

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

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>STARCRAFT MEDICAL, INC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>dba OR-PRO MEDICAL INDUSTRIAL LABORATORY, INC</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>EIN: 66-0427108</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. and Street, City, and State) <b>JESUS T PIÑERO AVE. #1634 SAN JUAN, PR</b>	Street Address of Joint Debtor (No. and Street, City, and State)
ZIPCODE <b>00921</b>	ZIPCODE
County of Residence or of the Principal Place of Business: <b>San Juan</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	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):

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 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  <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 \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). <hr/> <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, 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 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>Estimated Liabilities</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	

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

Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
Location Where Filed: <b>N.A.</b>	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: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

**Exhibit A**

(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)

Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

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

**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 and 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 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 for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable non bankruptcy 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(1)).

**Voluntary Petition**

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

Name of Debtor(s):

STARCRAFT MEDICAL, INC

**Signatures**

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

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

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

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

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

X \_\_\_\_\_  
Signature of Debtor

X \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of 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)

CARMEN D. CONDE TORRES 207312  
Printed Name of Attorney for Debtor(s)

C. Conde & Assoc.  
Firm Name

254 SAN JOSE STREET  
Address

5 FLOOR □ □ SAN JUAN, PR 00901-1523

787-729-2900  
Telephone Number

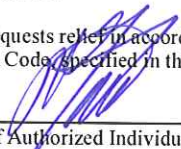
NOVEMBER 7, 2012  
Date

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

**Signature of Debtor (Corporation/Partnership)**

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

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

X   
Signature of Authorized Individual

BENIGNO GARCIA  
Printed Name of Authorized Individual

PRESIDENT  
Title of Authorized Individual

NOVEMBER 7, 2012  
Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); 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.*



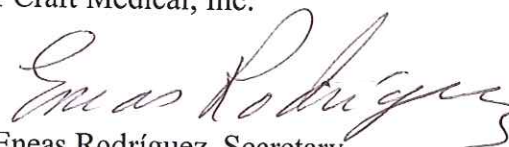
### CORPORATE RESOLUTION

I, Eneas Rodríguez, of legal age, married, Secretary of Or-Pro Medical Industrial Laboratory, Inc. and Star Craft Medical, Inc., and resident of San Juan, Puerto Rico DO HEREBY CERTIFY that:

1. At a meeting celebrated on October 30, 2012, the Board of Directors of Or-Pro Medical Industrial Laboratory, Inc. and Star Craft Medical, Inc., agreed to file a bankruptcy petition under the provisions of Chapter 11 of the Bankruptcy Code.
2. That we have been informed and oriented of the meaning of Chapter 11 of the Bankruptcy Code.
3. That at the meeting of shareholders celebrated on the same date, the filing for bankruptcy under Chapter 11 of the Federal Bankruptcy Law was unanimously approved.
4. That it was also agreed that the services of Attorney Carmen D. Conde Torres would be retained for such purposes.
5. That it was also agreed that Mr. Benigno García, President, will be the person authorized to sign the Petition, Schedules and Statement of Financial Affairs and any other documents related to the bankruptcy proceedings of both cases.

To be evident, I sign this resolution today the 31 day of Oct, 2012.

Or-Pro Medical Industrial Laboratory, Inc.  
Star Craft Medical, Inc.


By:   
Eneas Rodríguez, Secretary

Affidavit No.

Sworn and signed before me by Eneas Rodríguez of legal age, married, Secretary of Or-Pro Medical Industrial Laboratory, Inc. and Star Craft Medical, Inc., and from the vicinity of San Juan, Puerto Rico, who is personally known to me.

Today 31<sup>st</sup> day of October, 2012 at 1709 US 31W Bypass Bowling Green KY 42101



  
Notary Public

B203  
12/94

# United States Bankruptcy Court District of Puerto Rico

In re STARCRAFT MEDICAL, INC

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 .....	\$ <u>500.00</u>
Prior to the filing of this statement I have received .....	\$ <u>500.00</u>
Balance Due .....	\$ <u>0.00</u>

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. 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, statements 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]

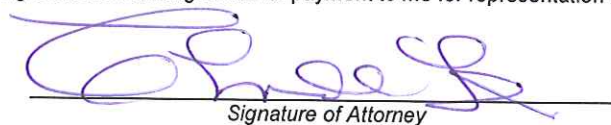
Compensation for service per hour as follows:  
\$300.00 p/h for Carmen D. Conde Torres plus cost and expenses;  
\$275.00 p/h for Associates plus cost and expenses;  
\$250.00 p/h for Junior Attorneys plus cost and expenses;  
\$150.00 p/h for Legal Assistance such As Paralegal, in house special clerical services or Accounting Analyst plus cost and expenses.

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.

NOVEMBER 7, 2012  
Date

  
Signature of Attorney

C. Conde & Assoc.  
Name of law firm

**B6 Cover (Form 6 Cover) (12/07)**

## **FORM 6. SCHEDULES**

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

B6 Summary (Official Form 6 - Summary) (12/07)

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

In re STARCRAFT MEDICAL, INC  
Debtor

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

Chapter 11

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

**AMOUNTS SCHEDULED**

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 420,000.00		
B - Personal Property	YES	3	\$ 428,806.67		
C - Property Claimed as exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 146,420.99	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	6		\$ 102,879.74	
F - Creditors Holding Unsecured Nonpriority Claims	YES	6		\$ 129,344.26	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	NO	0			\$ 0.00
J - Current Expenditures of Individual Debtors(s)	NO	0			\$ 0.00
<b>TOTAL</b>		20	\$ 848,806.67	\$ 378,644.99	



# United States Bankruptcy Court

District of Puerto Rico

In re STARCRAFT MEDICAL, INC  
Debtor

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

Chapter 11

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ N.A.
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ N.A.
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ N.A.
Student Loan Obligations (from Schedule F)	\$ N.A.
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ N.A.
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ N.A.
<b>TOTAL</b>	\$ N.A.

**State the Following:**

Average Income (from Schedule I, Line 16)	\$ N.A.
Average Expenses (from Schedule J, Line 18)	\$ N.A.
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ N.A.

**State the Following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ N.A.
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ N.A.	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ N.A.
4. Total from Schedule F		\$ N.A.
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ N.A.



In re STARCRAFT MEDICAL, INC  
 Debtor

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

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
LOT OF LAND #9562 WITH 479.12 SQMTS AND COMMERCIAL BUILDING.  URB. CAPARRA TERRACE MONACILLO WARD SAN JUAN, PR	Fee Simple		420,000.00	146,420.99

Total > 420,000.00

(Report also on Summary of Schedules.)

In re STARCRAFT MEDICAL, INC  
Debtor

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

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.  2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  3. Security deposits with public utilities, telephone companies, landlords, and others.	X	BBVA - CTA# 041-1360404118 ALTAMESA BRANCH  PRASA - ACCT# 000212102263 PREPA - ACCT# 026-0359528-0019 SAN JUAN  PREPA - ACCT# 061-0571026-0021 MAYAGUEZ		1,951.55  30.00 450.00  250.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			



In re STARCRAFT MEDICAL, INC Debtor Case No. \_\_\_\_\_ (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		OFFICE EQUIPMENT SEE EXHIBIT 2		10,000.00
29. Machinery, fixtures, equipment, and supplies used in business.		MACHINERY AND EQUIPMENT SEE EXHIBIT 3		6,805.00
30. Inventory.		INVENTORY SEE EXHIBIT 4		295,330.64
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<u>0</u> continuation sheets attached Total				\$ 428,806.67

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(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)



In re STARCRAFT MEDICAL, INC  
 Debtor

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

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:  
 (Check one box)

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$146,450\*.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Not Applicable.			

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\*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re STARCRAFT MEDICAL, INC  
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. 0105279-9014 BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708		Incurred: 06/2009 Lien: COMMERCIAL LOAN LOT # 9562				146,420.99	0.00
		VALUE \$ 420,000.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

0 continuation sheets attached

Subtotal (Total of this page)	\$ 146,420.99	\$ 0.00
Total (Use only on last page)	\$ 146,420.99	\$ 0.00

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

B6E (Official Form 6E) (04/10)

In re STARCRAFT MEDICAL, INC  
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 \$11,725\* 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).

\*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/10) - Cont.

In re STARCRAFT MEDICAL, INC  
Debtor

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

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* 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 \$2,600\* 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 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



B6E (Official Form 6E) (04/10) - Cont.

In re STARCRAFT MEDICAL, INC,  
Debtor

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

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet) Sec. 507(a)(4)

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. A1-D1-BN-0088-10 SECRETARIO DEL TRABAJO PO BOX 21361 SAN JUAN, PR 00928-1361		Incurred: 2011				14,779.35	14,779.35	0.00
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
Subtotal						\$ 14,779.35	\$ 14,779.35	\$ 0.00
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.)						\$		

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

B6E (Official Form 6E) (04/10) - Cont.

In re STARCRAFT MEDICAL, INC,  
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. 3512052427 CFSE PO BOX 42006 SAN JUAN, PR 00940-2006		Incurred: 2012 Consideration: INSURANCE				8,288.08	8,288.08	0.00
ACCOUNT NO. 086-015-331-32-0001 CRIM PO BOX 195387 SAN JUAN, PR 00919-5387		Incurred: 2010 Consideration: MUNICIPAL TAX				12,333.64	12,333.64	0.00
ACCOUNT NO. 66-0369259 DEPARTMENT OF TREASURY PO BOX 361958 SAN JUAN, PR 00936-1958		Incurred: 2010 Consideration: PAYMENT PLAN				14,779.35	14,779.35	0.00
ACCOUNT NO. 66-0369259 DEPARTMENT OF TREASURY PO BOX 361958 SAN JUAN, PR 00936-1958		Incurred: 2012 Consideration: PAYROLL				5,100.86	5,100.86	0.00
Subtotal (Totals of this page) >						\$ 40,501.93	\$ 40,501.93	\$ 0.00
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

B6E (Official Form 6E) (04/10) - Cont.

In re STARCRAFT MEDICAL, INC,  
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>	CODEBITOR 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. 00340830015 DEPARTMENT OF TREASURY PO BOX 361958 SAN JUAN, PR 00936-1958		Incurred: 2011 Consideration: STATE IVU				3,200.00	3,200.00	0.00
ACCOUNT NO. 00340830015 DEPARTMENT OF TREASURY PO BOX 361958 SAN JUAN, PR 00936-1958		Incurred: 2011 Consideration: MUNICIPAL IVU				953.73	953.73	0.00
ACCOUNT NO. 66-0369259 IRS PO BOX 80110 CINCINNATI, OH 45280-0010		Incurred: 2010 Consideration: PAYMENT PLAN				29,169.30	29,169.30	0.00
ACCOUNT NO. 66-0369259 IRS PO BOX 80110 CINCINNATI, OH 45280-0010		Incurred: 2012 Consideration: PAYROLL				12,476.49	12,476.49	0.00
Subtotal >						\$ 45,799.52	\$ 45,799.52	\$ 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.)								

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

B6E (Official Form 6E) (04/10) - Cont.

In re STARCRAFT MEDICAL, INC,  
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. 621511198064 MUNICIPALITY OF SAN JUAN PO BOX 70179 SAN JUAN, PR 00936-8179			Incurred: 2011 Consideration: MUNICIPAL TAX				1,798.94	1,798.94	0.00
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
Subtotal							\$ 1,798.94	\$	\$
(Totals of this page)									
Total							\$ 102,879.74		
(Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)									
Totals							\$	\$ 102,879.74	\$ 0.00
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)									

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



B6F (Official Form 6F) (12/07)

In re STARCRAFT MEDICAL, INC,  
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. ALBORS & CO. CORP PO BOX 363041 SAN JUAN, PR 00936-3041			Incurred: 2011 Consideration: RENT MAYAGUEZ OFFICE				12,300.00
ACCOUNT NO. ARTECH LABORATORY, INC 309 W. AVENUE F MIDELOTHAN, TX 76065			Incurred: 2009 Consideration: VENDOR				20,460.00
ACCOUNT NO. BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708			Incurred: 2009 Consideration: Credit card debt				15,919.07
ACCOUNT NO. CFSE PO BOX 42006 SAN JUAN, PR 00940-2006			Incurred: 2012 Consideration: INSURANCE				8,288.08

5 continuation sheets attached

Subtotal > \$ 56,967.15

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.)

B6F (Official Form 6F) (12/07) - Cont.

In re STARCRAFT MEDICAL, INC,  
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. CITYBANK INTERNATIONAL PO BOX 183070 COLUMBUS, OH 43218-3070		Incurred: 2009 Consideration: Credit card debt				16,754.07
ACCOUNT NO. COOPERATIVA DE SEGUROS 268 PONCE DE LEON SUITE 1005 SAN JUAN, PR 00918		Incurred: 2011 Consideration: FIANZA AEE				2,445.57
ACCOUNT NO. CRIM PO BOX 195387 SAN JUAN, PR 00919-5387		Incurred: 2009 Consideration: CONTRIBUTION				12,333.64
ACCOUNT NO. ENDOLITE NORTH AMERICA 105 WEST ROAD CENTERVILLE, OH 45459		Incurred: 2009 Consideration: VENDOR				2,059.75
ACCOUNT NO. EQUI-PLUS PO BOX 1366 DORADO, PR 00646		Incurred: 2012 Consideration: VENDOR				578.00

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

Subtotal > \$ 34,171.03

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.)

B6F (Official Form 6F) (12/07) - Cont.

In re STARCRAFT MEDICAL, INC,  
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. FRANVAL, INC. PO BOX 360866 SAN JUAN, PR 00936-0866		Incurred: 2012 Consideration: VENDOR				457.47
ACCOUNT NO. FUTURA INTERNATIONAL PO BOX 28616 ANAHEIM, CA 92809-0153		Incurred: 2012 Consideration: COMPUTER PROGRAM				550.00
ACCOUNT NO. IMPLANTES Y SISTEMAS LOTE 6, CALLE 1 SUITE 80 METRO OFFICE PARK GUAYNABO, PR 00902		Incurred: 2010 Consideration: VENDOR				1,144.50
ACCOUNT NO. IRS CITYVIEW PLAZA II 48 CARR. 165 SUITE 2000 GUAYNABO, PR 00968-8000						Notice Only
ACCOUNT NO. LCDO. ANTONIO CUEVAS 416 ESCORIAL AVE. CAPARRA HEIGHTS SAN JUAN, PR 00920		Incurred: 2007 Consideration: Legal Services				1,187.50

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

Subtotal	\$	3,339.47
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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re STARCRAFT MEDICAL, INC,  
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. LCDO. PETER MALDONADO PO BOX 7107 CAGUAS, PR 00726-7101		Incurred: 2009 Consideration: Legal Services				3,160.00
ACCOUNT NO. OMEGA PROSTHETICS SERVICES 1654 S.O. 16 STREET LAS LOMAS SAN JUAN, PR 00921		Incurred: 2012 Consideration: VENDOR				1,067.80
ACCOUNT NO. PATTERSON MEDICAL 1000 REMIGTON BILG. SUITE 210 BOLINGNROOK, IL 60440		Incurred: 2012 Consideration: VENDOR				1,294.90
ACCOUNT NO. PEL SUPPLY COMPANY 4666 MANUFACTURING ROAD CLEVELAND, OH 44135-2672		Incurred: 2010 Consideration: VENDOR				3,026.99
ACCOUNT NO. PRASA PO BOX 70101 SAN JUAN, PR 00936-3041		Incurred: 2012 Consideration: WATER BILL				141.31

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

Subtotal > \$ 8,691.00

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.)

B6F (Official Form 6F) (12/07) - Cont.

In re STARCRAFT MEDICAL, INC,  
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. PREPA PO BOX 363508 SAN JUAN, PR 00936-3508		Incurred: 2012 Consideration: MAYAGUEZ AND SAN JUAN				635.85
ACCOUNT NO. PROFESSIONAL TECHNOLOGY 95 RAYN DRIVE UNIT 8 RAYNHAM, MA 02767		Incurred: 2009 Consideration: RENT				1,400.00
ACCOUNT NO. SECRETARIO DE HACIENDA PO BOX 9022501 SAN JUAN, PR 00902-2501		Incurred: 2009 Consideration: PAYMENT PLAN				10,146.32
ACCOUNT NO. SPS PO BOX 406 ALPHARETA, GA 30239-0406		Incurred: 2011 Consideration: VENDOR				7,014.94
ACCOUNT NO. TOUCH BIONICS, INC. 60 DUNNING ROAD BOTTOM SOUTH SUITE MIDDLETOWN, NY 10940		Incurred: 2010 Consideration: VENDOR				2,600.00

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

Subtotal > \$ 21,797.11

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.)

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B6F (Official Form 6F) (12/07) - Cont.

In re STARCRAFT MEDICAL, INC  
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. TRIPLE S SALUD PO BOX 70201 SAN JUAN, PR 00936-8201		Incurred: 2011 Consideration: MEDICAL PLAN				4,378.50
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

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

Subtotal	\$ 4,378.50
Total	\$ 129,344.26

(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.)

