto Nuevo

RECEBIDO

JUL 14 2009

SIN PAGO

SECRETARIO DE HACIENDA

09-2644

Part IV	1. Net sales (1)		368,443	00
	Less: Cost of goods sold or direct costs of production			
	2. Inventory at the beginning of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"			
	(a) Materials (2a)			00
	(b) Goods in process (2b)			00
	(c) Finished goods or merchandise (2c)			00
	3. Purchase of materials or merchandise (3)			00
	4. Direct wages (4)			00
	5. Other direct costs (Detail in Part VI) (5)			00
	6. Total cost of goods available for sale (Add lines 2 through 5) (6)			00
	7. Less: Inventory at the end of the year <input type="checkbox"/> "C" <input type="checkbox"/> "C" or "MV"			
	(a) Materials (7a)			00
	(b) Goods in process (7b)			00
	(c) Finished goods or merchandise (7c)			00
	8. Gross profit on sales or production (Subtract the result of line 6 less line 7, from line 1) (8)		368,443	00
	9. Net capital gain (Schedule D Corporation and Partnership, Part IV, line 22) (9)			00
	10. Net gain (or loss) from the sale of property other than capital assets (Schedule D Corporation and Partnership, Part VI, line 37) (10)			00
	11. Rent (11)			00
	12. Interest (12)			00
	13. Commissions (13)			00
14. Dividends from corporations and profits from partnerships: (a) Domestic (b) Foreign (14)			00	
15. Distributable share on net income from special partnerships (Schedule R, Part II, line 8) (15)			00	
16. Distributable share on net losses from special partnerships (Schedule R, Part II, line 13) (16)			00	
17. Taxable farming profit (Schedule S Corporation and Partnership, Part I, line 9) (17)			00	
18. Freight and fares (18)			00	
19. Miscellaneous income (19)			00	
20. Total gross income (Add lines 8 through 19) (20)		368,443	00	

Part V	21. Compensation to officers (See instructions for Part X) (21)		54,625	00
	22. Salaries, commissions and bonuses to employees (22)		106,828	00
	23. Commissions to businesses (23)			00
	24. Social security tax (FICA) (24)		12,351	00
	25. Unemployment tax (25)		4,175	00
	26. State Insurance Fund premiums (26)			00
	27. Medical or hospitalization insurance (27)			00
	28. Insurances (28)		9,647	00
	29. Interest (See instructions) (29)			00
	30. Rent (30)		15,000	00
	31. Property tax: (a) Personal (b) Real (31)			00
	32. Other taxes, patents and licenses (See instructions) (32)		527	00
	33. Losses from fire, storm, other casualties or theft (33)			00
	34. Motor vehicle expenses (34)			00
	35. Meal and entertainment expenses (Total 1,660) (See instructions) (35)		830	00
	36. Travel expenses (36)			00
	37. Professional services (37)		99,707	00
	38. Contributions to pension or other qualified plans (See instructions) (38)			00
	39. Flexible depreciation (See instructions. Submit Schedule E) (39)			00
	40. Accelerated depreciation (See instructions. Submit Schedule E) (40)			00
	41. Current depreciation and amortization (See instructions. Submit Schedule E) (41)			00
	42. Bad debts (See instructions) (42)			00
	43. Charitable contributions (See instructions) (43)			00
	44. Repairs (See instructions) (44)		4,709	00
	45. Deduction for employers who employ handicapped persons (See instructions) (45)			00
	46. Contributions to educational contribution accounts for the employees' beneficiaries (See instructions) (46)			00
	47. Other deductions (See instructions) (47)		45,260	00
	48. Total deductions (Add lines 21 through 47) (48)		353,659	00
	49. Net operating income (or loss) for the year (Subtract line 48 from line 20. Enter here and in Part I, line 1) (49)		14,784	00

