

United States Bankruptcy Court DISTRICT OF PUERTO RICO		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): <b>HATIMED AMBULANCE SERVICE CORP., a Corporation</b>	Name of Joint Debtor (Spouse)(Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>NONE</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>660-69-8667</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):	
Street Address of Debtor (No. & Street, City, and State): <b>Carr #2 Km. 83.2 Marginal Carrizales Hatillo PR</b>	Street Address of Joint Debtor (No. & Street, City, and State):	
ZIPCODE <b>00659</b>	ZIPCODE	
County of Residence or of the Principal Place of Business:	County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address): <b>B-1 Miguel Gonzalez Hatillo PR</b>	Mailing Address of Joint Debtor (if different from street address):	
ZIPCODE <b>00659</b>	ZIPCODE	
Location of Principal Assets of Business Debtor (if different from street address above): <b>SAME</b>	ZIPCODE	
<b>Type of Debtor</b> (Form of organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below  	<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 <b>Ambulance Service</b>  <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.  <b>Chapter 11 Debtors:</b> <b>Check one box:</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 debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		
<b>Statistical/Administrative Information</b> <input 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 type="checkbox"/> 1-49 <input checked="" 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		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" 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		
<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 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		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>HATIMED AMBULANCE SERVICE CORP.,</b> <b>a Corporation</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
<b>NONE</b>			
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
<b>NONE</b>			
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). <b>X</b> <div style="display: flex; justify-content: space-between;"> <div>Signature of Attorney for Debtor(s)</div> <div><b>1/26/2011</b> Date</div> </div>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

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

Name of Debtor(s):

**HATIMED AMBULANCE SERVICE CORP.,  
a Corporation****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

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

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

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

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

**X**

Signature of Debtor

**X**

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

**Signature of 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/ CHARLES A. CUPRILL HERNANDEZ**

Signature of Attorney for Debtor(s)

**CHARLES A. CUPRILL HERNANDEZ 114312**

Printed Name of Attorney for Debtor(s)

**CHARLES A. CUPRILL, P.S.C. LAW OFFICES**

Firm Name

**356 FORTALEZA STREET**

Address

**SECOND FLOOR****San Juan PR 00901****787-977-0515**

Telephone Number

**1/26/2011**

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 Bankruptcy 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(h) setting a maximum fee for services bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

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

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

Address

**X**

Date

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

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

**X Brenda Sepulveda Ramos**

Signature of Authorized Individual

**Brenda Sepulveda Ramos**

Printed Name of Authorized Individual

**President**

Title of Authorized Individual

**1/26/2011**

Date

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO**

In re

**HATIMED AMBULANCE SERVICE CORP.**

Debtor

Case No.

Chapter 11

**STATEMENT PURSUANT TO RULE 2016(B)**

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
  - a. For legal services rendered or to be rendered in contemplation of and in connection with this case ..... \$5,000.00
  - b. Prior to the filing of this statement, debtor(s) have paid ..... \$5,000.00
  - c. The unpaid balance due and payable is ..... \$0.00
3. \$1,039.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a. Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b. Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c. Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
*None other*
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
*None other*
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
*None*

8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

*None*

Dated: *January 26, 2011*

**Respectfully submitted.**

**s/CHARLES A. CUPRILL-HERNANDEZ**  
**USDC-PR 114312**  
CHARLES A. CUPRILL, P.C.S. LAW OFFICES  
356 Fortaleza Street, Second Floor  
San Juan, PR 00901  
Tel.: 787-977-0515  
Fax: 787-977-0518  
E-mail: [ccuprill@cuprill.com](mailto:ccuprill@cuprill.com)

# UNITED STATES BANKRUPTCY COURT

## DISTRICT OF PUERTO RICO

In re **HATIMED AMBULANCE SERVICE CORP.**  
a Corporation

Case No.  
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).