B6G (Official Form 6G) (12/07)

In re STARCRAFT MEDICAL, INC Case No. \_\_\_\_\_  
 Debtor (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
ALBORS & CO. CORP. C/O JUAN RAMON ALBORS	COMMERCIAL LEASE OVER PROPERTY AT \$1,000 PER MONTH
MEDICARE PALMETTO GBA MEDICARE D MERC OPERATONS COLUMBIA, SC 29202-3141	HEALTH SERVICE PROVIDER #261120001

In re STARCRAFT MEDICAL, INC Case No. \_\_\_\_\_  
 Debtor (if known)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or 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. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
BENIGNO GARCIA 1634 JESUS T. PIÑERO AVE. SAN JUAN, PR 00921	BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708
ENEAS RODRIGUEZ 1634 JESUS T. PIÑERO AVE. SAN JUAN, PR 00921	BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708

STARCRAFT MEDICAL, INC

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Signature: \_\_\_\_\_ (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 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 PRESIDENT [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the STARCRAFT MEDICAL, INC [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 22 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 NOVEMBER 7, 2012

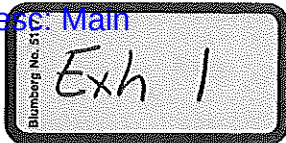
Signature: BENIGNO GARCIA

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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**\*\*OR PRO MEDICAL dba STARCRAFT MEDICAL  
Aged Receivables  
As of Aug 31, 2012**

Filter Criteria includes: Report order is by ID. Report is printed in Detail Format.

Customer ID Customer Contact Telephone 1	Invoice/CM #	0-30	31-60	61-90	Over 90 days	Amount Due
BIOTECNOL S.A. BIOTECNOL S.A. Lourdes de Gracia-Te 011-507-207-6300	Multa SCD-9285 SCD-9291		2,001.50 897.00		-278.00	-278.00 2,001.50 897.00
<b>BIOTECNOL S.A. BIOTECNOL S.A.</b>			<b>2,898.50</b>		<b>-278.00</b>	<b>2,620.50</b>
CASH CASH SALES	SCD-9304 SCD-9306 SCD-9307 SCD-9308	44.94 40.45 13.49 8.56				44.94 40.45 13.49 8.56
<b>CASH CASH SALES</b>		<b>107.44</b>				<b>107.44</b>
CHECK CHECK	SCD-9091 SCD-9305	37.45			-0.85	-0.85 37.45
<b>CHECK CHECK</b>		<b>37.45</b>			<b>-0.85</b>	<b>36.60</b>
EDUCACION DEPT. DE EDUCACION  787-759-2000	SCD-8959				2,680.00	2,680.00
<b>EDUCACION DEPT. DE EDUCACION</b>					<b>2,680.00</b>	<b>2,680.00</b>
FERNI FERNI EVELYN RUIZ 787-763-5214	SCD-9139				1,000.00	1,000.00
<b>FERNI FERNI</b>					<b>1,000.00</b>	<b>1,000.00</b>
HOSPITAL PEDIATRICO HOSPITAL PEDIATRICO OFICINA DE FINANZAS 787-777-3535X7105	SCD-9278		2,463.28			2,463.28



**\*\*OR PRO MEDICAL dba STARCRAFT MEDICAL**

**Aged Receivables  
As of Aug 31, 2012**

Filter Criteria includes: Report order is by ID. Report is printed in Detail Format.

Customer ID Customer Contact Telephone 1	Invoice/CM #	0-30	31-60	61-90	Over 90 days	Amount Due
HOSPITAL PEDIATRICO HOSPITAL PEDIATRICO			2,463.28			2,463.28
LABORATORIO GILETE LABORATORIO GILETE NYDIA ROMERO 571-3377075	SCD-8848 SCD-9280	1,278.00			485.55	485.55 1,278.00
LABORATORIO GILETE LABORATORIO GILETE		1,278.00			485.55	1,763.55
LUTHERAN SOCIAL SER LUTHERAN SOCIAL SER KELLIE SULLIVAN- 340-772-4099	SCD-8741 SCD-8743 SCD-8742 SCD-8893 SCD-9030 SCD-9161				2,180.00 2,330.00 2,330.00 2,450.00 2,450.00 150.00	2,180.00 2,330.00 2,330.00 2,450.00 2,450.00 150.00
LUTHERAN SOCIAL SER LUTHERAN SOCIAL SER				150.00	11,740.00	11,890.00
LYRO LYRO ORTOPEDICA, S.A JORGE ZELEDON 506-2258-5368	SCD-8517				378.00	378.00
LYRO LYRO ORTOPEDICA, S.A					378.00	378.00
ORTOPEDICA PRO SALU ORTOPEDICA PRO SALU JORGE ZELEDON 506-2222-8865	SCD-5970Lyro				1,020.00	1,020.00
ORTOPEDICA PRO SAL ORTOPEDICA PRO SAL					1,020.00	1,020.00
PR PROSTHETIC PR PROSTHETIC & PHY JOSE HERNANDEZ 787-854-5055	SCD-9211.		5,361.30			5,361.30
PR PROSTHETIC PR PROSTHETIC & PHY			5,361.30			5,361.30

**\*\*OR PRO MEDICAL dba STARCRAFT MEDICAL**

**Aged Receivables**

**As of Aug 31, 2012**

Filter Criteria includes: Report order is by ID. Report is printed in Detail Format.

Customer ID Customer Contact Telephone 1	Invoice/CM #	0-30	31-60	61-90	Over 90 days	Amount Due
PROJECT HELP PROJECT HELP  1-340-773-8190	SCD-9186				2,000.00	2,000.00
PROJECT HELP PROJECT HELP					2,000.00	2,000.00
REHAB. VOC REHABILITACION VOCA Cynthia Negron Lopez 844-4218	SCD-8929 SCD-9279	531.72			1,295.00	1,295.00 531.72
REHAB. VOC REHABILITACION VOCA		531.72			1,295.00	1,826.72
RPS REHAB. PROSTHETIC S ROBERT RIOS 787-854-1479	10008 SCD-9023				-107.00 94.00	-107.00 94.00
RPS REHAB. PROSTHETIC S					-13.00	-13.00
SHRINERS HOSPITALS SHRINERS HOSPITALS MEREDITH HANNIGAN 215-430-4058	SCD-9282		550.00			550.00
SHRINERS HOSPITALS SHRINERS HOSPITALS			550.00			550.00
UNIV. DE P.R HUMACAO Unversidad de Puerto Ric Div. Cuentas por pag 787-850-0000 X 9537	SCD-8953				829.30	829.30
UNIV. DE P.R HUMACAO Unversidad de Puerto Ri					829.30	829.30
<b>Report Total</b>		<b>1,954.61</b>	<b>11,273.08</b>	<b>150.00</b>	<b>21,136.00</b>	<b>34,513.69</b>



OR-PRO MEDICAL SAN JUAN

R101B

Insurance AR

Page : 1

Basis : Service Date, W/WIP Options

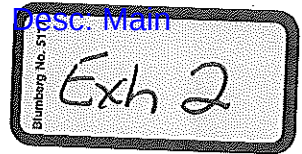
For : OR-PRO MEDICAL SAN JUAN

Thru: 08/31/12

Time : 12:38pm

Date : 08/17/12

Name	Total	Current	30	60	90	120+
AARP	1457.74	0.00	0.00	0.00	0.00	1457.74
ACAA	600.00	0.00	600.00	0.00	0.00	0.00
AUTORIDAD DE ENERGIA EL	390.00	0.00	0.00	390.00	0.00	0.00
CIGNA HEALTH CARE	392.60	0.00	0.00	0.00	0.00	392.60
CIGNA HEALTHCARE	5419.06	0.00	0.00	0.00	0.00	5419.06
CORVEL CORPORATION	35.39	0.00	0.00	0.00	35.39	0.00
DEPARTMENT OF LABOR	712.00	0.00	0.00	0.00	0.00	712.00
DEPT OF HUMAN SERVICES/	360.00	0.00	0.00	0.00	0.00	360.00
FONDO DEL SEGURO	6495.00	0.00	0.00	6495.00	0.00	0.00
MEDICARE OPTIMO	2403.65	79.68	1396.62	0.00	824.15	103.20
MEDICARE SELECTO	184.80	0.00	0.00	0.00	0.00	184.80
MUNICIPIO DE SAN JUAN	122.00	0.00	0.00	0.00	0.00	122.00
NUESTROS CORAZONES UNID	550.00	0.00	0.00	0.00	550.00	0.00
PALMETTO - VIRGIN ISLAN	33157.40	0.00	0.00	0.00	0.00	33157.40
PALMETTO GBA	11413.04	0.00	0.00	897.60	1402.46	9112.98
PROGRAMA DE REHABILITAC	5003.30	0.00	0.00	0.00	2503.30	2500.00
SERVICIOS DE SEGUROS DE	10485.43	0.00	7130.00	0.00	182.80	3172.63
SERVICIOS DE SEGUROS DE	2215.93	0.00	0.00	224.40	350.61	1640.92
TRICARE FOR LIFE	209.27	0.00	0.00	0.00	0.00	209.27
	<u>81606.61</u>	<u>79.68</u>	<u>9126.62</u>	<u>8007.00</u>	<u>5848.71</u>	<u>58544.60</u>
	100.00%	0.10%	11.18%	9.81%	7.17%	71.74%



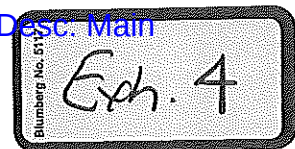
**EQUIPO DE OFICINA**

Qty	Descripción	Valor
	<b>Area Recepcion</b>	
1	Escritorio de metal	
1	Escritorio Madera laminado	
1	Fax modelo Brother MFC 4800	
1	Copiadora modelo MFC-7340	
4	Terminales de computadora	
4	Sillas secretariales	
2	Sillas recibidor	
1	Gabinetes record medico	
3	Archivos de 2 gavetas	
1	Archivo de 4 gavetas	
12	Sillas de conferencia	
1	Vitrina movable	
1		
	<b>Area Starcraft</b>	
2	Terminales de computadora	
4	Sillas secretariales	
1	Escritorio de metal	
1	Escritorio de maderal tipo L	
5	Archivos de 2 gavetas	
1	Archivo de 3 gavetas	
1	Archivo de 4 gavetas	
1	Printer Hewlet packarg Marca Laserjet 1100	
1	Printer modelo HP laser jet modelo 3030	
	Copiadora Marca Xerox Modelo phaser 6200	
1	Impulse sealer Modelo AIE 400P	
1	Mesita de madera	
	<b>Área: Pacientes</b>	
1	Silla scale para pesar pacientes	
5	Camillas examinar de madera	
10	Sillas pacientes	
2	Barras paralelas	
	<b>Área: 2do piso Oficinas</b>	
5	Escritorios madera laminada	
4	Sillas secretariales	
1	Set de muebles recibidor	
70	Sillas de conferencia	









Inventory Valuation 2011  
OR-PRO MEDICAL SAN JUAN  
Inv. Valuation

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Date : 07/12/12

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Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
0017412512501	RECTANGULAR BAR 1/8" X 1 1/4" X60"	46	588.80	588.80	588.80	12.80
0017412512520	BANDAS ALUM. 1 1/2"-1/8"-60"	48	588.00	588.00	588.00	12.25
010-1749-01	TKS M2, 90MM ADULT RIGHT	1	178.20	178.20	178.20	178.20
010-1749-02	TKS M2, 90MM ADULT LEFT	3	594.00	594.00	594.00	198.00
010-1751-02	TKS M2, 110MM ADULT LEFT	1	198.00	198.00	198.00	198.00
010-1753-01	TKS M2, 130MM ADULT RIGHT	1	178.20	178.20	178.20	178.20
010-1753-02	TKS M2, 130MM ADULT LEFT	1	178.20	178.20	178.20	178.20
010033	NIGHT SPLINT DETACHABLE 6"	12	244.80	244.80	244.80	20.40
012252	NIGHT SPLINT RVT ON 7" L	1	17.00	17.00	17.00	17.00
018193	ANKLE JOINT OFF SET	1	30.00	30.00	30.00	30.00
022-500-0006	LONG LEG LERMAN LOCK POLY	1	107.20	107.20	107.20	107.20
023-037	EXTENTION ANKLE JOINT	2	49.40	49.40	49.40	24.70
023463	CABLE KIT F/CAM LOCK KNEE JOINT F/NEW R/L	1	15.68	15.68	15.68	15.68
03-P316L	HEEL STRAIGHTS LARGE	2	5.78	5.78	5.78	2.89
03-P316M	HEEL STRAIGHTS MEDIUM	2	5.78	5.78	5.78	2.89
03-P316S	HEEL STRAIGHTS SMALL	2	5.78	5.78	5.78	2.89
035016	STIRRUP TL AD 8"	2	27.20	27.20	27.20	13.60
035664103477	LIGHT WEIGHT DRESS FOR MEN MED BROWN	1	7.31	7.31	7.31	7.31
039-8212301812	SUELA CREPE BLANCA 1/4" SOLE FLEX LIZA (12 IR	1	15.50	15.50	15.50	15.50
039-8224301824	SUELA CREPE BLANCA 1/2" SOLFLEX LISA 24 IRO	2	49.50	49.50	49.50	24.75
05874.750	REMACHES DE COBRE #20 1"	35	98.70	98.70	98.70	2.82
05874.A CU	REMACHES DE COBRE 150/155X 1" OVL HD	88	440.00	440.00	440.00	5.00
06741	SHORTRUNNER H-K BK XS	3	132.30	132.30	132.30	44.10
06941	ROADRUNNER BK XS	3	207.90	207.90	207.90	69.30
06942	ROADRUNNER BK SM	6	416.20	415.80	417.00	69.36
06945	ROADRUNNER BK XL	1	78.03	78.03	78.03	78.03
07002	ROADRUNNER WAOB SM	1	78.03	78.03	78.03	78.03
07072	LATERAL STABILIZER RT BK S	4	87.40	87.40	87.40	21.85

Inventory Valuation 2011  
 Inv. Valuation

Page : 2  
 Date : 07/12/12

R121A

Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
07075	LATERAL STABILIZER RT BK XLG	2	42.00	42.00	42.00	21.00
07076	LATERAL STABILIZER RT BK XXL	2	40.60	40.60	40.60	20.30
07082	LATERAL STABILIZER BK LT SM	1	21.85	21.85	21.85	21.85
07133	ADJUSTABLE BUTTERS HORSE SHOE MEDIUM	2	50.98	50.98	50.98	25.49
07251	ELBOW BRACE T SCOPE REG. LEFT	1	107.00	107.00	107.00	107.00
07268	ELBOW BRACE POST OP. LEFT	1	100.00	100.00	100.00	100.00
07355	UNDERSLEEVE NEOPRINE XL	1	10.50	10.50	10.50	10.50
08343	TRADITION OTS, TS LEFT MED.	2	330.00	330.00	330.00	165.00
08352	TRADITION OTS, TS RIGHT SM	1	165.00	165.00	165.00	165.00
095000	CTLISO THRT FR MANDIBLE BRACK XLG	1	37.05	37.05	37.05	37.05
095018	CTLISO THRT FR MANDIBLE BRACK LG	1	37.05	37.05	37.05	37.05
095026	CTLISO THRT FR MANDIBLE BRACK MD	1	37.05	37.05	37.05	37.05
095034	CTLISO THRT FR MANDIBLE BRACK SM	1	37.05	37.05	37.05	37.05
095059	CTLISO HDPC COMP W/THRT FRAME LG	1	72.07	72.07	72.07	72.07
095067	CTLISO HDPC COMP W/THRT FRAME MD	1	72.07	72.07	72.07	72.07
095075	CTLISO HDPC COMP W/THRT FRAME SM	1	63.72	63.72	63.72	63.72
096024	CTLISO HDPC CMP W/THRT MLD SM	1	56.81	56.81	56.81	56.81
097022	CTLISO OUTRINGER	2	9.20	9.20	9.20	4.60
097238	CTLISO OCCPTL PAD COMP. LG RT/LT	2	34.00	34.00	34.00	17.00
097329	CTLISO AXILA RING SMALL RIGHT	3	88.92	88.92	88.92	29.64
097493	CTLISO OCCIP PLATE PLA. LG	2	4.74	4.74	4.74	2.37
097881	SOFT FOAM PLASTIC UP RIGHT COVER	2	84.36	84.36	84.36	42.18
098020	NECK PAD F/LP NECK RING COMP.	3	41.73	41.73	41.73	13.91
09854	UNDERSLEEVE BLACK COTTON, LG	2	21.00	21.00	21.00	10.50
09942	TRADITION OTS CF LEFT SMALL	1	192.50	192.50	192.50	192.50
09AW	AQUILES TENDON WRAP	1	18.20	18.20	18.20	18.20
10-59020-XL	ARM SLING COLSED END XL	1	3.75	3.75	3.75	3.75
10-75800-LG	NEOPRINE HINGED KNEE SUPPORT LARGE	1	21.00	21.00	21.00	21.00