Part VI	Item 26		Item	
		Amount		Amount
	1. Salaries, wages and bonuses (1)	00	8. Repairs (8)	00
	2. Social security tax (FICA) (2)	00	9. Utilities (9)	00
	3. Unemployment tax (3)	00	10. Flexible depreciation (Submit Schedule E) (10)	00
	4. State Insurance Fund premiums (4)	00	11. Accelerated depreciation (Submit Schedule E) (11)	00
	5. Medical or hospitalization insurance (5)	00	12. Current depreciation (Submit Schedule E) (12)	00
	6. Other insurance (6)	00	13. Other expenses (Submit detail) (13)	00
	7. Excise taxes (7)	00	14. Total other direct costs (Add lines 1 through 13. Same as Part IV, line 5) (14)	00

Other Expenses from Part 5

Description	Amount
Office Expenses	4,250
Bank Charges	2,327
Dues & Subscription	1,875
Annual Fee	100
Office Supplies	1,437
Telephone & Cel	13,010
Maintenance	240
Utilities	2,137
Medical Waste Expense	1,569
Payment of demand	17,672
Advertising	643
Total	45,260

Corporation - Comparative Balance Sheet

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Assets	Beginning of the Year			Ending of the Year		
		Total			Total	
1. Cash on hand and in banks (1)		19,331 00	(1)		-49,432 00	
2. Accounts receivable (2)	358,973 00		(2)	474,392 00		
3. Less: Reserve for bad debts (3)	(00)	358,973 00	(3)	(00)	474,392 00	
4. Notes receivable (4)		00	(4)		00	
5. Inventories (5)		00	(5)		00	
6. Investments (6)		00	(6)		00	
7. Depreciable assets (7)	161,321 00		(7)	161,321 00		
8. Less: Reserve for depreciation (8)	(161,321 00)	00	(8)	(161,321 00)	00	
9. Land (9)		00	(9)		00	
10. Other assets (10)		153,931 00	(10)		153,931 00	
11. Total Assets (11)		532,235 00	(11)		578,891 00	
Liabilities and Stockholder's Equity						
Liabilities						
12. Accounts payable (12)	126,965 00		(12)	126,965 00		
13. Notes payable (13)	35,030 00		(13)	35,030 00		
14. Accrued expenses (14)	472,764 00		(14)	505,464 00		
15. Other liabilities (15)	55,731 00		(15)	55,731 00		
16. Total Liabilities (16)		690,490 00	(16)		723,190 00	
Stockholder's Equity						
17. Capital stock						
(a) Preferred stocks (17a)		00	(17a)		00	
(b) Common stocks (17b)	23,336 00		(17b)	23,336 00		
18. Additional paid in capital (18)	-181,591 00		(18)	-167,635 00		
19. Retained earnings (19)		00	(19)		00	
20. Reserve (20)		00	(20)		00	
21. Total Stockholder's Equity (21)		-158,255 00	(21)		-144,299 00	
22. Total Liabilities and Stockholder's Equity (22)		532,235 00	(22)		578,891 00	

Reconciliation of Net Income (or Loss) per Books with Net Taxable Income (or Loss) per Return

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1. Net income (or loss) per books (1)	13,954 00		7. Income recorded on books this year not included on this return (Itemize, use schedule if necessary)		
2. Income tax (2)	00		(a) Exempt interest		
3. Excess of capital losses over capital gains (3)	00		(b)		
4. Taxable income not recorded on books this year (Itemize, use schedule if necessary)			(c)		
(a)			(d)		
(b)			Total (7)		00
(c)			8. Deductions on this tax return not charged against book income this year (Itemize, use schedule if necessary)		
(d)			(a) Depreciation		
Total (4)	00		(b)		
5. Expenses recorded on books this year not claimed on this return (Itemize, use schedule if necessary)			(c)		
(a) Meal and entertainment (amount not claimed) 830			(d)		
(b) Depreciation			Total (8)		00
(c)			9. Total (Add lines 7 and 8) (9)		00
(d)			10. Net taxable income (or loss) per return (Subtract line 9 from line 6) (10)		14,784 00
Total (5)	830 00				
6. Total (Add lines 1 through 5) (6)	14,784 00				

Analysis of Retained Earnings per Books

39

1. Balance at the beginning of the year (1)		00	5. Distributions:	(5a)	00
2. Net income per books (2)	13,954 00		(b) Property	(5b)	00
3. Other increases (Itemize, use schedule if necessary)			(c) Stocks	(5c)	00
..... (3)		00	6. Other decreases (Use schedule if necessary)	(6)	00
4. Total (Add lines 1, 2 and 3) (4)	13,954 00		7. Total (Add lines 5 and 6)	(7)	00
			8. Balance at end of year (Subtract line 7 from line 4)	(8)	13,954 00