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
1 María G. Ruiz Castro 623 Calle Rodríguez Sánchez Hatillo del Mar Hatillo PR 00659	Phone: María G. Ruiz Castro 623 Calle Rodríguez Sánchez Hatillo del Mar Hatillo PR 00659	Loan		\$ 50,000.00
2 Popular Auto PO Box 50045 San Juan PR 00902-6245	Phone: Popular Auto PO Box 50045 San Juan PR 00902-6245	AUTO LEASE		\$ 19,000.00
3 AUTO EXPRESO PO BOX 11889 San Juan PR 00922-1889	Phone: AUTO EXPRESO PO BOX 11889 San Juan PR 00922-1889	Tolls		\$ 16,343.50
4 Internal Revenue Service PO Box 21126 Philadelphia PA 19114-0326	Phone: Internal Revenue Service PO Box 21126 Philadelphia PA 19114-0326	Tax withholdings		\$ 5,211.52
5 Jack Arenas Rodriguez HC01 Box 63817 Barceloneta PR 00617	Phone: Jack Arenas Rodriguez HC01 Box 63817 Barceloneta PR 00617	Loan		\$ 5,000.00

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
6 Pep Boys PO Box 8500-50446 Philadelphia PA 19178-0445	Phone: Pep Boys PO Box 8500-50446 Philadelphia PA 19178-0445	Vehicles Repairs & Maintenance		\$ 3,320.43
7 Departamento del Trabajo PO Box 195540 San Juan PR 00919-5540	Phone: Departamento del Trabajo PO Box 195540 San Juan PR 00919-5540	Unemployment Taxes for 2010		\$ 2,863.54
8 Dianna Orta PO Box 9526 Cotto Station Arecibo PR 00612	Phone: Dianna Orta PO Box 9526 Cotto Station Arecibo PR 00612	Salary		\$ 2,783.58
9 Gobierno Municipal de Arecibo PO Box 1086 Arecibo PR 00613	Phone: Gobierno Municipal de Arecibo PO Box 1086 Arecibo PR 00613	Municipal taxes		\$ 2,413.90
10 Centennial de Puerto Rico PO Box 71333 San Juan PR 00936-8433	Phone: Centennial de Puerto Rico PO Box 71333 San Juan PR 00936-8433	Cellphone Service		\$ 2,256.58
11 Luis Hernández PO Box 112 Garrochales Garrochales PR 00652	Phone: Luis Hernández PO Box 112 Garrochales Garrochales PR 00652	Salary		\$ 2,139.10
12 Nelson Roman HC03 Box 9844 Lares PR 00669	Phone: Nelson Roman HC03 Box 9844 Lares PR 00669	Salary		\$ 2,134.37
13 Ganaderos de Hatillo Calle Rodriguez Irizarry #152 Arecibo PR 00612	Phone: Ganaderos de Hatillo Calle Rodriguez Irizarry #152 Arecibo PR 00612	Advertising		\$ 2,000.00

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
14 Harold López HC02 Box 6090 Bajadero Arecibo PR 00612	Phone: Harold López HC02 Box 6090 Bajadero Arecibo PR 00612	Salary		\$ 1,771.48
15 Centennial de Puerto Rico PO Box 71333 San Juan PR 00936-8433	Phone: Centennial de Puerto Rico PO Box 71333 San Juan PR 00936-8433	Cellphone Service		\$ 1,744.40
16 Andres Meléndez Bo Barahona 142B Calle José Pérez Morovis PR 00687	Phone: Andres Meléndez Bo Barahona 142B Calle José Pérez Morovis PR 00687	Salary		\$ 1,721.90
17 Autoridad de Energía Eléctrica PO Box 363508 San Juan PR 00936-3508	Phone: Autoridad de Energía Eléctrica PO Box 363508 San Juan PR 00936-3508	Power Services		\$ 1,693.73
18 Multigases Puerto Rico PO Box 40 Camuy PR 00627	Phone: Multigases Puerto Rico PO Box 40 Camuy PR 00627	Oxygen Supply		\$ 1,636.16
19 North Communications of PR Ave B #303 Victor Rojas #2 Arecibo PR 00612-3067	Phone: North Communications of PR Ave B #303 Victor Rojas #2 Arecibo PR 00612-3067	Radiofrequency Service		\$ 1,576.20
20 Efrain Blanco PO Box 1788 Arecibo PR 00613	Phone: Efrain Blanco PO Box 1788 Arecibo PR 00613	Salary		\$ 1,537.15



Debtor(s)

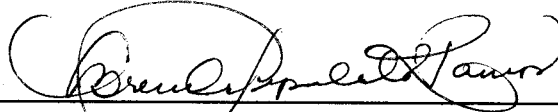
## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION

I, Brenda Sepulvado Ramos, President of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that they are true and correct to the best of my knowledge, information and belief.