OR-PRO MEDICAL SAN JUAN  
 Inv. Valuation

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Inventory Valuation 2011

Date : 07/12/12

Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
10-75800-XLG	NEOPRINE HINGED KNEE SUPPORT XLARGE	1	21.00	21.00	21.00	21.00
100582	STANDARD GLOVE MEDIUM REG.	1	22.12	22.12	22.12	22.12
100583	STANDARD GLOVE MEDIUM LONG	4	76.72	76.72	76.72	19.18
100584	STANDARD GLOVE LARGE REG.	1	19.75	19.75	19.75	19.75
1014-A6	STEP LOCK RATCHET KNEE JOINT 3/16" X 3/4"	1	226.05	226.05	226.05	226.05
1021- BLACK	TURBANTE DE BURBUJA	3	15.36	15.36	15.36	5.12
106-36B-BE	BRASSIER SIN COSTURA BEIGE	2	46.00	46.00	46.00	23.00
106-38B-PK	BRASSIER SIN COSTURA PINK	2	44.00	44.00	44.00	22.00
1074 RIGHT LARGE	PLASTIC THUMB IMMOBILIZER	1	26.31	26.31	26.31	26.31
11 L	FINGER KNUCKLE BENDER LARGE	17	259.25	259.25	259.25	15.25
110182 BLACK	SUPPORT SOCKS LARGE	1	6.31	6.31	6.31	6.31
110304 BLACK	KNEE HIGH SOCKS XL	7	60.27	60.27	60.27	8.61
110346 BROWN	KNEE HIGH SM	1	6.27	6.27	6.27	6.27
110349 BROWN	KNEE HIGH XL	12	98.64	103.32	75.24	8.22
110883	SUPPORT SOCKS XL BLACK	8	50.48	50.48	50.48	6.31
112 BLK	BRA EXTENDER 2 HOOK BLACK	1	1.25	1.25	1.25	1.25
113 BLK	BRA EXTENDER 3 HOOK BLACK	6	7.50	7.50	7.50	1.25
113 WHT	BRA EXTENDER 3 HOOK WHITE	6	7.50	7.50	7.50	1.25
114 WHT	BRA EXTENDER 4 HOOK WHITE	6	7.50	7.50	7.50	1.25
114637	RELIEF KNEE 30-40 OPEN TOES LARGE	1	14.18	14.18	14.18	14.18
115089	LEG WEAR SUPPORT FOR MEN 20-30 KNEE MEDIUM BL	1	24.30	24.30	24.30	24.30
115109	LEG WEAR SUPPORT KNEE	1	24.30	24.30	24.30	24.30
119182	ULTRASHEER PANTYHOSE 8-15 SLK, BEIGE D	1	10.44	10.44	10.44	10.44
119272	LIGHT WEIGHT DRESS MODERATE	1	6.31	6.31	6.31	6.31
11A S	REVERSE KNUCKLE BENDER FINGER	5	78.75	78.75	78.75	15.75
11A XS	REVERSE KNUCKLE BENDER FINGER	9	141.75	141.75	141.75	15.75
121517	ULTRASHEER PANTYHOSE 20-30 LARGE	1	55.13	55.13	55.13	55.13
121526	ULTRASHEER PANTYHOSE 20-30 WHITE SMALL	1	55.13	55.13	55.13	55.13

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125237MM	REGULAR SHUTTLE LOCK KIT WITH 2" METRIC PLUNG	1	79.93	79.93	79.93	79.93
12625	DOUBLE SOCKET GEL LINER SHORT NARROW	1	72.90	72.90	72.90	72.90
129-02	ADJUSTABLE HIP ABDUCTION SPL SM	1	37.20	37.20	37.20	37.20
129-04	ADJUSTABLE HIP ABDUCTION SPL LG	2	74.40	74.40	74.40	37.20
13315	SILOSHEATH (LG 8 SZ 1)	1	28.24	28.24	28.24	28.24
13825	EXTRA LIFE BK SILOSHEATH SHORT/ NARROW	1	27.65	27.65	27.65	27.65
13A-S	REVERSE KNUCKLE BENDER SPLINT	1	32.50	32.50	32.50	32.50
1438C067	SUBORTHOLEN WHITE F.O.C6-7	5	75.00	75.00	75.00	15.00
1438C089	SUBORTHOLEN WHITE F.O.C8-9	5	75.00	75.00	75.00	15.00
1438C1011	SUBORTHOLEN WHITE F.O.C10-11	6	90.00	90.00	90.00	15.00
1438C1213	SUBORTHOLEN WHITE F.O.C12-13	1	15.00	15.00	15.00	15.00
1460	SIOLINER LOCKING 12" X 3"	1	87.75	87.75	87.75	87.75
1460 WHITE 32B	BRASSIER COPA SUAVE	2	26.40	26.40	26.40	13.20
1460 WHITE 32C	BRASSIER COPA SUAVE	3	34.56	34.56	34.56	11.52
1460 WHITE 34B	BRASSIER COPA SUAVE	1	13.20	13.20	13.20	13.20
1460 WHITE 34C	BRASSIER COPA SUAVE	2	26.40	26.40	26.40	13.20
1464	SIOLINER LOCKING 14" X 3"	3	418.95	418.95	418.95	139.65
1470 BEIGE 32B	BRASSIER RELLENO CON CONTORNO	2	25.84	25.84	25.84	12.92
1470 BEIGE 32C	BRASSIER CON CONTORNO RELLENO	3	42.30	42.30	42.30	14.10
1470 BEIGE 34C	BRASSIER RELLENO CON CONTORNO	2	25.84	25.84	25.84	12.92
1480FP BEIGE 32B	BRASSIER FULL POCKET (RELLENO)	3	42.30	42.30	42.30	14.10
1480FP BEIGE 32C	BRASSIER FULL POCKET (RELLENO)	3	42.30	42.30	42.30	14.10
1480FP BEIGE 34B	BRASSIER FULL POCKET (RELLENO)	2	28.20	28.20	28.20	14.10
1480FP BEIGE 34C	BRASSIER FULL POCKET (RELLENO)	2	28.20	28.20	28.20	14.10
1480FP BLACK 32B	BRASSIER FULL POCKET (RELLENO)	3	43.00	42.30	44.40	14.33
1480FP BLACK 32C	BRASSIER FULL POCKET (RELLENO)	3	42.30	42.30	42.30	14.10
1480FP BLACK 34B	BRASSIER FULL POCKET (RELLENO)	2	28.20	28.20	28.20	14.10
1480FP BLACK 34C	BRASSIER FULL POCKET (RELLENO)	2	28.20	28.20	28.20	14.10

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	Description	On Hand	Actual	FIFO	LIFO	Unit
1480FP WHITE 32B	BRASSIER FULL POCKET (RELLENO)	2	28.20	28.20	28.20	14.10
1480FP WHITE 32C	BRASSIER FULL POCKET (RELLENO)	3	42.30	42.30	42.30	14.10
1480FP WHITE 34B	BRASSIER FULL POCKET (RELLENO)	6	84.60	84.60	84.60	14.10
1480FP WHITE 34C	BRASSIER FULL POCKET (RELLENO)	3	42.30	42.30	42.30	14.10
1481 BLACK 32B	BRASSIER CON ENCAJE ELASTICO	4	56.80	56.80	56.80	14.20
1481 BLACK 34B	BRASSIER CON ENCAJE ELASTICO	1	13.00	13.00	13.00	13.00
1481 BLACK 40B	BRASSIER CON ENCAJE ELASTICO	1	14.10	14.10	14.10	14.10
1481 WHITE 32B	BRASSIER CON ENCAJE ELASTICO	2	28.40	28.40	28.40	14.20
1481 WHITE 34C	BRASSIER CON ENCAJE ELASTICO	1	14.20	14.20	14.20	14.20
1488WHT 36AA	BRASIER 36AA WHITE	2	26.80	26.80	26.80	13.40
1500 BEIGE 32C	BRASSIER SIN COSTURA	3	42.00	42.00	42.00	14.00
1500 BEIGE 34B	BRASSIER SIN COSTURA	1	15.00	15.00	15.00	15.00
1500 BEIGE 34C	BRASSIER SIN COSTURA	1	14.00	14.00	14.00	14.00
155-L	STAR HEEL PADS LARGE	1	7.90	7.90	7.90	7.90
1554W05	CONFORM THERMOTHOTIC FIRM PLAST	2	23.50	23.50	23.50	11.75
1554W06	CONFORM THERMOTHOTIC FIRM PLAST	2	23.50	23.50	23.50	11.75
1588-WHT 44D	BRASSIER	1	14.60	14.60	14.60	14.60
1598-BGE 44D	BRASSIER	1	15.48	15.48	15.48	15.48
1598-WHT 44D	BRASSIER	2	30.96	30.96	30.96	15.48
1612	HOOK WHITE 2"	3	2.28	2.28	2.28	0.76
1612C04	PEDIC ARCH AID BUFFED C04	96	141.12	141.12	141.12	1.47
1612C05	PEDIC ARCH AID BUFFED C05	4	6.16	6.16	6.16	1.54
1612Y06	PEDIC ARCH AID BUFFED Y06	13	26.52	26.52	26.52	2.04
1614	BRASSIER HOOK WHITE 3"	3	2.28	2.28	2.28	0.76
1614	HOOK BEIGE 3"	2	1.52	1.52	1.52	0.76
163196	COPOLIMER 3/16 48 X 96	1	86.00	86.00	86.00	86.00
1650005	PTS W/WEIGHTS XLARGE	1	26.75	26.75	26.75	26.75
1654-L	DANCER PADS LARGE	1	7.95	7.95	7.95	7.95

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1654-S	DANCER PADS SMALL				
	2	15.90	15.90	15.90	7.95
168258	DURPLEX 3/8" 16" X 16"				
	1	16.90	16.90	16.90	16.90
1715L-L	THUMB KEEPER SPLINT LEFT LG				
	1	26.31	26.31	26.31	26.31
1715L-M	THUMB KEEPER SPLINT LEFT MD				
	1	26.31	26.31	26.31	26.31
1715L-XL	THUMB KEEPER SPLINT LEFT XLG				
	1	26.31	26.31	26.31	26.31
1715R-XL	THUMB KEEPER SPLINT RIGHT XLG				
	1	26.31	26.31	26.31	26.31
1721	H KAFO ATTACHMENT KIT				
	1	15.00	15.00	15.00	15.00
1756BG-M	COMPRESSION STOCKING PANTY HOSE				
	1	18.33	18.33	18.33	18.33
1758BG-XT	COMPRESSION STOCKING PANTY HOSE X TALL				
	1	22.61	22.61	22.61	22.61
176 SIZE 15	FOOT RESISTANT HEEL HS				
	1	8.25	8.25	8.25	8.25
1774BG-XL	LITE SUPPORT THIGH HIGH XLG				
	1	7.04	7.04	7.04	7.04
17B40=16	SYSTEM SIDE BAR SET				
	1	24.00	24.00	24.00	24.00
17B95=R16	SYSTEM CABLE RELEASE JT.HD				
	1	195.00	195.00	195.00	195.00
17B96=20	SYSTEM KNEE JOINT SS WITH WEDGE LOCK				
	1	188.00	188.00	188.00	188.00
188 10/32 X 3/4	STAINLESS STEEL SCREW				
	1	6.50	6.50	6.50	6.50
188 8/32 X 1/2	STAINLESS STEEL SCREW				
	2	9.70	9.70	9.70	4.85
188 8/32 X 3/4	STAINLESS STEEL SCREW				
	2	9.90	9.90	9.90	4.95
188011	PELITE NP 3/16" COLOR CAUCASIAN				
	1	37.54	37.54	37.54	37.54
1913BL-L	DIABETIC KNEE SOCK LARGE BLACK				
	4	30.60	30.60	30.60	7.65
1913BL-M	DIABETIC KNEE SOCK MEDIUM BLACK				
	2	15.30	15.30	15.30	7.65
1913BL-S	DIABETIC KNEE SOCK SMALL BLACK				
	4	30.60	30.60	30.60	7.65
1913BL-XL	DIABETIC KNEE SOCK XLARGE BLACK				
	10	51.30	51.30	51.30	5.13
1913WH-L	DIABETIC KNEE SOCK LARGE WHITE				
	7	53.55	53.55	53.55	7.65
1913WH-M	DIABETIC KNEE SOCK MEDIUM WHITE				
	9	58.77	46.17	68.85	6.53
1913WH-S	DIABETIC KNEE SOCK SMALL WHITE				
	2	15.30	15.30	15.30	7.65
1913WH-XL	DIABETIC KNEE SOCK XL WHITE				
	8	41.04	41.04	41.04	5.13
198424	CLEAR PETG (DURPLEX) .177 (3/16") 48 X 96				
	1	95.00	95.00	95.00	95.00
1CS31220	MEDIAS STERLING COTTON 3 PLY				
	1	11.25	11.25	11.25	11.25

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Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
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1H38=L25	SINGLE AXI FOOT ONLY 10M				
	4	100.00	100.00	100.00	25.00
1H38=R24	SINGLE AXIS FOOT RT 24 CM				
	5	125.00	125.00	125.00	25.00
1H38=R25	SINGLE AXI FOOT ONLY 10M				
	1	25.00	25.00	25.00	25.00
1HS32212	WOOL STUMP SOCK 3 PLY HOLE 2-12				
	1	0.00	0.00	0.00	0.00
1K30=R20	SACH FOOT RT 20 CM				
	2	50.00	50.00	50.00	25.00
1K30=R21	SACH FOOT RT 21 CM				
	3	75.00	75.00	75.00	25.00
1WS31014	WOOL STUMP SOCK 3 PLY 0-14				
	1	8.21	8.21	8.21	8.21
1WS51012	PROSTHETIC SOCKS 5 PLY 0-12				
	2	14.86	14.86	14.86	7.43
2 L	HAND KNUCKLER BENDER LARGE				
	1	15.00	15.00	15.00	15.00
2 XS	HAND KNUCKLER BENDER X-SMALL				
	14	210.00	210.00	210.00	15.00
200164	PEDIC RUB SCAPHOID PADS 64				
	1	1.65	1.65	1.65	1.65
200165	PEDIC RUB SCAPHOID PADS				
	35	35.35	35.35	35.35	1.01
20120	TRADITION X2K OTS LEFT SMALL				
	1	168.30	168.30	168.30	168.30
20220	TRADITION X2K OTS RIGHT SMALL				
	1	165.00	165.00	165.00	165.00
2036-L	6MM HEEL RAISE LARGE				
	4	19.40	19.40	19.40	4.85
2041-L	FIRM HEEL WEDGE 3MM				
	6	39.00	39.00	39.00	6.50
2041-M	FIRM HEEL WEDGES 3MM				
	2	9.90	9.90	9.90	4.95
2041-S	FIRM HEEL WEDGES 3MM				
	1	4.95	4.95	4.95	4.95
20760	X2KM OTS ADJ HINGED LT XXL (CF)				
	1	200.28	200.28	200.28	200.28
20820	X2KM OTS ADJUST HINGED CF SM RIGHT				
	1	200.28	200.28	200.28	200.28
2111202010	INFANT SL LIMITED UPPER 1/8X 1/2				
	1	11.60	11.60	11.60	11.60
211170101L	UPRIGHT BAR LEFT CHILD				
	1	25.93	25.93	25.93	25.93
211170101R	UPRIGHT BAR RIGHT CHILD				
	1	25.93	25.93	25.93	25.93
211200201L	1A217 INF AL UPRI TP				
	1	22.10	22.10	22.10	22.10
2141	VYNIL RESTORE AND PROTECTORR 21				
	1	18.00	18.00	18.00	18.00
214437	3/4" COMBINATION BUCKLE W/KEEP				
	1	78.49	78.49	78.49	78.49
21A12	THREADED SLEEVE SHORT				
	5	2.75	2.75	2.75	0.55
21Y96	VALVE FOR INTERIM				
	5	136.40	136.40	136.40	27.28
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Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
2215-S	SHORT HEEL PADS SMALL					

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230011	7	46.90	46.90	46.90	6.70
	WASHER 2 OFF (set Of 2 ea)				
	2	18.64	18.64	18.64	9.32
230603	SKATE				
	1	6.19	6.19	6.19	6.19
231905	LOWER PIVOT PIN ADJUSTER CAP SCREW				
	4	74.60	74.60	74.60	18.65
231907	WASHER, THRUST				
	2	6.84	6.84	6.84	3.42
231909	WASHER				
	1	2.61	2.61	2.61	2.61
231927	PIVOT-PIN (BOTTON FRONT)				
	2	5.22	5.22	5.22	2.61
233211	WASHER 2 OFF				
	1	2.22	2.22	2.22	2.22
247-S	MENS CONFORT INSERT SMALL				
	1	9.95	9.95	9.95	9.95
249 (PIEZA 6')	PIEL BLANCA				
	28	79.80	79.80	79.80	2.85
25130	K2K OTS- OA LEFT MEDIUM				
	1	409.00	409.00	409.00	409.00
253BG-M	TRUSHEER KNEE HIGHS 30-40MM				
	1	17.90	17.90	17.90	17.90
263BL-S	TRUSHEER KNEE HIGHS 20-30MM				
	1	17.90	17.90	17.90	17.90
2825-A	DBL KLENZAK ANKLE JOINT ADULT				
	4	157.20	157.20	157.20	39.30
28L20	HIP ABDUCTION ORTHOSIS				
	1	110.00	110.00	110.00	110.00
28U9=L35-37-N	OTTO BOCK AFO PREFAB. LEFT				
	6	156.90	156.90	156.90	26.15
28U9=R35-37-N	OTTO BOCK AFO PREFABRICATED RT				
	1	26.15	26.15	26.15	26.15
28U9=R37-39-N	OTTO BOCK AFO PREFABRICATED RT				
	1	26.15	26.15	26.15	26.15
28U9=R41-44-N	OTTO BOCK AFO PREFAB. RIGHT				
	1	32.51	32.51	32.51	32.51
2958 L-M	HERNIA SUPPORT LEFT MEDIUM				
	1	15.65	15.65	15.65	15.65
2958 R-S	HERNIA SUPPORT SINGLE RIGHT SM				
	1	15.55	15.55	15.55	15.55
2B-XL	KNUCKLE SPLINT W/ X SEGMENT XL				
	1	20.00	20.00	20.00	20.00
2R10=22-25	SINGLE AXIS FOOT ADAPTOR, S.S.				
	13	130.00	130.00	130.00	10.00
2R33=22-25	SINGLE AXIS FOOT ADAPTOR TITANIUM				
	1	10.00	10.00	10.00	10.00
2R41=1	TUBE ADAPTOR CHILD				
	2	86.68	86.68	86.68	43.34
2R45	ADJUSTABLE TUBE ADAPTOR				
	1	95.00	95.00	95.00	95.00
2R55	TUBE ADAPTOR ACTIVE LINE				
	1	131.87	131.87	131.87	131.87
2R8	SACH FOOT ADAPTOR S.S.				
	1	10.00	10.00	10.00	10.00
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300-586N	POLYPROPELENE 5/8 16 X 16	1	12.48	12.48	12.48	12.48