Carry-forward of Net Operating Losses from Preceding Years

Year	Loss	Used	Available	Expiration
2001	19,103		19,103	2008
2002	33,561		33,561	2009
2003	3,882		3,882	2010
2004	12,551		12,551	2011
2005	6,748		6,748	2012
Total	75,845		75,845	
Net operating losses to carry forward to 2008			75,845	

**Schedule A Corporation
and Partnership**

Rev. 02.09

ALTERNATIVE MINIMUM TAX

2008

A

Taxable year beginning on 1 January 2008 and ending on 31 December 2008

Taxpayer's Name
LABORATORIO FRANCISCO LANDRON, INC

Employer Identification Number
66-0367367

Part I Adjustments in the Computation of the Alternative Minimum Net Income Before Books Adjustments and Operating Losses

1. Net income subject to normal tax without considering net operating loss from preceding years and excluding the net capital gain that you had elected to pay taxes at the special rates (See instructions).....	(1)	14,784	00
2. Adjustments:			
a. Flexible depreciation.....	(2a)	00	
b. Installment sales.....	(2b)	00	
c. Long-term contracts.....	(2c)	00	
d. Expenses related with exempt interest.....	(2d)	00	
e. Accelerated depreciation.....	(2e)	00	
f. Total adjustments (Add lines 2(a) through 2(e)).....	(2)		00
3. Alternative minimum net income before the adjustments of Part II and the operating loss (Add lines 1 and 2(f)).....	(3)	14,784	00

Part II Adjustment for the Excess of the Net Income per Books over the Alternative Minimum Net Income Before Adjustments

4. Net income (or loss) per books.....	(4)	13,954	00
5. Goodwill amortization expense.....	(5)	00	
6. Income tax expense per books.....	(6)	00	
7. Add lines 4, 5 and 6.....	(7)	13,954	00
8. Exempt interest income net of related expenses.....	(8)	00	
9. Dividends and profit distributions received from domestic corporations or partnerships, or from industrial or tourism development income.....	(9)	00	
10. Industrial development income, exempt tourism development income or bona fide agricultural business income.....	(10)	00	
11. Income (or loss) recognized under the equity method.....	(11)	00	
12. Reserve for catastrophic losses.....	(12)	00	
13. Net long-term capital gain (See instructions).....	(13)	00	
14. Add lines 8 through 13.....	(14)		00
15. Subtract line 14 from line 7.....	(15)	13,954	00
16. Subtract line 3 from line 15. If line 3 is larger than line 15, enter zero.....	(16)		00
17. Adjustment for the excess of the adjusted net income per books over the alternative minimum net income of line 3 (Multiply line 16 by 50%).....	(17)		00

Part III Computation of the Alternative Minimum Net Income

18. Alternative minimum net income before the net operating loss (Add lines 3 and 17).....	(18)	14,784	00
19. Net operating loss to determine the alternative minimum tax (See instructions).....	(19)		00
20. Subtract line 19 from line 18 (Enter here the difference, but not less than 10% of line 18).....	(20)	14,784	00
21. Exempt amount (See instructions).....	(21)	50,000	00
22. Alternative minimum net income (Subtract line 21 from line 20).....	(22)		00

Part IV Computation of the Alternative Minimum Credit for Foreign Taxes Paid

23. Tentative minimum tax (Multiply line 22 by 22%).....	(23)		00
24. Alternative minimum net income before net operating loss deduction (Line 18).....	(24)	00	
25. Allowable exempt amount without considering the net operating loss (See instructions).....	(25)	00	
26. Subtract line 25 from line 24.....	(26)	00	
27. Multiply line 26 by 22%.....	(27)	00	
28. Multiply line 27 by 10%.....	(28)		00
29. Credit limitation (Subtract line 28 from line 23).....	(29)		00
30. Alternative minimum credit for foreign taxes paid (This amount cannot exceed the amount on line 29. See instructions).....	(30)		00

Part V Computation of the Alternative Minimum Tax

31. Tentative minimum tax (Subtract line 30 from line 23).....	(31)		00
32. Adjusted regular tax (See instructions).....	(32)		00
33. Alternative minimum tax (Subtract line 32 from line 31. If line 32 is larger than line 31, enter zero, otherwise, enter the difference on Form 480.10 or 480.20, Part III, line 17).....	(33)		00

Compensation to Officers

Table with columns: Name of officer, Social security number, Percentage of time devoted to industry or business, Percentage of stocks owned (Common, Preferred), Compensation. Rows include Lillian Navas and Frances Landro.