Date: 1/26/2011

Signature



Name: Brenda Sepulvado Ramos

Title: President

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO**

In re *HATIMED AMBULANCE SERVICE CORP.*,  
a Corporation

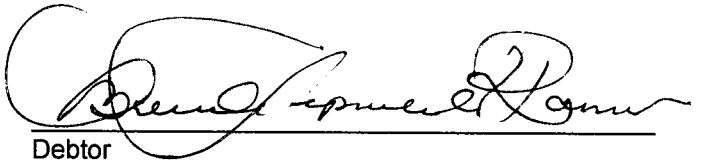
Case No.  
Chapter 11

\_\_\_\_\_/ Debtor  
Attorney for Debtor: *CHARLES A. CUPRILL HERNANDEZ*

**COVER SHEET FOR LIST OF CREDITORS**

I hereby certify under penalty of perjury that the attached list of creditors, which consists of 8 pages,  
is true, correct and complete to the best of my knowledge.

Date: 1/26/2011

  
Debtor

\_\_\_\_\_  
*CHARLES A. CUPRILL HERNANDEZ*  
Attorney for the debtor(s)  
356 FORTALEZA STREET  
SECOND FLOOR  
San Juan, PR 00901

HATIMED AMBULANCE SERVICE CORP.  
B-1 Miguel Gonzalez  
Hatillo, PR 00659

CHARLES A. CUPRILL HERNANDEZ  
356 FORTALEZA STREET  
SECOND FLOOR  
San Juan, PR 00901

Abdiel Perez  
Bo. Cacao  
Buzón 103  
Quebradillas, PR 00678

Alexander Quiñonez  
Bo San Daniel  
Sector Las Canelas Casa #10  
Arecibo, PR 00612

Alexis Santos  
PO Box 4035  
Suite 150  
Arecibo, PR 00613

Andres Meléndez  
Bo Barahona  
142B Calle José Pérez  
Morovis, PR 00687

Aristides Mendez  
Box 4750  
San Sebastian, PR 00685

AUTO EXPRESO  
PO BOX 11889  
San Juan, PR 00922-1889

Autoridad de Energía Eléctrica  
PO Box 363508  
San Juan  
PR 00936-3508

Better Gasoline Gulf  
Carr 653 Esq 493 km 3.0  
Bo. Corcovada  
Hatillo, PR 00659