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3000-A8.5	STANDARD ACTION STIRRUP				
	1	14.55	14.55	14.55	14.55
3000-A9.5	STANDARD ACTION STIRRUP				
	5	72.75	72.75	72.75	14.55
3001LL	A/SOX H/V BUNION SPLINT LEFT LARGE				
	2	19.50	19.50	19.50	9.75
3001ML	A/SOX H/V BUNION NIGHT SPLINT MED LEFT				
	1	9.75	9.75	9.75	9.75
3001SR	A/SOX H/V BUNION NIGHT SPLINT SM RT				
	2	19.50	19.50	19.50	9.75
3002SR	A/SOX H/V BUNION BANDAGE SMALL RIGHT				
	2	19.50	19.50	19.50	9.75
301182FD	COPOLIMER 1/8 24X48 FLESH				
	11	178.75	178.75	178.75	16.25
3021 AC 2	HAND GAUNTLET WITH THUMB STUB				
	1	19.95	19.95	19.95	19.95
3021 AC 3	HAND GAUNTLET WITH THUMB STUB				
	4	79.80	79.80	79.80	19.95
3021 AC 4	HAND GAUNTLET WITH THUMB STUB				
	1	19.95	19.95	19.95	19.95
3021 AC 5	HAND GAUNTLET WITH THUMB STUB				
	3	59.85	59.85	59.85	19.95
3022AC 1	HAND GAUNTLET WITH THUMB STUB CLAS II				
	1	19.95	19.95	19.95	19.95
3022AC 2	HAND PORTION CLASS II 30-40 WITH THUMB STUBS				
	1	19.95	19.95	19.95	19.95
3022AC 5	HAND GAUNTLET WITH THUMB STUB				
	1	19.40	19.40	19.40	19.40
3025-AW	STANDARD ACTION ANKLE JOINT				
	1	29.00	29.00	29.00	29.00
308-48	MALE SACROILIAC				
	1	27.50	27.50	27.50	27.50
3210-A3	UPRIGHT STIRRUP INSERT ADULT				
	1	20.70	20.70	20.70	20.70
3260-A	STIRRUP SPLINT				
	3	16.65	16.65	16.65	5.55
3260-B	STIRRUP SPLINT				
	7	35.70	35.70	35.70	5.10
330134	WASHER, 20 OFF				
	19	14.25	14.25	14.25	0.75
334422	PASADOR				
	1	9.12	9.12	9.12	9.12
3511CHL V	VARIN SOFT IN ARM SLEEVE LONG				
	1	27.40	27.40	27.40	27.40
3512AD VI	COMPRESSION STOCKING 30-40 MMHG OPEN TOE AD				
	1	30.00	30.00	30.00	30.00
3512CHR II	ARM SLEEVE VARIN SOFT IN 30-40 W/SHOULDER FLA				
	1	27.40	27.40	27.40	27.40
3512CHR V	ARM SLEEVE VARIN SOFT IN 30-40 W/SHOULDER FLA				
	1	27.40	27.40	27.40	27.40
3512CHR VI	ARM SLEEVE VARIN SOFT IN 30-40 W/SHOULDER FLA				
	3	82.20	82.20	82.20	27.40
3532-M	HINGED KNEE SUPPORT				
	1	0.00	0.00	0.00	0.00
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357-XL	SEMIPENDULOUS SNUGGER LUMBOSACRAL XLARGE	1	31.25	31.25	31.25	31.25
3L928RXS	POWER BELT, ADJUSTABLE WAIST RIGHT XSMALL					



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	1	59.95	59.95	59.95	59.95
3M2 L-L	FINISHED COSMETIC FOAM COVER AK & HIP				
	39	1326.00	1326.00	1326.00	34.00
3M2 L-R	FINISHED COSMETIC FOAM COVER AK & HIP				
	6	204.00	204.00	204.00	34.00
3M2 M-L	FINISHED COSMETIC FOAM COVER AK & HIP				
	12	408.00	408.00	408.00	34.00
3M2 XL-L	FINISHED COSMETIC FOAM COVER AK & HIP				
	180	6120.00	6120.00	6120.00	34.00
3M2 XL-R	FINISHED COSMETIC FOAM COVER AK & HIP				
	156	5304.00	5304.00	5304.00	34.00
3M3 X-L	BK FINISHED COSMETIC FOAM COVER				
	52	884.00	884.00	884.00	17.00
3M3 X-R	BK FINISHED COSMETIC FOAM COVER				
	58	986.00	986.00	986.00	17.00
400-10XC	TORSION CONECTORS 3/8" CUSTOM				
	421	711.49	711.49	711.49	1.69
414-46	OBESITY SUPPORT (504)				
	1	55.44	55.44	55.44	55.44
418HS-44	DORSOLUMBAR SUPPORT MEN				
	1	48.74	48.74	48.74	48.74
4206	NEWPORT LERMAN HIP JOINT RT				
	1	76.00	76.00	76.00	76.00
4214	1/8 DROP LOCK KNEE JOINT PB-PD				
	1	75.00	75.00	75.00	75.00
430	CRUTCHES (LOSTRAN ADULT)				
	1	62.00	62.00	62.00	62.00
4321	VIRTUAL HIP JOINT UNIVERSAL				
	1	100.00	100.00	100.00	100.00
44030	BUSHING UPPER MULTIPLEX				
	1	2.20	2.20	2.20	2.20
4419-20	LYNCO HORSE SHOE HL PD 3/16 S				
	15	27.45	27.45	27.45	1.83
4434-36	LYNCO MORTON TOE PADS 1/8 S				
	23	42.09	42.09	42.09	1.83
4464L	PPT LONG ARCH PADS LARGE				
	10	15.81	18.30	10.00	1.58
453H12=GB	DERMAPREVENT				
	4	46.64	46.64	46.64	11.66
453H14=GB	DERMA REPAIR				
	2	23.32	23.32	23.32	11.66
460EHS 34	MEN LUMBOSACRAL (464GE)				
	1	31.62	31.62	31.62	31.62
47/950 RT/LG	MALLEOMED ORTHO RT LG				
	1	38.75	38.75	38.75	38.75
48/004 L	EPIMED TENNIS ELBOW SPLINT LG				
	12	144.00	144.00	144.00	12.00
48/004 M	EPIMED TENNIS ELBOW SPLINT MED.				
	28	336.00	336.00	336.00	12.00
48/004 S	EPIMED TENNIS ELBOW SPLINT SM				
	10	120.00	120.00	120.00	12.00
48/004 XL	EPIMED TENNIS ELBOW SPLINT XL				
	8	96.00	96.00	96.00	12.00

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48/004 XS	EPIMED TENNIS ELBOW SPLINT XS	7	84.00	84.00	84.00	12.00
48/007 L	EPIMED TENNIS ELBOW SPLINT LG	7	93.45	93.45	93.45	13.35

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48/007 M	EPIMED TENNIS ELBOW SPLINT MD	3	40.05	40.05	40.05	13.35
48/007 S	EPIMED TENNIS ELBOW SPLINT SM	9	120.15	120.15	120.15	13.35
48/007 XL	EPIMED TENNIS ELBOW SPLINT XL	10	133.50	133.50	133.50	13.35
48/021 SM/LT	WRIST THUMB ORTHOTIC DEVICE SM LT	1	14.00	14.00	14.00	14.00
48/021 XL/LT	WRIST THUMB ORTHOTIC DEVICE XL LT	4	56.00	56.00	56.00	14.00
48/021 XS/LT	WRIST THUMB ORTHOTIC DEVICE XS LT	17	238.00	238.00	238.00	14.00
48/021 XS/RT	WRIST THUMB ORTHOTIC DEVICE XS RT	16	224.00	224.00	224.00	14.00
49/311 SM/LT	ORTHOFLEX WRIST SUPPORT SM LT	4	55.80	55.80	55.80	13.95
49/311 SM/RT	ORTHOFLEX WRIST SUPPORT SM RT	3	41.85	41.85	41.85	13.95
49/311 XL/LT	ORTHOFLEX WRIST SUPPORT XL LT	2	27.90	27.90	27.90	13.95
49/311 XS/LT	ORTHOFLEX WRIST SUPPORT XS LT	6	83.70	83.70	83.70	13.95
49/311 XS/RT	ORTHOFLEX WRIST SUPPORT XS RT	9	125.55	125.55	125.55	13.95
4A50	POSTERIOR AXIS PIN	1	3.55	3.55	3.55	3.55
4R56	TUBE ADAPTOR ANGLIE TITANIUM	1	150.00	150.00	150.00	150.00
50185	Triceps Pad, BEC-160, Adult Laminated Cuff Ma	4	292.36	292.36	292.36	73.09
50348	TRIPLE SWIVELS FOR 1/16"	45	173.25	173.25	173.25	3.85
50355	BALL TERMINAL 3/16" DIAMETER BALL FOR 3/64" C	8	18.16	18.16	18.16	2.27
50356	BALL TERMINAL 3/16" DIAMETER BALL FOR 3/32" C	21	54.60	54.60	54.60	2.60
50358	BALL TERMINAL 9/32" DIAMETER BALL FOR 3/64"	20	30.00	30.00	30.00	1.50
50359	BASE PLATE 4/PKGE	1	10.26	10.26	10.26	10.26
50360	RUBBER DISC (12) 4/Pkge	8	22.08	22.08	22.08	2.76
50363	RETAINERS(IPG) (12) 4/PKGE	6	128.16	128.16	128.16	21.36
50364	RETAINERS STAINLESS STEEL	16	48.00	48.00	48.00	3.00
50366	CROSSBAR C710A	36	28.80	28.80	28.80	0.80
50367	CROSSBAR HEAVY DUTY 4/PKGE	2	34.90	34.90	34.90	17.45
50368	CROSSBAR LEATHER C710B	1	1.40	1.40	1.40	1.40

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50369	CROSSBAR LEATHER C710BHD (12) 4/PKGE	3	24.54	24.54	24.54	8.18
50370	ANCHOR PLATE	14	12.60	12.60	12.60	0.90
50374	HANGER FOR 1/16" CABLE, 1" WEBBING					

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	6	24.36	24.36	24.36	4.06
50378	HANGER				
	67	229.81	229.81	229.81	3.43
50383	HANGER FOR 3/32" CABLE 1" WEBBING HD (12)				4
	6	29.22	29.22	29.22	4.87
50387	HANGER C-711MA				
	38	91.20	91.20	91.20	2.40
50403	LIFT ASSEMBLY DELUXE C712D				
	17	69.70	69.70	69.70	4.10
50405	LIFT ASSEMBLY DELUXE C712D HD				
	14	100.80	100.80	100.80	7.20
50411	BALL RECEIVER 1/16"				
	9	63.27	63.27	63.27	7.03
50419	BALL RECEIVERS				
	2	13.42	13.42	13.42	6.71
50424	FERRULE C715HD 4/PKGE				
	2	23.26	23.26	23.26	11.63
50425	TERMINAL COSMETIC ARM				
	13	136.50	136.50	136.50	10.50
50445	CABLE TO HOOK ADAPTOR C740A				
	5	84.75	84.75	84.75	16.95
50448	RUBBER GROMMER C759				
	46	23.92	23.92	23.92	0.52
504F2=4x30	REMACHES DE COBRE				
	15	105.00	105.00	105.00	7.00
505001507	COPOLIMER 1/8 PINK				
	3	47.37	47.37	47.37	15.79
50571	SCREW 6-32X .312				
	1	1.38	1.38	1.38	1.38
50609	ELBOW LIFT ASSIST RIGHT				
	3	374.85	374.85	374.85	124.95
50747	HANGER FOR 1/2"/E430				
	1	1.55	1.55	1.55	1.55
50750S	A/ SOX SPUR HEEL CRADLES				
	1	12.50	12.50	12.50	12.50
50752	ELBOW ASSIST LEFT				
	4	382.40	382.40	382.40	95.60
507S12	PLASTIC BLOCK				
	1	0.44	0.44	0.44	0.44
5085	CANE 1 POINT (GRAY VINIL ADJ. ALUMINUM)				
	1	5.93	5.93	5.93	5.93
5086	CANE 1 POINT (GRAY VINIL GRIP SILVER SHAFT)				
	1	8.59	8.59	8.59	8.59
5091S	CRUTCHES BUSH BUTTON ALUMINUM (TALL)				
	2	23.66	23.66	23.66	11.83
51/550M	HIP FLEXION ABDUCTION SPLINT COXAFLEX MD				
	2	106.20	106.20	106.20	53.10
51/550S	HIP FLEXION ABDUCTION SPLINT COXAFLEX SMALL				
	3	159.30	159.30	159.30	53.10
51/550XS	HIP FLEXION ABDUCTION SPLINT COXAFLEX XSM				
	1	53.10	53.10	53.10	53.10

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51001	FLAIL ARM HINGE SINGLE SPRING LOADED LEFT FAH	1	188.87	188.87	188.87	188.87
51026	FOUR BAR BUCKLE FBB-75 1/2	30	24.00	24.00	24.00	0.80
51027	FOUR BAR BUCKLE FBB 85	58	34.80	34.80	34.80	0.60

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51028	FOUR BAR BUCKLE FBB 100				
	4	6.70	6.08	8.56	1.67
51104	COVER FM-500				
	1	52.68	52.68	52.68	52.68
51587	HARNESS RING-CHILD				
	4	7.20	7.20	7.20	1.80
51589	HARNESS RING-MEDIUM				
	16	32.00	32.00	32.00	2.00
516-32	MALE LUMBOSACRAL				
	2	88.00	88.00	88.00	44.00
516-34	MALE LUMBOSACRAL				
	2	80.00	80.00	80.00	40.00
51601	HARNESS RINGS LARGE				
	2	6.74	6.74	6.74	3.37
51651	PLATE				
	1	3.95	3.95	3.95	3.95
51653	STUD				
	5	44.70	44.70	44.70	8.94
51654	SCREW 3/8 8-32 SLT TRS HD SST				
	6	11.58	11.58	11.58	1.93
51936	SUCTION VALVE				
	15	225.00	225.00	225.00	15.00
51981	VALVE, T.C. LEAK RATE TCV 400L				
	1	49.64	49.64	49.64	49.64
52147	HOSMER WRIST-CHILD				
	2	124.44	124.44	124.44	62.22
5319 WHITE 36D	BRASSIER COMODIDAD				
	1	25.60	25.60	25.60	25.60
5319 WHITE 40D	BRASSIER COMODIDAD				
	1	25.60	25.60	25.60	25.60
5319 WHITE 44C	BRASSIER COMODIDAD				
	1	25.60	25.60	25.60	25.60
5358 WHITE 32B	BRASSIER CON ENCAJE ELASTICO RELLENO				
	2	47.20	47.20	47.20	23.60
5358 WHITE 34B	BRASSIER CON ENCAJE ELASTICO RELLENO				
	1	23.60	23.60	23.60	23.60
53869	HOOK TENSION BAND				
	1	22.50	22.50	22.50	22.50
55050	FUNCTIONAL HOOK 10P CHILD				
	1	253.29	253.29	253.29	253.29
556 CUSTOM	LUMBOSACRAL CUSTOM FEMALE				
	1	95.00	95.00	95.00	95.00
556-50	FEMALE LOMBOSACRAL CORSETTE				
	1	39.50	39.50	39.50	39.50
57072	BALL RECEIVER ASSY C713L				
	7	54.60	54.60	54.60	7.80
574-SMALL	MESH ELASTIC SACROILIAC				
	2	29.60	29.60	29.60	14.80
57497	INTERNAL ASSY E400				
	1	168.20	168.20	168.20	168.20

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58066	SACH BASE ALIGMENT COMP.	2	57.62	57.62	57.62	28.81
58344	HUMERAL CUFF	2	178.40	178.40	178.40	89.20
595-LS	HERNIA GUARD SINGLE LEFT SM (958)	1	15.65	15.65	15.65	15.65
5S-1B-21	COSMETIC SHEATH BK 21"					