Questionnaire

Questionnaire with 18 numbered questions regarding tax compliance, employee counts, and financial reporting. Includes 'Yes/No' columns for responses.

OATH

We, the undersigned, president (or vice-president, or other principal officer) and treasurer (or assistant treasurer), or agent of the corporation for which this income tax return is made, each for himself declare under penalty of perjury, that this return (including schedules and statements attached) has been examined by us, and to the best of our knowledge and belief, is a true, correct, and complete return, made in good faith, pursuant to the Puerto Rico Internal Revenue Code of 1994, as amended, and the Regulations thereunder.

Lillian Navas
President's or vice-president's signature

Treasurer's or assistant treasurer's signature



0599

Agent

I am subscribed before me by Lillian Navas Velazquez, of legal age, single, President, of legal age, and by San Juan, PR, of legal age, at San Juan, PR, this 14 day of Julio 2009, personally known to me or identified by means of

Notario

Title of the person administering oath

Signature of the person administering oath

SPECIALIST'S USE ONLY

I declare under penalty of perjury that this return (including schedules and statements attached) has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return. The declaration of the person who prepares this return is with respect to the information received, and this information may be verified.

Specialist's Use Only section with fields for Specialist's name, Registration number, Date, Self-employed Specialist, Firm's name, Employer identification number, Specialist's signature, Address, and Zip Code.

NOTE TO TAXPAYER

Indicate if you made payments for the preparation of your return: Yes No. If you answered "Yes", require the Specialist's signature and registration number.



Solicitud de Prórroga Automática - Request for Automatic Extension of Time
 Clase de contribuyente - Type of taxpayer

30 días
days

Modelo SC 2644
Form AS
Rev. 23 jul 08



R
Liquidador
Revisor

ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO
 Departamento de Hacienda - Department of the Treasury
SOLICITUD DE PRORROGA PARA RENDIR LA PLANILLA DE CONTRIBUCION SOBRE INGRESOS
 Request for Extension of Time to File the Income Tax Return
 Año comienza el 1 de ene de 08 y termina el 31 de Dic de 2008
 Year beginning on _____ of _____ and ending on _____ of _____

Número de Serie

Sello de Pago

Estado Libre Asociado de Puerto Rico
 DEPARTAMENTO DE HACIENDA
 Oficina de Contabilidad y Archivo
RECIBIDO
 APR 15 2009
 PLANILLA SIN PAGO
 SECRETARÍA DE HACIENDA

Número de recibo: _____
 Importe: _____

Parte - Part I: Información del Contribuyente - Taxpayer's Information

Número de Seguro Social
Social Security Number

Número de Identificación Patronal
Employer Identification Number

660367367

Nombre del Individuo Individual's First Name Inicial Initial Apellido Paterno Last Name Apellido Materno Second Last Name

Laboratorio Clinico Francisco Landron

Nombre de la Corporación, Sociedad, Sucesión o Fideicomiso - Name of the Corporation, Partnership, Estate or Trust

Laguna Edns Shopp CTZ 10Ave Laguna Ste 2008

Dirección Postal - Postal Address

Carolina

Código Postal - Zip Code 00979-6426

Teléfono Residencia - Residence Telephone

Teléfono Oficina - Office Telephone

787 603 8189

Ocupación / Negocio
Occupation / Business

Parte - Part II: Información del (de los) Patrono(s) para quien(es) Trabaja - Information of the Employer(s) for whom you Work