Brenda Sepulvado  
Bl Miguel Gonzalez  
Hatillo, PR 00659

Brenda Sepulvado  
Bl Miguel Gonzalez  
Hatillo, PR 00659

CARLOS Perez  
HC02 Box 7301  
Camuy, PR 00627

Centennial de Puerto Rico  
PO Box 71333  
San Juan, PR 00936-8433

Centor Corp.  
PO Box 560  
Barceloneta, PR 00617

Corporacion Fondo del Seguro  
PO Box 4055  
Arecibo, PR 00614-4055

CRIM  
PO Box 195387  
San Juan, PR 00919-5387

Daniel Estrada  
Victor Rojas 2  
Calle 7 #15  
Arecibo, PR 00612

Departamento del Trabajo  
PO Box 195540  
San Juan, PR 00919-5540

Dianna Orta  
PO Box 9526  
Cotto Station  
Arecibo, PR 00612

Didiel Perez  
Apartado 839  
Lares, PR 00669

Edwin Chaparro  
HC03 Box 17711  
Quebradillas, PR 00678

Efrain Blanco  
PO Box 1788  
Arecibo, PR 00613

Eileen Sosa  
Bo. Marias  
1 Calle Justo Hernandez  
Moca, PR 00676

Emmanuel Agosto  
PO Box 1002  
Ciales, PR 00638

Felix Amador  
Hacienda de Camuy 201  
Camuy, PR 00627

Francisco Quiles  
PO Box 340  
Lares, PR 00669

Ganaderos de Hatillo  
Calle Rodriguez Irizarry #152  
Arecibo, PR 00612

Gobierno Municipal de Arecibo  
PO Box 1086  
Arecibo, PR 00613

Harold López  
HC02 Box 6090  
Bajadero  
Arecibo, PR 00612

Internal Revenue Service  
PO Box 21126  
Philadelphia, PA 19114-0326

Ivelisse Santiago  
HC04 Box 14131  
Arecibo, PR 00612

Jack Arenas  
HC 01 Box 63817  
Barceloneta, PR 00617

Jack Arenas Rodriguez  
HC01 Box 63817  
Barceloneta, PR 00617

Jahaira Cruz  
Parcelas Carriones  
Calle 16 #148, Arenalejos  
Bajadero, PR 00616

Jason Rivera  
HC05 Box 31528  
Hatillo, PR 00659

Javier Lozano  
Apartado 116  
Bajadero, PR 00616

Javier Perez  
PO Box 629  
Bo Cotto, Militar  
Isabela, PR 00662

Jeshenia Robles  
HC06 Box 13330  
Hatillo, PR 00659

Joan Cruz  
HC01 Box 5475  
Bajadero, PR 00616

Jonathan Rivera  
Bo. Santana  
Sector La Represa \$249  
Arecibo, PR 00612

Jonathan Velez  
HC02 Box 6548  
Florida, PR 00650

José Colón  
Urb Villa Evangelina  
Calle 13 V-313  
Manati, PR 00674

José Muñoz  
Bo. Frankez  
Carr 634 Km 3.0  
Morovis, PR 00687

JS Paluch Company  
PO Box 2703  
Shiller Park  
Schiller Park, IL 60176

Juan C. Pérez  
HC03 Box 13026  
Camuy, PR 00627

Luis Hernández  
PO Box 112  
Garrochales  
Garrochales, PR 00652

Luis Lozano  
Bo Lares Las Minas  
Carr 111 R-210 Km 29 H 0 Int.  
Lares, PR 00669

Luis Morales  
Victor Rojas 2  
Calle 13 #60  
Arecibo, PR 00612

María G. Ruíz Castro  
623 Calle Rodríguez Sánchez  
Hatillo del Mar  
Hatillo, PR 00659

Marisela Rivera  
Santiago Rivera Morell #13  
Camuy, PR 00627

Multigases Puerto Rico  
PO Box 40  
Camuy, PR 00627

Natalie Cruz  
HC02 Box 7746  
Camuy, PR 00627

Neilly Rodriguez  
HC03 Box 21681  
Arecibo, PR 00612

Nelson Roman  
HC03 Box 9844  
Lares, PR 00669

North Communications of PR  
Ave B #303  
Victor Rojas #2  
Arecibo, PR 00612-3067

Ofelia Rodriguez  
Calle Los Nietos 3014  
Isabela, PR 00662

Pep Boys  
PO Box 8500-50446  
Philadelphia, PA 19178-0445

Popular Auto  
PO Box 50045  
San Juan, PR 00902-6245

PR Telephone Company  
PO Box 70239  
San Juan, PR 00936-8239



PR TREASURY DEPARTMENT  
PO BOX 9024140  
SAN JUAN, PR

Rafael Negrón  
HC02 Box 7746  
Camuy, PR 00627

Ranfie Jimenez  
Sabana Hoyos  
Sector Román K-3  
Sabana Hoyos, PR 00688

Raul V. Machado  
Sector Los Machados CB #17  
Isabela, PR 00662

Sepulvado & Maldonado  
252 Ponce de León Ave  
Citibank Tower 19th FL  
San Juan, PR 00918

Tamara Gonzalez  
HC01 Box 5452  
Hatillo, PR 00659

Teleconteste de PR  
996 San Roberto ST  
Suite 107 - Centennial Tower  
San Juan, PR 00926

Vilma Rosa  
Ramon Marin Sola  
Edif #9 Apt 510  
Arecibo, PR 00612

Wilfredo Lamboy  
Urb Corbert #9  
Camuy, PR 00627

William Cardona  
Calle El #120  
Hato Arriba  
Arecibo, PR 00612

Zenaida Torres  
Calle Eduardo Hernández E-14  
Bo Pueblo  
Camuy, PR 00627