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	1001	1501.50	1501.50	1501.50	1.50
5S-1C-24		COSMETIC STOCKINGS BK SHEER			
	40	73.60	73.60	73.60	1.84
5SA-35		COSMETIC STOCKING AK			
	1288	2060.80	2060.80	2060.80	1.60
5SB-38		COSMETIC STOCKINGS AK			
	1570	2512.00	2512.00	2512.00	1.60
5SC41		AK SHEER COSMETIC STOCKINGS(PAIR)			
	121	194.81	194.81	194.81	1.61
600520		TFC TUBE ASSEMBLY F /CONSOLIDATION			
	1	173.28	173.28	173.28	173.28
6008		MOVE GEL BUNION SHIELD			
	1	3.96	3.96	3.96	3.96
601-A		LMB FINGER FLEXION SLPINT SZ SMALL			
	2	27.72	27.72	27.72	13.86
601-AA		LMB FINGER FLEXION SPLINT SZ XSMALL			
	2	27.72	27.72	27.72	13.86
609271049116		ORTHO WEDGE HEALING SHOE SM			
	1	18.00	18.00	18.00	18.00
613-S		NEOPRINE ELBOW SLEEVE			
	2	23.00	23.00	23.00	11.50
620		STAX FINGER SPLINT SIZE 0			
	8	17.68	17.68	17.68	2.21
621		STAX FINGER SPLINT SIZE 1			
	2	4.40	4.40	4.40	2.20
622		STAX FINGER SPLINT SIZE 2			
	1	2.21	2.21	2.21	2.21
626		STAX FINGER SPLINT SIZE 6			
	2	4.40	4.40	4.40	2.20
627		STAX FINGER SPLINT SIZE 7			
	6	13.20	13.20	13.20	2.20
6519		CHOPAT KNEE STRAP LARGE			
	1	14.40	14.40	14.40	14.40
652-M		KNEE SUPPORT W/OPEN PATELLA			
	1	24.00	24.00	24.00	24.00
679744203611		6MM HEEL RAISE LARGE			
	1	4.85	4.85	4.85	4.85
700010		TFC-AFO KIT LARGE SOLID ANKLE			
	2	401.18	401.18	401.18	200.59
7051412		1/8 PLASTAZOTE SOLID FLESH 40x30			
	2	17.92	17.92	17.92	8.96
7051413		3/16" -30"-40" PLASTAZOTE FLESH			
	2	22.96	22.96	22.96	11.48
7085-01-02		HI-TEMP FUNC. POST. SPLINT LG LT			
	2	44.12	44.12	44.12	22.06
71189		JULL STIRRUP LM 8 1/2			
	10	139.00	139.00	139.00	13.90
71307		STRAIGHT KNEE JOINT			
	4	124.40	124.40	124.40	31.10

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740-L	TAMARAK FLEXURE JOINT	1	28.00	28.00	28.00	28.00
755-MCL	MOTION CONTROL LIMITER PLANTAR ONE SIZE	21	178.50	178.50	178.50	8.50
760 MEDIUM	GARTER BELT MEDIUM	2	18.32	18.32	18.32	9.16
7647	OUTRINGER LINE GUIDE (P10)	4	20.24	20.24	20.24	5.06

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770 SHORT LARGE	ELASTIC LEGOTARD	1	48.50	48.50	48.50
770-B-BGE 40	PM BRASSIER	1	13.75	13.75	13.75
770-B-WHT 34	PM BRASSIER	2	27.00	27.00	13.50
770-C-BLK 34	PM BRASSIER	2	27.00	27.00	13.50
770-C-WHT 34	PM BRASSIER	2	27.00	27.00	13.50
7767	SPEED RIVETS SMALL 1/4	3	16.32	16.32	5.44
7768	SPEED RIVETS MEDIUM	4	21.76	21.76	5.44
777-D-WHT 38	PM BRASSIER FRONT CLOSURE	2	31.00	31.00	15.50
7791	FINGER CUFF SW/O GROWM (P100)	2	29.76	29.76	14.88
780HS SMALL	CINCH-IT ELASTIC LSO	1	31.28	31.28	31.28
781-A-WHT 40	PM BRASSIER NOVELTY COTTON KNIT	1	14.00	14.00	14.00
784-C-WHT 48	PM BRASSIER	1	0.00	0.00	0.00
7840-01	TENNIS ELBOW W/STRAP SMALL	4	37.40	37.40	9.35
786-A-BGE 34	PM BRASSIERE	1	14.00	14.00	14.00
786-B-BGE 32	PM BRASSIER	2	28.00	28.00	14.00
789-WHT SMALL	PM BRASIRRES WHITE FRONT CLOSURE CUP 36 C	2	26.00	26.00	13.00
792-B-BLK 36	PM BRASSIER	1	16.00	16.00	16.00
792-B-BLK 40	PM BRASSIER	1	16.00	16.00	16.00
792-D-BGE 46	PM BRASSIER	2	32.00	32.00	16.00
792-D-BLK 46	PM BRASSIER	2	32.00	32.00	16.00
792-D-WHT 44	PM BRASSIER	2	32.00	32.00	16.00
792-DD-BGE 44	PM BRASSIER	2	32.00	32.00	16.00
793-C-WHT 34	PM BRASSIER	2	33.00	33.00	16.50
794-C-BLK 34	PM BRASSIER	1	7.00	7.00	7.00

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795	MOTION CONTROL LIMITER	2	7.80	7.80	7.80	3.90
797-B-WHT 32	PM BRASSIER	2	10.00	10.00	10.00	5.00
797-C-WHT 34	PM BRASSIER	2	10.00	10.00	10.00	5.00
798-D-BGE 34	BRASSIER	1	14.50	14.50	14.50	14.50
8001-S	THERAPEUTIC HAND AID SMALL RIGHT					



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8012-1	1	18.00	18.00	18.00	
	CUSHION CORK 18X36 1/16"				
	25	168.75	168.75	168.75	6.75
809725MM	PLUNGER 1 1/2" SHUTTLE LOCK METRIC				
	5	117.15	117.15	117.15	23.43
821-S	THOMAS COLLAR EXO-STATIC SMALL				
	1	17.70	17.70	17.70	17.70
831AK10 LG	STUMP SHRINKER AK				
	2	42.74	42.74	42.74	21.37
831AK10 SM	STUMP SHRINKER AK				
	5	125.00	125.00	125.00	25.00
831AK10 XL	STUMP SHRINKER AK				
	1	21.37	21.37	21.37	21.37
831AK12 MD	STUMP SHRINKER AK				
	1	21.37	21.37	21.37	21.37
831AK12 SM	STUMP SHRINKER AK				
	6	107.34	107.34	107.34	17.89
831AK14 LG	STUMP SHRINKER AK				
	4	71.56	71.56	71.56	17.89
831AK14 MD	STUMP SHRINKER AK				
	3	53.67	53.67	53.67	17.89
831AK14 SM	STUMP SHRINKER AK				
	11	196.79	196.79	196.79	17.89
831AK14 XL	STUMP SHRINKER AK				
	1	17.89	17.89	17.89	17.89
831AK16 MD	STUMP SHRINKER AK				
	3	75.00	75.00	75.00	25.00
831AK16 SM	STUMP SHRINKER AK				
	5	89.45	89.45	89.45	17.89
831AK16 XL	STUMP SHRINKER AK				
	1	17.89	17.89	17.89	17.89
831AK8 MD	STUMP SHRINKER AK				
	7	136.50	136.50	136.50	19.50
831AK8 SM	STUMP SHRINKER AK				
	3	67.44	67.44	67.44	22.48
833BK10 LG	STUMP SHRINKER BK				
	14	207.48	207.48	207.48	14.82
833BK10 SM	STUMP SHRINKER BK				
	6	88.92	88.92	88.92	14.82
833BK10 XL	STUMP SHRINKER BK				
	4	59.28	59.28	59.28	14.82
833BK12 MD	STUMP SHRINKER BK				
	1	17.82	17.82	17.82	17.82
833BK12 SM	STUMP SHRINKER BK				
	4	59.28	59.28	59.28	14.82
833BK12 XL	STUMP SHRINKER BK				
	2	29.64	29.64	29.64	14.82

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833BK14 LG	STUMP SHRINKER BK	1	18.50	18.50	18.50	18.50
833BK14 SM	STUMP SHRINKER BK	8	111.46	111.92	108.24	13.93
833BK8 LG	STUMP SHRINKER BK	6	81.18	81.18	81.18	13.53
833BK8 SM	STUMP SHRINKER BK	5	60.90	60.90	60.90	12.18
833BK8 XL	STUMP SHRINKER BK	8	97.44	97.44	97.44	12.18

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839AK10 LG	STUMP SHRINKER AK LARGE	2	32.90	32.90	16.45
839AK10 MD	STUMP SHRINKER AK MED.	1	18.59	18.59	18.59
839AK12 LG	STUMP SHRINKER AK LARGE	2	32.90	32.90	16.45
839AK8 SM	STUMP SHRINKER AK SMALL	3	49.35	49.35	16.45
845BG-XXL	COMPRESSION STOCKING BK OPEN TOE BEIGE	3	60.66	62.43	20.22
846BG-M	COMPRESSION STOCKING THIGH 30-40 OPEN TOE MD	1	12.88	12.88	12.88
846BG-S	COMPRESSION STOCKING AK BEIGE	7	74.48	74.48	10.64
846BG-XL	COMPRESSION STOCKING THIGH 30-40 OPEN TOE XL	11	115.17	115.17	10.47
848BG-S	COMPRESSION STOCKING 30-40 OPEN TOES W/SILICO	1	13.97	13.97	13.97
863-XXXL	KNEE BRACE	1	34.00	34.00	34.00
869-L	KNEE BRACE	1	30.50	30.50	30.50
869-XL	KNEE BRACE	1	30.50	30.50	30.50
8808BG-M	ANTIEMBOLIC KNEE LENGTH CLOSED TOE BEIGE	1	8.13	8.13	8.13
8810BG-L	ANTIEMBOLIC THIGH HIGH CLOSED TOE BEIGE	1	9.42	9.42	9.42
8845BG-M	COMPRESSION STOCKING BK BEIGE	1	11.53	11.53	11.53
8845BG-XXL	COMPRESSION STOCKING BK BEIGE	3	61.20	61.20	20.40
8846BG-M	COMPRESSION STOCKING AK BEIGE	2	23.86	23.86	11.93
8846BG-S	COMPRESSION STOCKING AK BEIGE	5	59.15	59.15	11.83
8846BG-XL	COMPRESSION STOCKING AK BEIGE	5	59.15	59.15	11.83
8848BG-L	COMPRESSION STOCKING THIGH HIGH 30-40 W SILIC	1	14.92	14.92	14.92
8848BG-S	COMPRESSION STOCKING 30-40 W/ SILICOND BAND	1	13.97	13.97	13.97
8866BG-XL	COMPRESSION STOCKING AK BEIGE	1	12.89	12.89	12.89
886870	REMACHES STAINLESS STEEL 1/8X5/8	61	434.93	434.93	7.13

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886876	REMACHES STAINLESS STEEL 3/16X9/16	1	10.48	10.48	10.48	10.48
8868BG-L	STOCKING THIGH HIGH 20-30 CLOSED TOE W/SILICO	1	16.77	16.77	16.77	16.77
8868BG-M	STOCKING THIGH HIGH 20-30 CLOSED TOE W/SILICO	1	14.92	14.92	14.92	14.92
89320-M	10" ABDOMINAL BINDER MEDIUM	1	12.00	12.00	12.00	12.00
8E38=5-R 8 1/4	SYST. ELECTRIC HAND SENSOR HAND	1	4116.51	4116.51	4116.51	4116.51
8S7=211X88L	INNER HAND OF LIGHT FOAM					

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9-MD	2	187.38	187.38	187.38	93.69
				REVERSE KNUCKLE BENDER HAND MEDIUM	
91971000	7	106.75	106.75	106.75	15.25
				PROSTHETIC SOCKS 10-8-6 5 PLY	
920104	2	19.74	19.74	19.74	9.87
				PIN ROLL 4 X 26	
9202-37	1	19.00	19.00	19.00	19.00
				PROTECTIVE HELMET 25	
923700	1	136.00	136.00	136.00	136.00
				BEARRING, 4 OFF	
925-S	11	25.30	25.30	25.30	2.30
				RIB BELT SUPPORT (2459-S)	
92755	2	15.22	15.22	15.22	7.61
				DOUBLE SOCKET GEL LINER MEDIUM REGULAR	
96-40	1	66.30	66.30	66.30	66.30
				MALE ABDOMINAL POST OPERATIVE	
96-46	1	30.00	30.00	30.00	30.00
				MALE ABDOMINAL POST OPERATIVE	
96-M	1	30.00	30.00	30.00	30.00
				POCP-M LADIES DRESS MED	
96-MM	3	29.85	29.85	29.85	9.95
				PREMIUM GEL DRESS SHOE MEN - MD	
96-S	1	9.95	9.95	9.95	9.95
				POCP-S LADIES DRESS SMALL	
9633-S	1	9.95	9.95	9.95	9.95
				PALUMBO PATELLAR NEOPRINE	
969-L	2	79.00	79.00	79.00	39.50
				KNEE CASE LG	
969-M	1	21.12	21.12	21.12	21.12
				KNEE CASE MD	
969-S	1	21.12	21.12	21.12	21.12
				KNEE CASE SM	
978-XLARGE	1	21.12	21.12	21.12	21.12
				ELASTIC LUMBOSACRAL XLARGE	
994-L	1	28.25	28.25	28.25	28.25
				POSTURE CORRECTOR LARGE	
9971B-M	3	39.75	39.75	39.75	13.25
				HINGED SPIRAL KNEE CAP	
9971B-S	3	96.21	96.21	96.21	32.07
				HINGED SPIRAL KNEE CAP	
9A-L	2	64.14	64.14	64.14	32.07
				REVERSE KNUCKLE BENDER SPLINT	
9A-S	4	76.00	76.00	76.00	19.00
				REVERSE KNUCKER BENDER	
	5	95.00	95.00	95.00	19.00

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A-193	4 HOLES CONNECTOR W/PYRAMID	8	80.00	80.00	80.00	10.00
A-501TI	SOCKET ADAPTOR W/PYRAMID	25	532.50	532.50	532.50	21.30
A-504	TITANIUM 30MM TUBEL CLAMP W/ PYRAMID MALE	4	175.64	175.64	175.64	43.91
A-703	CLUTCH LOCK PIN	1	11.78	11.78	11.78	11.78
A026R00000	SWEDISH KNEE CAGE REG. 1A2	1	121.30	121.30	121.30	121.30
A179-52	TENSION ADJUST PIECES SLING	1	0.62	0.62	0.62	0.62

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A352-S	DYNAMIC SPRING F/ADJUST W	4	25.16	25.16	25.16	6.29
A428-3	OPTIONAL ROLYAN WRAP-ON FINGER HOOKS	4	128.00	128.00	128.00	32.00
A572-RL	FINGER FLEXION GLOVE RIGHT LG	1	12.71	12.71	12.71	12.71
A832-1	ROLYAN ADJUSTABLE OUTRIGGER	2	165.30	165.30	165.30	82.65
A900-45	GRADED SPRING FOR DYNAMIC SPLINT T	3	48.00	48.00	48.00	16.00
ACE-1000	ACE BRACE (CASH BRACE)	1	82.50	82.50	82.50	82.50
ACE-PV	ACE BRACE PECTORAL VELCRO	11	957.00	957.00	957.00	87.00
ASST-01	ADULT SS TOE PICK UP ANKLE JOINT PR	40	700.00	700.00	700.00	17.50
B-200AL	ALUMINIUM ADAPTER TUBE	20	820.00	820.00	820.00	41.00
B-300	GAFNEY SCREW IN BUMPERS(25 EA)	9	7.20	7.20	7.20	0.80
B-501SS	SS PYRAMID SOCKET ADAPTER	2	35.84	35.84	35.84	17.92
B-502SS	SOCKET ADAPTOR 4 HOLE ROTABLE W PYR.	10	200.00	200.00	200.00	20.00
B-506TI	ROTABLE SOCKET ADAPTOR AK FEMALE	84	5040.00	5040.00	5040.00	60.00
B-508SS	SS SOCKET ADAPTER WITH SCREWS	1	17.60	17.60	17.60	17.60
B-508TI	TI SOCKET ADAPTER W/SCREWS	41	873.30	873.30	873.30	21.30
B-514TI	SOCKET ADAPTOR BK WITH PYRAMID RECEIVER(HEMBRA	228	10488.00	10488.00	10488.00	46.00
B-520TIM	TITANIUM BK ROTABLE CUP CONNECTOR WITH TUBE	36	3024.00	3024.00	3024.00	84.00
B-521TIM	TI ROTABLE CUP CONECTOR ADAPTOR WITH SCREW	8	568.00	568.00	568.00	71.00
B-522TM	TITANIUM AK ROTABLE CUP CONECTOR	5	380.00	380.00	380.00	76.00
CCO-L	COLLAR CERVICAL ORTHOSIS LARGE	80	453.60	453.60	453.60	5.67
CCO-M	COLLAR CERVICAL ORTHOSIS MEDIUM	75	425.25	425.25	425.25	5.67
CCO-S	COLLAR CERVICAL ORTHOSIS SMALL	36	204.12	204.12	204.12	5.67