Nombre del Patrono - Employer's Name

Dirección - Address

Número de Identificación Patronal - Employer Identification Number

1. Nombre del Patrono - Employer's Name

Dirección - Address

Código Postal - Zip Code

Número de Identificación Patronal - Employer Identification Number

2. Nombre del Patrono - Employer's Name

Dirección - Address

Código Postal - Zip Code

Número de Identificación Patronal - Employer Identification Number

Parte - Part III: Ingresos - Income

1. Ingreso según Comprobante de Retención o Ingreso Estimado
Income as per Withholding Statement or Estimated Income

450 000 00

2. Otros Ingresos
Other Income

0 00

3. Total de Ingreso Bruto
Total Gross Income

450 000 00

Parte - Part IV: Importe Incluido con esta Solicitud - Amount Included with this Request

1. Cantidad pagada con esta solicitud aplicable al total no pagado de la contribución (responsabilidad contributiva total)
Amount paid with this request applicable to the amount of tax due (total tax liability)

00

2. Cantidad pagada con esta solicitud aplicable a la Contribución Adicional Especial (Anejo N Incentivos)
Amount paid with this request applicable to the Special Surtax (Schedule N Incentives) ... (CIFRA DE INGRESO 0215)

00

3. Cantidad pagada con esta solicitud aplicable al Prepago del Impuesto sobre Repatriación (Formulario 480.3(I), Parte IV)
Amount paid with this request applicable to the Prepayment of Tollgate Tax (Form 480.3(I), Part IV) .. (CIFRA DE INGRESO 0242)

00

4. Cantidad pagada con esta solicitud aplicable a la Contribución sobre Ingresos Opcional para Negocios Exentos (Anejo O Incentivos) - Amount paid with this request applicable to the Optional Income Tax for Exempt Businesses (Schedule O Incentives) (CIFRA DE INGRESO 0213)

00

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

IN RE:

Case No. _____

LABORATORIO FRANCISCO LANDRON, INC.

Chapter **11**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 200.00/hr

Prior to the filing of this statement I have received \$ _____

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:

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

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Adversary proceedings require a new agreement with the attorney's office.

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CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 11, 2010

Date

/s/ JAIME L. VELASCO BONILLA II, ESQ.

JAIME L. VELASCO BONILLA II, ESQ.
BAR NO. 222,312
P.O. BOX 9023336
SAN JUAN, PR 00902-3336
(787) 562-0837
VELASCOLAW@HOTMAIL.COM

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

IN RE:

Case No. _____

LABORATORIO FRANCISCO LANDRON, INC.

Chapter **11**

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(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)
MAGALI SANTIAGO C/O LCDA. ROSALINDA PESQUERA DE DAVILA CALLE ARECIBO # 6 HATO REY, PR 00917	LCDA. ROSALINDA PESQUERA 787-9295	Trade debt		900,000.00
DEPARTMENT OF THE TREASURY BANKRUPTCY SECTION STE 424-B PO BOX 9024140 SAN JUAN, PR 00902-4140		TAXES		443,377.64
INTERNAL REVENUE SERVICE CITY VIEW PLAZA II 48 CARR 165 STE 2000 GUAYNABO, PR 00968-8000	CARMELO GONZALEZ (787) 522-1834	TAXES		300,000.00
IMMUNO REFERENCE LAB CLINICAL MEDICAL LABORATORY AGUEYBANA 426, EL VEDADO URB. HATO REY, PR 00918	ERNESTO ROVIRA GANDARA (787) 999-2990	Trade debt		83,624.28
CANGREJO ARRIBA DEVELOPMENT C/O LCDO. FRANCISCO FERNANDEZ CHIQUES P.O. BOX 9749 SAN JUAN, PR 00908	LCDO. FRANCISCO FERNANDEZ CHIQUES (787) 722-3040	Trade debt		78,347.64
C.R.I.M. LEGAL COUNSEL OFFICE PO BOX 195387 SAN JUAN, PR 00919-5387	CARMEN P. FIGUEROA, ESQ. (787) 289-2746	TAXES		40,000.00
BECKMAN COULTER, INC. RIO CANAS INDUSTRIAL PARK RD. 1 INTERSECTION 175, LOT NO.33 CAGUAS, PR 00725	ORLANDO RODRIGUEZ (787) 747-3335	Trade debt		6,263.28
SIEMENS MEDICAL SOLUTIONS DIAGNOSTICS 1717 DEERFIELD ROAD. DEERFIELD, IL 60015-0778	(847) 267-5300	Trade debt		2,400.00