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CCS001	CABLE CLEAT, COLOR TAN	3	18.00	18.00	18.00	6.00
CCS100	CABLE CLEAT SYSTEM	5	118.75	118.75	118.75	23.75
COTTON 10"	COTTON STOCKINETTE 10"	3	65.31	65.31	65.31	21.77
COTTON 5"	COTTON STOCKINETTE 5"	12	121.20	121.20	121.20	10.10
COTTON 8"	COTTON STOCKINETTE 8"	5	81.50	81.50	81.50	16.30
CP-42	KNEECAP STABILIZER SMALL LEFT	3	65.10	65.10	65.10	21.70
CP-43	KNEECAP STABILIZER SMALL RIGHT					

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CP-45	6	130.20	130.20	130.20	21.70
	KNEECAP STABILIZER MEDIUM RIGHT				
CP-46	4	86.80	86.80	86.80	21.70
	KNEECAP STABILIZER LARGE LEFT				
CP-47	1	21.70	21.70	21.70	21.70
	KNEECAP STABILIZER LARGE RIGHT				
CP-48	3	65.10	65.10	65.10	21.70
	KNEECAP STABILIZER XLARGE LEFT				
CP-49	3	65.10	65.10	65.10	21.70
	KNEECAP STABILIZER XLARGE RIGHT				
CR-DCSR12BN	2	43.40	43.40	43.40	21.70
	RAPID RIVET BRASS NIC LARGE				
CS-10A	1	37.38	37.38	37.38	37.38
	COTTON SOCK AK 12 X 7 X 5				
CS-10B	600	2148.00	2148.00	2148.00	3.58
	COTTON SOCK AK 12 X 5 X 6				
CS-20A	280	666.40	666.40	666.40	2.38
	COTTON SOCK BK 10 X 5 X 4				
CS-20C	216	557.28	557.28	557.28	2.58
	COTTON SOCK BK 16 X 5 X 4				
DEA-02	84	216.72	216.72	216.72	2.58
	DOBLE END ADAPTOR TITANIUM 42MM				
DEA-03	11	390.50	390.50	390.50	35.50
	DOBLE END ADAPTOR TITANIUM 54MM				
DEA-04	29	1087.50	1087.50	1087.50	37.50
	DOBLE END ADAPTOR TITANIUM 100MM				
DSMBL	21	802.20	802.20	802.20	38.20
	DIABETIC SOCK MEN 10-13(UT 6PR) BLACK				
DSWBL	3	13.65	13.65	13.65	4.55
	DIABETIC SOCK WOMEN BLACK 7-11				
DSWBR	1	4.55	4.55	4.55	4.55
	DIABETIC SOCK WOMEN 7-11 BROWN				
EASY CLEAN	2	9.10	9.10	9.10	4.55
	PRS VINYL CLEANSER				
EB-501-M	17	131.75	131.75	131.75	7.75
	ABDOMINAL BINDER MEDIUM				
EB-501-XL	4	8.84	8.84	8.84	2.21
	ABDOMINAL BINDER XLARGE				
EB-501-XXL	30	66.30	66.30	66.30	2.21
	ABDOMINAL BINDER XXL				
EB-525-M	23	50.83	50.83	50.83	2.21
	ABDOMINAL BINDER LONG MEDIUM				
R121A	33	103.95	103.95	103.95	3.15

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EB-525-XL	ABDOMINAL BINDER LONG XLARGE	15	47.25	47.25	47.25	3.15
EB-525-XXL	ABDOMINAL BINDER LONG XXLARGE	2	6.30	6.30	6.30	3.15
ELDT38-3 HP	EASY LOCKING LINER 3MM	1	195.00	195.00	195.00	195.00
ELPX-32	EASY LINER SUPER STRECH 6MM CUSHION(32+	1	165.00	165.00	165.00	165.00
ENDURO COAT	LATEX FILM SKIN TOUGHNER	3	69.60	69.60	69.60	23.20
EO1302	EASY SLIDE LARGE(DARK BLUE)10	3	59.07	59.07	59.07	19.69
EO1402	EASY SLIDE ARM (RED) UNIVERSAL	1	19.69	19.69	19.69	19.69

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E02202	EASY-PROTH SOCK SMALL	16	308.80	308.80	308.80	19.30
E02302	EASY-PROTH SOCK MD	102	1968.60	1968.60	1968.60	19.30
ESP-BK14-4S	STREAMLINE ,14CM,4 INCH LOCKING LINER	1	153.75	153.75	153.75	153.75
ESP-BK26-6S-C	AEGIS STEAM 26CM 6" LOCKING CO	1	206.00	206.00	206.00	206.00
EWS-9612	ELASTIC WOOL SOCK AK 9-6-12	3	25.20	25.20	25.20	8.40
F002565	SHOULDER IMMOBILIZER DELUXE LG	1	15.00	15.00	15.00	15.00
F003003	FINGER OR THUMP SPLINT SMALL	1	3.00	3.00	3.00	3.00
F003341	CAST SHOE PEDIATRICO ROCKER 3XS	3	18.45	18.45	18.45	6.15
F003436	SUPER SHOE II XLARGE	1	7.26	7.26	7.26	7.26
F003673	BACK BRACE 10" CRISS CROSS SM	3	33.75	33.75	33.75	11.25
F005700	HEEL PROTECTOR KODEL(PAIR)	1	3.60	3.60	3.60	3.60
F005750	ELBOW PROTECTOR KODEL(PAIR)	1	4.05	4.05	4.05	4.05
F00825L	REVERSE WRIST SUPPORT LARGE	2	9.50	9.50	9.50	4.75
F00825M	REVERSE WRIST SUPPORT MEDIUM	1	4.75	4.75	4.75	4.75
F00825S	REVERSE WRIST SUPPORT SMALL	3	13.53	13.53	13.53	4.51
F008363	CLAVICLE BRACE FOAM PADED SMALL	1	5.15	5.15	5.15	5.15
F008961	COLLAR FOUR WAY IMMOBILIZER 2"	2	17.30	17.30	17.30	8.65
F008962	COLLAR FOUR WAY IMMOBILIZER 2.5"	2	17.30	17.30	17.30	8.65
F008963	COLLAR FOUR WAY IMMOBILIZER 3"	1	8.65	8.65	8.65	8.65
F010072	KNEE SLEEVE SPIRAL-HALF XSM	1	17.15	17.15	17.15	17.15
F010073	KNEE SLEEVE SPIRAL-HALF SM	1	16.80	16.80	16.80	16.80

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F010076	KNEE SLEEVE SPIRAL-HALF XL	3	52.35	52.35	52.35	17.45
F010104	KNEE SLEEVE HINGED-FULL STRAP MED.	1	19.75	19.75	19.75	19.75
F010403	TENNIS ELBOW SUPPORT NEOPRENE SMALL	1	6.90	6.90	6.90	6.90
F010404	TENNIS ELBOW SUPPORT NEOPRENE MEDIUM	4	27.60	27.60	27.60	6.90
F010452	SHIN SLEEVE NEOPRENE XSMALL	1	6.95	6.95	6.95	6.95
F010453	SHIN SLEEVE NEOPRENE SM	2	13.90	13.90	13.90	6.95
F010454	SHIN SLEEVE NEOPRENE MED.	1	6.95	6.95	6.95	6.95
F010835	ABDOMINAL BINDER 3 PANEL DLX LG					



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F010943	1	8.50	8.50	8.50	8.50
F010945	2	21.50	21.50	21.50	10.75
F021290	1	10.75	10.75	10.75	10.75
FC100122	1	2.54	2.54	2.54	2.54
FC100152	1	51.14	51.14	51.14	51.14
FCB-A502	1	69.05	69.05	69.05	69.05
FCBL-8K	3	150.00	150.00	150.00	50.00
FCS04	8	96.00	96.00	96.00	12.00
FCS05	1	17.92	17.92	17.92	17.92
FCS06	3	53.76	53.76	53.76	17.92
FCS08	1	17.92	17.92	17.92	17.92
FCS11	3	53.76	53.76	53.76	17.92
FCS12	9	161.28	161.28	161.28	17.92
FCS13	4	71.68	71.68	71.68	17.92
FCS14	3	53.76	53.76	53.76	17.92
FCS15	6	107.52	107.52	107.52	17.92
FCS16	7	125.44	125.44	125.44	17.92
FCS17	6	67.32	67.32	67.32	11.22
FCS18	9	161.28	161.28	161.28	17.92
FL07034	4	71.68	71.68	71.68	17.92
	1	6.70	6.70	6.70	6.70

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Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
FL07035	WRIST SPLINT 7" W-ABD THUMB LARGE LEFT	1	6.85	6.85	6.85	6.85
FL07036	WRIST SPLINT 7" W-ABD THUMB X-LARGE LEFT	2	13.70	13.70	13.70	6.85
FL07102	WRIST & FOREARM SPLINT	1	6.15	6.15	6.15	6.15
FL08252	WRIST SUPPORT 6" ELASTIC X-SMALL	2	8.56	8.56	8.56	4.28
FR07063	WRIST & FOREARM SPLINT SMALL	1	6.30	6.30	6.30	6.30
FR07066	WRIST & FOREARM SPLINT	1	6.30	6.30	6.30	6.30
FRB03260	HEMI SLING HARRIS RIGHT BLUE	2	16.60	16.60	16.60	8.30
GA510253-XSM	LMB FINGER EXTENSION SPLINT SZ AA	3	41.58	41.58	41.58	13.86

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GA5386	SWAN'S NECK AND BOUTONNIER SPLINT MD	1	22.49	22.49	22.49	22.49
GM5387	SWAN'S NECK AND BOUTONNEIR SPLINT LG	4	466.60	466.60	466.60	116.65
HJ-83TR	HIP JOINT TITANIUM REGULAR	19	874.00	874.00	874.00	46.00
HJ-83TS	TI HIP JOINT SMALL	53	2438.00	2438.00	2438.00	46.00
LC-24LS-7	SKINERGY 24CM SPLIT TOE LT SM COLOR 7	1	199.00	199.00	199.00	199.00
LDI 5 W/XW	BILAM INSOLE LADIES CONFORM	1	4.48	4.48	4.48	4.48
LDI 6 1/2 W/XW	BILAM INSOLE LADIES CONFORM	2	8.96	8.96	8.96	4.48
LDI 6 W/XW	BILAM INSOLE LADIES CONFORM	6	42.96	42.96	42.96	7.16
LDI 9 W/XW	BILAM INSOLE LADIES CONFORM	1	6.71	6.71	6.71	6.71
LERNAS	LERNAS PARA MAQ. DE ZAPATOS	4	9.00	9.00	9.00	2.25
LLL16.75	HYPOBARIC 2 PLY WOOL SOCK	5	225.00	225.00	225.00	45.00
MA02	AK ADAPTOR FOR VACUUM	50	1250.00	1250.00	1250.00	25.00
MA03	BK ADAPTOR FOR VACUUM	46	1150.00	1150.00	1150.00	25.00
MAK00118	NYLINER FLANGED SET-UP	4	8.20	8.20	8.20	2.05
MAK00247	CYLINDER STUD LONG	1	63.25	63.25	63.25	63.25
MAK00252	NYLINER SLEEVE KNEE CONTROL	1	4.75	4.75	4.75	4.75
MS-87KD	FOUR LINK KNEE	4	1180.00	1180.00	1180.00	295.00
NC12496	CRIMPING TOOL	1	15.95	15.95	15.95	15.95
NC15515-4	CMC THUMP BRACE RT MED	2	40.38	40.38	40.38	20.19
NC73981-3	NEO FLEX WRIST WRAP MED. LEFT	1	12.76	12.76	12.76	12.76

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NE-0834P	ALUMINUM CANE, ADJUSTABLE FOLDING ANATOMIC	6	22.44	22.44	22.44	3.74
NE-0882D	QUAD CANE ADJUSTABLE WIDTH BASE BRONZE	1	5.69	5.69	5.69	5.69
NE-0886T	QUAD CANE ADJUSTABLE STRECH BASE BROZE	2	10.38	10.38	10.38	5.19
NOACTEV-LL	CONGENITAL CLUBFOOT AFO LG LEFT	3	19.50	19.50	19.50	6.50
NOACTEV-LR	CONGENITAL CLUBFOOT AFO LG RIGHT	4	26.00	26.00	26.00	6.50
NOACTEV-ML	CONGENITAL CLUBFOOT AFO MD LEFT #3	4	26.00	26.00	26.00	6.50
NOACTEV-MR	CONGENITAL CLUBFOOT AFO MD RIGHT #3	3	19.50	19.50	19.50	6.50
NOACTEV-SL	CONGENITAL CLUBFOOT AFO SM LEFT	3	19.50	19.50	19.50	6.50
NOACTEV-SR	CONGENITAL CLUBFOOT AFO SM RIGHT					

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NOACTEV-XLL	4	26.00	26.00	26.00	6.50
	CONGENITAL CLUBFOOT AFO XL LEFT				
NOACTEV-XLR	4	26.00	26.00	26.00	6.50
	CONGENITAL CLUBFOOT AFO XL RIGHT				
NOACTEV-XSL	4	26.00	26.00	26.00	6.50
	CONGENITAL CLUBFOOT AFO XS LEFT				
NOACTEV-XSR	5	32.50	32.50	32.50	6.50
	CONGENITAL CLUBFOOT AFO XS RIGHT				
NOADEFEO-L	3	19.50	19.50	19.50	6.50
	DAYNAMIC ELBOW FLEXION & EXTENSION ORTHOSIS				
NOADEFEO-M	51	1020.00	1020.00	1020.00	20.00
	DAYNAMIC ELBOW FLEXION & EXTENSION ORTHOSIS				
NOADEFEO-S	73	1460.00	1460.00	1460.00	20.00
	DAYNAMIC ELBOW FLEXION & EXTENSION ORTHOSIS				
NOADRS-LL	49	980.00	980.00	980.00	20.00
	DYNAMIC RADIAL PALSY SPLINT LT LG				
NOADRS-LM	270	1890.00	1890.00	1890.00	7.00
	DYNAMIC RADIAL PALSY SPLINT LT MD				
NOADRS-LS	178	1246.00	1246.00	1246.00	7.00
	DYNAMIC RADIAL PALSY SPLINT LT SM				
NOADRS-RL	212	1484.00	1484.00	1484.00	7.00
	DYNAMIC RADIAL PALSY SPLINT RT LG				
NOADRS-RM	127	889.00	889.00	889.00	7.00
	DYNAMIC RADIAL PALSY SPLINT RT MD				
NOADRS-RS	197	1379.00	1379.00	1379.00	7.00
	DYNAMIC RADIAL PALSY SPLINT RT SM				
NOAETB-LG/LT	204	1428.00	1428.00	1428.00	7.00
	ELBOW TURN BUCKLE LARGE LT				
NOAETB-LG/RT	35	420.00	420.00	420.00	12.00
	ELBOW TURN BUCKLE LG RIGHT				
NOAETB-MD/LT	12	144.00	144.00	144.00	12.00
	ELBOW TURN BUCKLE MEDIUM LT				
NOAETB-MD/RT	37	444.00	444.00	444.00	12.00
	ELBOW TURN BUCKLE MEDIUM RIGHT				
NOAETB-S	63	756.00	756.00	756.00	12.00
	ELBOW TURN BUCKLE SMALL				
NOAETB-SM/LT	10	120.00	120.00	120.00	12.00
	ELBOW TURN BUCKLE SMALL LT				
	16	192.00	192.00	192.00	12.00

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NOAETB-SM/RT	ELBOW TURN BUCKLE SM RIGHT	24	288.00	288.00	288.00	12.00
NOAETB-XL	ELBOW TURN BUCKLE XL	2	3.00	3.00	3.00	1.50
NOAETB-XS/LT	ELBOW TURN BUCKLE XS LEFT	13	156.00	156.00	156.00	12.00
NOAETB-XS/RT	ELBOW TURN BUCKLE XS RIGHT	13	156.00	156.00	156.00	12.00
NOAHFB-LG	HUMERAL FRACTURE BRACE LARGE	170	1190.00	1190.00	1190.00	7.00
NOAHFB-MD	HUMERAL FRACTURE BRACE MEDIUM	173	1211.00	1211.00	1211.00	7.00
NOAHFB-SM	HUMERAL FRACTURE BRACE SMALL	191	1337.00	1337.00	1337.00	7.00
NOAHFB-XL	HUMERAL FRACTURE BRACE XLARGE	177	1239.00	1239.00	1239.00	7.00
NOAKBS-L	KNUCLE BENDER 2 PLATE W/XTRA SET OF SPRING	489	1858.20	1858.20	1858.20	3.80

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NOAKBS-M	485	1843.00	1843.00	1843.00	3.80
NOAKBS-S	488	1854.40	1854.40	1854.40	3.80
NOAWHOFEA-L/L	5	48.50	48.50	48.50	9.70
NOAWHOFEA-L/M	16	155.20	155.20	155.20	9.70
NOAWHOFEA-L/S	19	184.30	184.30	184.30	9.70
NOAWHOFEA-M/R	9	87.30	87.30	87.30	9.70
NOAWHOFEA-R/L	7	67.90	67.90	67.90	9.70
NOAWHOFEA-R/S	24	232.80	232.80	232.80	9.70
NS-22LL-17	1	139.30	139.30	139.30	139.30
NS-23RL-17	1	239.30	239.30	239.30	239.30
NS-24LL-17	1	139.30	139.30	139.30	139.30
NS-26LL-11	1	139.30	139.30	139.30	139.30
NS-26RL-0	1	149.00	149.00	149.00	149.00
NS-26RL-13	1	149.00	149.00	149.00	149.00
NS-704S	24	176.88	176.88	176.88	7.37
NS-705M	20	177.00	177.00	177.00	8.85
NS-705S	16	141.60	141.60	141.60	8.85
NYLON 2"	3	22.47	22.47	22.47	7.49
NYLON 5"	28	472.64	472.64	472.64	16.88
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Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
OH-001-S	CERVICAL COLLAR SUPPORT RIGID SM	6	13.86	13.86	13.86	2.31
OH-001-XL	CERVICAL COLLAR SUPPORT RIGID	8	18.48	18.48	18.48	2.31
OH-002-L	CERVICAL COLLAR SOFT LARGE	32	49.92	49.92	49.92	1.56
OH-002-M	CERVICAL COLLAR SOFT MEDIUM	69	107.64	107.64	107.64	1.56
OH-901S	LOWER LEG WALKER TALL SM	63	793.80	793.80	793.80	12.60
OH-901XL	LOWER LEG WALKER XLARGE	17	267.75	267.75	267.75	15.75
OH-903S	SHORT LEG WALKER SM	45	481.05	481.05	481.05	10.69
P0223SM000	HIP JOINT SMALL 21211 S.S.	1	60.00	60.00	60.00	60.00
PB-83T	PELVIC BAND TITANIUM	35	875.00	875.00	875.00	25.00
PIEL BROWN	PIEL BROWN CON FONDO BROWN					

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PIEL CREMA	1	2.50	2.50	2.50	2.50
PORS-00037	19	28.50	28.50	28.50	1.50
PPS1	2	76.40	76.40	76.40	38.20
PTG011	3	180.84	180.84	180.84	60.28
PTG012	8	48.00	48.00	48.00	6.00
PUFF-00067	6	42.00	42.00	42.00	7.00
PV-20	1	8.75	8.75	8.75	8.75
PV-30	1	49.95	49.95	49.95	49.95
R0402-L	6	299.70	299.70	299.70	49.95
RF3-1/2-12	7	98.00	98.00	98.00	14.00
RF3-1/2-18	2	13.26	13.26	13.26	6.63
RX-01001	5	41.65	41.65	41.65	8.33
RX-01002	29	109.04	109.04	109.04	3.76
RX-01009	55	206.80	206.80	206.80	3.76
RX-01010	2	8.26	8.26	8.26	4.13
RX-01011	71	318.79	318.79	318.79	4.49
RX-01028	45	202.05	202.05	202.05	4.49
RX-01029	4	17.96	17.96	17.96	4.49

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RX-01031	TENSITUBE SHRINKER 5 X 18" BEIGE	3	14.73	14.73	14.73	4.91
RX-01032	TENSITUBE SHRINKER 5 X 24" BEIGE	2	9.82	9.82	9.82	4.91
RX-01033	TENSITUBE SHRINKER 5 X 30" BEIGE	1	4.91	4.91	4.91	4.91
RXNT11-15	NYGLASS 15CM	25	1140.00	1140.00	1140.00	45.60
RXSNT10-12	STRECH NYLON 12CM	35	833.00	833.00	833.00	23.80
RXSNT10-15	STRECH NYLON 15CM	30	714.00	714.00	714.00	23.80
RXSNT10-9	STRECH NYLON 9CM	52	1237.60	1237.60	1237.60	23.80
S033580	LDPE .118 48 X 96 CLEAR(POLIETHELENO 1/8)	5	175.05	175.05	175.05	35.01
S033580-PIECE	POLIETHELENO 1/8 X4	5	131.40	131.40	131.40	26.28
S033581	LDPE .060 48 X96 CLEAR(POLIETHELENO 1/16)	5	91.35	91.35	91.35	18.27

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S050-30-10w5	WOOL SOCK 5 PLY				
	2	9.38	9.38	9.38	4.69
S05000479	COPOLIMER 1/8 4 X 4 FLESH				
	7	149.52	149.52	149.52	21.36
S053547	POLYPROPELENO NAT .125 4X8 CPG (1/8)				
	3	113.85	113.85	113.85	37.95
S09001060	KYDEX BEIGE 1/8" 4 X 4				
	9	427.50	427.50	427.50	47.50
SAF-00140	SINGLE AXIS POSTERIOR DEF BUMPER (YELLOW)				
	2	16.00	16.00	16.00	8.00
SCCLSS-S	CONTOURED LS SUPPORT SMALL				
	15	120.30	120.30	120.30	8.02
SCFS-L	STAX FINGER SPLINT LARGE				
	10	8.90	8.90	8.90	0.89
SCFS-M	STAX FINGER SPLINT MEDIUM				
	10	8.90	8.90	8.90	0.89
SCKBL-L	KNEE BRACE LONG LARGE				
	6	39.42	39.42	39.42	6.57
SCKBL-S	KNEE BRACE LONG SMALL				
	6	39.42	39.42	39.42	6.57
SCKBL-XL	KNEE BRACE LONG XLARGE				
	8	58.64	58.64	58.64	7.33
SCPAS-CH	POUCH ARM SLING CHILD				
	34	57.46	57.46	57.46	1.69
SCPAS-M	POUCH ARM SLING MEDIUM				
	31	52.39	52.39	52.39	1.69
SCPAS-S	POUCH ARM SLING SMALL				
	46	77.74	77.74	77.74	1.69
SCWFS-RL	WRIST & FOREARM SPLINT LARGE RIGHT				
	1	2.17	2.17	2.17	2.17
SF 26L	SACH FOOT 26 L				
	2	50.00	50.00	50.00	25.00
SL-1	ANKLE JOINT STAND. YOUTH				
	37	333.00	333.00	333.00	9.00
SL-1N	ADULT STAINLESS S LIMITED MOTION ANKLE JOINT				
	290	2610.00	2610.00	2610.00	9.00

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Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
SL2900-A10	DOBLE KLENSA STIRRUP 10"	1	21.00	21.00	21.00	21.00
SLBA-TP	ALUMINUM UPRIGHT TOE PU(KLENSA)	22	660.00	660.00	660.00	30.00
SLBC-TP	ALUMINUM UPRIGHT TOE- PICK UP	28	952.00	952.00	952.00	34.00
SOLTECH CPM 169 CAMEL	SUELA SOLTECH CPM 169 COLOR CAMEL	1	5.75	5.75	5.75	5.75
SSTP-01	SS STIRRUP FOR TOE PICK -UP	85	595.00	595.00	595.00	7.00
SSTP-02	SS STIRRUP FOR TOE PICK -UP	86	602.00	602.00	602.00	7.00
SSTP-03	SS STIRRUP FOR TOE PICK -UP	94	658.00	658.00	658.00	7.00
SSTP-04	SS STIRRUP FOR TOE PICK -UP	68	476.00	476.00	476.00	7.00
SSTP-05	SS STIRRUP FOR TOE PICK -UP	94	658.00	658.00	658.00	7.00
ST-1	ASIAN ANKLE JOINT (PAIR)	43	752.50	752.50	752.50	17.50
STB-10LG	SILICONE TRANSLUCENT TIPS WITH MULTIAXIAL MOV					



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STB-10QC	9 11.75 11.70 12.15 1.30 CANE TIPS FOUR POINTS
STB-10SM	3 2.25 2.25 2.25 0.75 SILICONE TRANSLUCENT TIPS WITH MULTIAXIAL MOV
SUELA 2 TONOS 1/4"B/B	12 15.00 15.00 15.00 1.25 SUELA DOS TONO NEOLITE COMPO 10 1/2 IRON(1/4"
SUELA 2 TONOS 1/4"BR/BLK	1 26.50 26.50 26.50 26.50 SUELA DOS TONO NEOLITE COMPO 10 1/2 IRON(1/4"
SUELA 2 TONOS 3/16	2 53.00 53.00 53.00 26.50 SUELA NEOLITE BLK (7 1/2 IRON) 3/16 36X60
SUELA 2 TONOS 3/16	2 53.00 53.00 53.00 26.50 SUELA NEOLITE (8 IRON) 3/16 36X36 CREMA
SUELA 3/16"	26 388.70 388.70 388.70 14.95 SUELA CREPE BROWN RIBBED 31X41" 10.5 IRON (3/
SWRM5	14 140.00 140.00 140.00 10.00 COMFORT SOFT WICK SOCK REGULAR MED.5 PLY
T911-MD	3 28.71 28.71 28.71 9.57 HIP ABDUCTION SPLINT MED.
TE01	1 31.12 31.12 31.12 31.12 TERRAPIN SIZE 1 FITS HIPS 30"-34"
TESTRAP	1 408.72 408.72 408.72 408.72 SHOULDER STRAP S
TFCP-01L	1 18.00 18.00 18.00 18.00 TITANIUM FLAT CALIPER PLATE 1/8" x 5/8"
TFCP-01R	24 480.00 480.00 480.00 20.00 TITANIUM FLAT CALIPER PLATE 1/8" x 5/8"
TFCP-01SL	34 680.00 680.00 680.00 20.00 TITANIUM FLAP CALIPER 1/8 X 5/8
TFCP-02L	13 520.00 520.00 520.00 40.00 TITANIUM FLAT CALIPER 1/8 ONLY
TFCP-02R	10 180.00 180.00 180.00 18.00 TITANIUM FLAT CALIPER 1/8 ONLY
TSLM-01	4 72.00 72.00 72.00 18.00 ALUMINUM UPRIGHT BARS L MOTION W TI STIRRUP
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TSLM-02	ALUMINUM UPRIGHT BARS L MOTION W TI STIRRUP	16	288.00	288.00	288.00	18.00
TSLM-04	ALUMINUM UPRIGHT BARS L MOTION W TI STIRRUP	14	252.00	252.00	252.00	18.00
TSLM-05	ALUMINUM UPRIGHT BARS L MOTION W TI STIRRUP	40	720.00	720.00	720.00	18.00
TSSL-01	TI STIRRUP FOR TOE P-UP (PR)	24	384.00	384.00	384.00	16.00
TSSL-02	TI STIRRUP FOR TOE P-UP (PR)	17	272.00	272.00	272.00	16.00
TSST-01	TI STIRRUP FOR TOE P-UP 1/8 X 8	48	960.00	960.00	960.00	20.00
TSST-02	TI STIRRUP FOR TOE P-UP 1/8 X 8 3/4	3	60.00	60.00	60.00	20.00
TSST-03	TI STIRRUP FOR TOE P-UP 1/8 X 9 1/2	26	520.00	520.00	520.00	20.00
TSST-04	TI STIRRUP FOR TOE P-UP 1/8 X 10 1/2	35	700.00	700.00	700.00	20.00
TSST-05	TI STIRRUP FOR TOE P-UP 1/8 X11	41	820.00	820.00	820.00	20.00
TSTL-02	TITANIUM SPLINT STIRRUP FOR TOE	4	115.20	115.20	115.20	28.80

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TSTP-01	TITANIUM STIRRUP FOR TOE PICK UP 1/8 X 8	48	960.00	960.00	960.00	20.00
TSTP-02	TITANIUM STIRRUP FOR TOE PICK UP 8 1/2" X 1/8	36	720.00	720.00	720.00	20.00
TSTP-03	TITANIUM STIRRUP FOR TOE PICK UP 9 1/2	28	560.00	560.00	560.00	20.00
TSTP-04	TITANIUM STIRRUP FOR TOE PICK UP 10 1/2 X 1/8	6	120.00	120.00	120.00	20.00
TSTP-05	TITANIUM STIRRUP FOR TOE PICK UP 11" X 1/8	36	720.00	720.00	720.00	20.00
TUFFTOE BK-4 PLY	TUFF TOE SOCK BK 4 PLY	1	5.50	5.50	5.50	5.50
UJ00065004	BE METAL FLEX HINGER 6"	3	124.50	124.50	124.50	41.50
VF326BL	VENA FLO FASHION 20 THIGH HI XLG.	1	18.00	18.00	18.00	18.00
VFTLSO-LG-20	T-SHIRT SOFT BODY 1 PLY TWO AXILAR FLAPS V NE	1	14.20	14.20	14.20	14.20
VFTLSO-MD-16	T-SHIRT SOFT BODY MED. V NECK TWO AXILAR FLA	1	11.99	11.99	11.99	11.99
VFTLSO-SM-14	T-SHIRT SOFT BODY SMALL V NECK 2 FLAPS	3	31.23	31.23	31.23	10.41
W-M19-1.50	HYPOBARIC 7 PLY WOOL STERLING CUSTOM	1	75.00	75.00	75.00	75.00
WS-10A	WOOL SOCK 5 PLY AK 12x9x6	122	573.40	573.40	573.40	4.70
XXTGW11-12	TRU-FIT HALF-SOLE, GREEN, SOFT WOMEN 11-12	4	32.00	32.00	32.00	8.00
XXTGW7-8	TRU-FIT HALF-SOLE, GREEN, SOFT WOMEN 7-8	9	72.00	72.00	72.00	8.00
XXTGW9-10	TRU-FIT HALF-SOLE, GREEN, SOFT WOMEN 9-10	5	40.00	40.00	40.00	8.00
XXTWM10-11	TRU-FIT HALF SOLE, WHITE FIRM MEN 10-11	9	72.00	72.00	72.00	8.00

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Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
XXTWM8-9	TRU-FIT HALF SOLE, WHITE FIRM MEN 8-9	5	40.00	40.00	40.00	8.00
XXTWW11-12	TRU-FIT HALF SOLE, WHITE FIRM WOMEN 11-12	7	56.00	56.00	56.00	8.00
XXTWW3-4	TRU-FIT HALF SOLE, WHITE FIRM WOMEN 3-4	2	16.00	16.00	16.00	8.00
XXTWW5-6	TRU-FIT HALF SOLE, WHITE FIRM WOMEN -5-6	5	40.00	40.00	40.00	8.00
XXTWW7-8	TRU-FIT HALF SOLE, WHITE FIRM WOMEN 7-8	7	56.00	56.00	56.00	8.00
XXTWW9-10	TRU-FIT HALF SOLE WHITE FIRM WOMEN 9-10	5	40.00	40.00	40.00	8.00
Z 10104 7 E	ZAPATOS MOD. SIR PRESTO	2	165.00	165.00	165.00	82.50
Z 10104 8 E	ZAPATOS MOD. SIR PRESTO	1	82.50	82.50	82.50	82.50
Z 10114 6 1/2 EEE	ZAPATOS MOD. FASHION	1	84.00	84.00	84.00	84.00
Z 10114 6 E	ZAPATOS MOD. FASHION	4	264.00	264.00	264.00	66.00
Z 10114 7 E	ZAPATOS MOD. FASHION	1	76.00	76.00	76.00	76.00
Z 10136 10 EE	ZAPATOS MOD. SIR SNAPEASY					

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Z 10136 7 1/2 EE	1	94.00	94.00	94.00	94.00
	ZAPATOS MOD. SIR SNAPEASY				
Z 10136 8 E	1	94.00	94.00	94.00	94.00
	ZAPATOS MOD. SIR SNAPEASY				
Z 10136 8 EE	1	95.50	95.50	95.50	95.50
	ZAPATOS MOD. SIR SNAPEASY				
Z 10149 5 D	1	94.00	94.00	94.00	94.00
	ZAPATOS MOD. SQUARE DANCER				
Z 10149 9 1/2 EE	1	81.50	81.50	81.50	81.50
	ZAPATOS MOD. SQUARE DANCER				
Z 10199 7 1/2 D	2	141.00	141.00	141.00	70.50
	ZAPATOS MOD. SIR CONTOUR				
Z 10199 7 1/2 E	1	83.00	83.00	83.00	83.00
	ZAPATOS MOD. SIR CONTOUR				
Z 10199 7 1/2 EE	2	166.00	166.00	166.00	83.00
	ZAPATOS MOD. SIR CONTOUR				
Z 10199 7 E	1	83.00	83.00	83.00	83.00
	ZAPATOS MOD. SIR CONTOUR				
Z 10199 8 1/2 E	3	223.50	223.50	223.50	74.50
	ZAPATOS MOD. SIR CONTOUR				
Z 10199 9 E	1	86.00	86.00	86.00	86.00
	ZAPATOS MOD. SIR CONTOUR				
Z 10199 9 EE	1	86.00	86.00	86.00	86.00
	ZAPATOS MOD. SIR CONTOUR				
Z 1060 7 EE	1	86.00	86.00	86.00	86.00
	ZAPATOS MOD. LORD PILLOW BACK				
Z 1079 7 E	1	99.00	99.00	99.00	99.00
	ZAPATOS MOD. DEPTH WORK				
Z 1079 7 EE	2	169.00	169.00	169.00	84.50
	ZAPATOS MOD. DEPTH WORK				
Z 1079 9 1/2 E	1	84.50	84.50	84.50	84.50
	ZAPATOS MOD. DEPTH WORK				
	1	84.50	84.50	84.50	84.50
	ZAPATOS MOD. DEPTH WORK				