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

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

Date: **September 11, 2010**Signature: /s/ FRANCES LANDRON NAVAS

FRANCES LANDRON NAVAS, SECRETARY

(Print Name and Title)

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

IN RE:

Case No. _____

LABORATORIO FRANCISCO LANDRON, INC. _____

Chapter **11** _____

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

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

Date: **September 11, 2010** _____

Signature: **/s/ FRANCES LANDRON NAVAS** _____

FRANCES LANDRON NAVAS, SECRETARY

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

LABORATORIO FRANCISCO LANDRON INC
CENTRO CONDOMINO LAGUNA GARDENS
SUITE 208
CAROLINA PR 00979

CORP DEL PONDO DEL SEGURO DEL
ESTADO
CARRESTATAL # 21 ESQ AVE DE DIEGO
URB LA RIVIERA
SAN JUAN PR 00936-5028

MAGALI SANTIAGO
C/O LCDA ROSALINDA PESQUERA DE
DAVILA
CALLE ARECIBO # 6
HATO REY PR 00917

JAIME L. VELASCO BONILLA II, ESQ
PO BOX 9023336
SAN JUAN PR 00902-3336

CORP DEL PONDO DEL SEGURO DEL
ESTADO
PO BOX 365028
SAN JUAN PR 00936-5028

PR DEPARTMENT OF JUSTICE
PO BOX 9020192
SAN JUAN PR 00902-0192

AAA
PO BOX 70101
SAN JUAN PR 00936-8101

DEPARTAMENTO DEL TRABAJO
EDIFICIO PRUDENCIO RIVERA MARTINEZ
AVE MUNOZ RIVERA 505
HATO REY PR 00918

PR TELEPHONE CO
PO BOX 11895
SAN JUAN PR 00922-1895

AEE - PUERTO RICO ELECTRIC POWER
(PREPA)
MARIA GORBEA - BANKRUPTCY OFFICE
PO BOX 364267
SAN JUAN PR 00936-4267

DEPARTMENT OF THE TREASURY
BANKRUPTCY SECTION STE 424-B
PO BOX 9024140
SAN JUAN PR 00902-4140

SIEMENS MEDICAL SOLUTIONS
DIAGNOSTICS
1717 DEERFIELD ROAD
DEERFIELD IL 60015-0778

AMMVR INC
D/B/A/ IMMUNO REFERENCE LAB
PONCE DE LEON PMB 155
SAN JUAN PR 00917

IMMUNO REFERENCE LAB
CLINICAL MEDICAL LABORATORY
AGUEYBANA 426 EL VEDADO URB
HATO REY PR 00918

BECKMAN COULTER INC
RIO CANAS INDUSTRIAL PARK
RD 1 INTERSECTION 175 LOT NO33
CAGUAS PR 00725

INTERNAL REVENUE SERVICE
CITY VIEW PLAZA II
48 CARR 165 STE 2000
GUAYNABO PR 00968-8000

BECKMAN COULTER INC
WORLDWIDE HEADQUARTERS
250 S KRAEMER BLVD PO BOX 8000
BREA CA 92822-8000

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
PO BOX 21126
PHILADELPHIA PA 19114-0326

CRIM
LEGAL COUNSEL OFFICE
PO BOX 195387
SAN JUAN PR 00919-5387

LABORATORIO CLINICO TOLEDO INC
51 PALMA ST
ARECIBO PR 00612

CANGREJO ARRIBA DEVELOPMENT
10 AVE LAGUNA
CAROLINA PR 00979-6442

LABORATORY CORPORATION OF
AMERICA
C/O SERGIO A RAMIREZ DE ARELLANO
SUITE 1133 BANCO POPULAR CENTER
SAN JUAN PR 00918

CANGREJO ARRIBA DEVELOPMENT
C/O LCDO FRANCISCO FERNANDEZ
CHIQUES
PO BOX 9749
SAN JUAN PR 00908

LAW OFFICES MERCADO SOTO RONDA
PO BOX 9023980
SAN JUAN PR 00902-3980