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Z 11046 9 1/2 E	ZAPATOS MOD. EILINE	1	57.00	57.00	57.00	57.00
Z 11046 9 EE	ZAPATOS MOD. EILINE	2	114.00	114.00	114.00	57.00
Z 1107 7 1/2 EE	ZAPATOS MOD. HERCULES ST	1	86.00	86.00	86.00	86.00
Z 11095 10 E	ZAPATOS MOD. DEPTH KEYSTONE	1	66.00	66.00	66.00	66.00
Z 11095 8 1/2 E	ZAPATOS MOD. DEPTH KEYSTONE	1	62.00	62.00	62.00	62.00
Z 11095 9 1/2 E	ZAPATOS MOD. DEPTH KEYSTONE	4	264.00	264.00	264.00	66.00
Z 11095 9 EE	ZAPATOS MOD. DEPTH KEYSTONE	3	198.00	198.00	198.00	66.00
Z 11148 9 E	ZAPATOS MOD. ARROW	1	68.50	68.50	68.50	68.50
Z 1118 10 EE	ZAPATOS MOD. LORD PILLOW BACK	1	107.00	107.00	107.00	107.00
Z 1118 7 1/2 E	ZAPATOS MOD. LORD PILLOW BA	1	73.50	73.50	73.50	73.50
Z 1118 7 E	ZAPATOS MOD. LORD PILLOW BACK	1	73.50	73.50	73.50	73.50
Z 1118 8 EE	ZAPATOS MOD. LORD PILLOW BA	1	73.50	73.50	73.50	73.50

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Z 1118 9 1/2 E	ZAPATOS MOD. LORD PILLOW BACK	1	95.00	95.00	95.00
Z 1120 10 EE	ZAPATOS MOD. SAMPSON	1	122.00	122.00	122.00
Z 1120 7 EE	ZAPATOS MOD. SAMPSON	2	192.00	192.00	96.00
Z 1120 8 1/2 EE	ZAPATOS MOD. SAMPSON	1	96.00	96.00	96.00
Z 1120 8 EE	ZAPATOS MOD. SAMPSON	1	96.00	96.00	96.00
Z 11405 5 1/2 EEE	SABEL TIP BOOT	1	97.50	97.50	97.50
Z 11410 4 1/2 EEE	ZAPATOS MOD. SABEL OXFORD	1	92.00	92.00	92.00
Z 11410 7 EE	ZAPATOS MOD. SABEL OXFORD	1	92.00	92.00	92.00
Z 11410 8 EE	ZAPATOS MOD. SABEL OXFORD	1	92.00	92.00	92.00
Z 1167 10 EE	ZAPATOS MOD. SUMMIT	1	64.50	64.50	64.50
Z 1167 12 3E	ZAPATOS MOD. SUMMIT	1	76.00	76.00	76.00
Z 1167 5 1/2 EE	ZAPATOS MOD. SUMMIT	1	67.50	67.50	67.50
Z 1167 9 1/2 EEE	ZAPATOS MOD. DEPTH SUMMIT	1	84.50	84.50	84.50
Z 1284 W 6	SANDALIAS AMBULATOR TAUPE	1	49.75	49.75	49.75
Z 1641 6 E	STRAIGHT LAST TARSO MEDIUS WHITE, CHILD'S BOO	1	32.00	32.00	32.00
Z 17183 10 EE	ZAPATOS MOD. LS ORTHO 75	1	61.00	61.00	61.00

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Z 1789 8 1/2 EE	ZAPATOS MOD. 1789	1	71.50	71.50	71.50	71.50
Z 1934 3 M	TARZO PRONATOR FULL ABDUCTION	1	32.00	32.00	32.00	32.00
Z 1979 9 E	ZAPATOS MOD. LS DEPTH WORK	2	184.00	184.00	184.00	92.00
Z 3-30 2 1/2 W	ZAPATOS DE NINO MOD. STRAIGHTLAST	1	29.75	29.75	29.75	29.75
Z 3-30 3 1/2 M	ZAPATOS DE NINO MOD. STRAIGHTLAST	5	148.75	148.75	148.75	29.75
Z 3-30 3 W	ZAPATOS DE NINO MOD. STRAIGHTLAST	2	59.50	59.50	59.50	29.75
Z 3-30 4 M	ZAPATOS DE NINO MOD. STRAIGHTLAST	2	59.50	59.50	59.50	29.75
Z 3-30 4 W	ZAPATOS DE NINO MOD. STRAIGHTLAST	1	29.75	29.75	29.75	29.75
Z 3-30 5 M	ZAPATOS DE NINO MOD. STRAIGHTLAST	2	59.50	59.50	59.50	29.75
Z 3-30 5 W	ZAPATOS DE NINO MOD. STRAIGHTLAST	4	119.00	119.00	119.00	29.75
Z 3-30 6 M	ZAPATOS DE NINO MOD. STRAIGHTLAST	4	119.00	119.00	119.00	29.75
Z 30105 9 1/2 E	ZAPATOS MOD. EXTRA DEPTH	1	51.70	51.70	51.70	51.70
Z 3011 4 1/2 W	BOTAS DE NINO NEGRAS STRAILAST SURGI.					

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	1	29.30	29.30	29.30	29.30
Z 31030 8 1/2 E	ZAPATO MODELO PRIME MINISTER				
	1	99.00	99.00	99.00	99.00
Z 3121 6 1/2 D	ZAPATOS MOD. SAMPSON				
	1	107.45	107.45	107.45	107.45
Z 32052 6 EE	ZAPATOS MOD. ELITE				
	1	65.00	65.00	65.00	65.00
Z 3651 4 EE	BLACK BOOT PLAIN TOE				
	3	102.00	102.00	102.00	34.00
Z 3653 9 EE	BLACK BOOT PLAIN TOE				
	1	42.00	42.00	42.00	42.00
Z 3967 8 D	DEPTH SUMMIT				
	1	74.00	74.00	74.00	74.00
Z 40149 9 1/2 EE	ZAPATOS SQUARE DANCER				
	1	81.50	81.50	81.50	81.50
Z 410 7 1/2 W	ZAPATOS MOD. MEN'S BLACK LACE				
	1	39.00	39.00	39.00	39.00
Z 41095 8 W	ZAPATOS MOD. DEPTH KEYSTONE				
	1	92.50	92.50	92.50	92.50
Z 4167 4 EE	ZAPATOS MOD. DEPTH SUMMIT				
	1	74.50	74.50	74.50	74.50
Z 4167 6 1/2 E	ZAPATOS MOD. DEPTH SUMMIT				
	2	149.00	149.00	149.00	74.50
Z 420 7 1/2 W	ZAPATOS MOD. MEN'S BROWN LACE				
	1	39.00	39.00	39.00	39.00
Z 420 7 W	ZAPATOS MOD. MEN'S BROWN LACE				
	5	195.00	195.00	195.00	39.00
Z 4381 9 E	ZAPATOS MOD. MISS CONTINENTAL BEIGE				
	1	70.50	70.50	70.50	70.50
Z 55880 8 1/2 WW	ZAPATOS MOD. COMFORT RITE CABRA				
	1	55.00	55.00	55.00	55.00

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R121A

Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
Z 701 6 1/2 EE	ZAPATOS MOD. BACCUS	1	53.10	53.10	53.10	53.10
Z 701 6 EE	ZAPATOS MOD. BACCUS	1	35.00	35.00	35.00	35.00
Z 701 6 EEE	ZAPATOS MOD. BACUSS(CREPE)	3	105.00	105.00	105.00	35.00
Z 701 7 EE	ZAPATOS MOD. BACCUS	1	35.00	35.00	35.00	35.00
Z 703 10	BOTAS DE ADULTO NEGRAS	3	198.00	198.00	198.00	66.00
Z 703 8	BOTAS DE ADULTO NEGRAS	1	66.00	66.00	66.00	66.00
Z 703 8 1/2	BOTAS DE ADULTO NEGRAS	1	66.00	66.00	66.00	66.00
Z 703 9	BOTAS DE ADULTO NEGRAS	4	264.00	264.00	264.00	66.00
Z 703 9 1/2	BOTAS DE ADULTO NEGRAS	6	396.00	396.00	396.00	66.00
Z 7119 8 1/2 EE	DUTCHESS SD WS	1	76.00	76.00	76.00	76.00
Z 7762 10 EE	ZAPATOS MOD. CONTOUR SANDALS	1	77.50	77.50	77.50	77.50
Z 801 6 EE	ZAPATOS MOD. ORTHOWALK MONOLITIC (ZEUS)	2	0.00	0.00		0.00
Z 801 9 EE	ZAPATOS MOD ORTHOWALK ZEUS(MONOLITIC)	3	105.00	105.00	105.00	35.00

		Inventory Valuation 2011			
Z 81187 9 E	ZAPATOS MOD. LADY EASY PORT I	1	89.50	89.50	89.50
Z 81189 6 1/2 B	ZAPATOS MOD. LADY SPORT	1	90.50	90.50	90.50
Z 87131 3 EE	ZAPATOS MOD. DANCER	1	80.50	80.50	80.50
Z 876 5 W	ZAPATOS MOD. MARY JANE MOCHA NUBUCK	1	36.00	36.00	36.00
Z 9106 11 3E	ZAPATOS MOD. MT. EMEY COMFORT WOMEN BLACK	1	60.50	60.50	60.50
Z 9106 9.5 D	ZAPATOS MOD. MT. EMEY COMFORT WOMEN BEIGE	1	49.00	49.00	49.00
Z BB-501 10 1/2 E	ORTHOKIDS STRAIGHT LAST SHOES	2	22.00	22.00	11.00
Z BB-501 10 E	ORTHOKIDS STRAIGHT LAST SHOES	1	11.00	11.00	11.00
Z BB-501 11 1/2 EE	ORTHOKIDS STRAIGHT LAST SHOES	1	30.60	30.60	30.60
Z BB-501 11 E	ORTHOKIDS STRAIGHT LAST SHOES	1	11.00	11.00	11.00
Z BB-501 11 EE	ORTHOKIDS STRAIGHT LAST SHOES	2	22.00	22.00	11.00
Z BB-501 12 E	ORTHOKIDS STRAIGHT LAST SHOES	1	11.00	11.00	11.00
Z BB-501 4 1/2 E	ORTHOKIDS STRAIGHT LAST SHOES	2	22.00	22.00	11.00
Z BB-501 4 1/2 EE	ORTHOKIDS STRAIGHT LAST SHOES	2	22.00	22.00	11.00
Z BB-501 4 E	ORTHOKIDS STRAIGHT LAST SHOES	2	22.00	22.00	11.00

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Inv #	Description	On Hand	Actual	FIFO	LIFO	Unit
Z BB-501 4 EE	ORTHOKIDS STRAIGHT LAST SHOES	1	11.00	11.00	11.00	11.00
Z BB-501 5 1/2 E	ORTHOKIDS STRAIGHT LAST SHOES	1	11.00	11.00	11.00	11.00
Z BB-501 5 E	ORTHOKIDS STRAIGHT LAST SHOES	2	22.00	22.00	22.00	11.00
Z BB-501 5 EE	ORTHOKIDS STRAIGHT LAST SHOES	1	11.00	11.00	11.00	11.00
Z BB-501 6 E	ORTHOKIDS STRAIGHT LAST SHOES	6	66.00	66.00	66.00	11.00
Z BB-501 8 1/2 E	ORTHOKIDS STRAIGHT LAST SHOES	5	55.00	55.00	55.00	11.00
Z BB-501 9 E	ORTHOKIDS STRAIGHT LAST SHOES	10	110.00	110.00	110.00	11.00
Z BB-501W 5 1/2 E	ORTHOKIDS STRAIGHT LAST SHOES WHITE	2	22.00	22.00	22.00	11.00
Z BB-501W 5 EE	ORTHOKIDS STRAIGHT LAST SHOES WHITE	3	33.00	33.00	33.00	11.00
Z BB-501W 6 1/2 EE	ORTHOKIDS STRAIGHT LAST SHOES WHITE	4	44.00	44.00	44.00	11.00
Z BB-501W 6 EE	ORTHOKIDS STRAIGHT LAST SHOES WHITE	1	11.00	11.00	11.00	11.00
Z FF-501 10 1/2 E	BOTAS DE NINO SURGICAL BLACK	1	10.50	10.50	10.50	10.50
Z FF-501 10 E	BOTAS DE NINO SURGICAL BLACK	3	31.50	31.50	31.50	10.50
Z FF-501 10 EE	BOTAS DE NINO SURGICAL BLACK					

Inventory Valuation 2011					
Z FF-501 11 1/2 E	3	31.50	31.50	31.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 11 E	3	31.50	31.50	31.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 11 EE	3	31.50	31.50	31.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 12 E	5	52.50	52.50	52.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 12 EE	1	10.50	10.50	10.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 4 1/2 EE	3	31.50	31.50	31.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 5 1/2 E	3	31.50	31.50	31.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 5 E	5	52.50	52.50	52.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 5 EE	3	31.50	31.50	31.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 6 1/2 E	5	52.50	52.50	52.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 8 1/2 E	5	52.50	52.50	52.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 8 E	10	105.00	105.00	105.00	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z FF-501 9 1/2 E	3	31.50	31.50	31.50	10.50
		BOTAS DE NINO SURGICAL BLACK			
Z OP41095 4 1/2 E	3	31.50	31.50	31.50	10.50
		ZAPATOS MOD. DEPTH KEYSTONE			
	1	92.50	92.50	92.50	92.50

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			172816.64	172811.67	172795.21	



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## Inventory Valuation Report

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Item ID	Item Class	Item Description	Stocking U/M	Cost	Qty on Hand	Item Value	% of Inv Value
1002	Stock item	Neck Contour Hydrocollator	EACH	FIFO	-7.00	-69.30	
1001P	Stock item	Exersice Pulley Set	SET	FIFO	-2.00	-24.00	
081434265	Stock item	Velcro Hook S/A 1x10Yd white		FIFO	1.00	17.00	0.01
10845	Stock item	Mesh Tubing Wide 3 x 10	EACH	FIFO	1.00	8.55	0.01
1106	Stock item	Digi Pads on a Strip (med)	PACKAGE	FIFO	1.00	20.92	0.02
11710	Stock item	Ophthalmoscope 3.5 volt	EACH	FIFO	1.00	145.20	0.12
120J	Stock item	Active Jay Cushion 18x16	EACH	FIFO	1.00	279.90	0.23
14125	Stock item	Post Operative Carpal sm-right	EACH	FIFO	1.00	13.91	0.01
1495	Stock item	Distal Roll on size narrow	EACH	FIFO	1.00	25.00	0.02
1701	Stock item	Diab/Arth Gel Cushion Sock	EACH	FIFO	1.00	15.00	0.01
175	Stock item	Steam Vaporizer	EACH	FIFO	1.00	28.24	0.02
1877	Stock item	Traction Rope 8 ft.	EACH	FIFO	1.00	0.60	
260	Stock item	Cervical Collar 3" medium	EACH	FIFO	1.00	11.85	0.01
3501BK	Stock item	TROPIC PAC STD		FIFO	1.00	84.13	0.07
4141	Stock item	Taylor percussion Hammer	EACH	FIFO	1.00	2.25	
451	Stock item	Comfort Core Backrest	EACH	FIFO	1.00	29.60	0.02
5067C	Stock item	Child Walker	EACH	FIFO	1.00	21.62	0.02
6035s	Stock item	EZ Shower	EACH	FIFO	1.00	18.66	0.02
6040	Stock item	Posture Rite Lap Desk	EACH	FIFO	1.00	56.05	0.05
6486A	Stock item	MOLDED RAISED TOILET	EACH	FIFO	1.00	23.09	0.02
6534S	Stock item	Posey Ergonomic Walking Belt	EACH	FIFO	1.00	28.04	0.02
70--JS150P	Stock item	RETRACT4 LITE JOYSTICK ARM		FIFO	1.00	91.50	0.07
70--JS520	Stock item	Retract4 Controller Mount		FIFO	1.00	13.50	0.01
7514	Stock item	GONIOMETER 12 1/2" INT'L	EACH	FIFO	1.00	15.56	0.01
762	Stock item	Gel Care Sheeting 1 1/2" x 10'	EACH	FIFO	1.00	20.49	0.02
774	Stock item	Full Face Mask	EACH	FIFO	1.00	1.50	
7760-02	Stock item	Fucci Inflatable Knee Orthosis	EACH	FIFO	1.00	246.95	0.20
8128-05	Stock item	Gimnic Ball 65cm (blue)	EACH	FIFO	1.00	23.76	0.02
8949PL	Stock item	Nervous System	EACH	FIFO	1.00	26.28	0.02
9272-44-01	Stock item	UltraLite Elbow Orthosis (sm)	EACH	FIFO	1.00	156.06	0.13
AATL	Stock item	Adjustable ant-tipper (L)	eACH	FIFO	1.00	6.88	0.01
BB-501-9EE	Stock item	Orthokids Straight Last	Pair	FIFO	1.00	11.00	0.01
BC104	Stock item	Countour Back for 12"-13"	EACH	FIFO	1.00	89.00	0.07
BC-115	Stock item	GEL CONTOUR BACK SUPPORT	EACH	FIFO	1.00	130.00	0.11
BC-116	Stock item	GEL CONTOUR BACK SUPPORT	EACH	FIFO	1.00	130.00	0.11
BRK-LS	Stock item	Short Stick Brake Assembly	R/L	FIFO	1.00	12.20	0.01
ca397-5	Stock item	Digi Flex 5.0 lbs Green	EACH	FIFO	1.00	13.18	0.01
CA7152	Stock item	EZ Slide Shoehorn 24"	EACH	FIFO	1.00	6.79	0.01
CLT-15	Stock item	CLAMPING LAP TRAY 15"-16"	EACH	FIFO	1.00	94.20	0.08
CROSS BAR I	Stock item	Cross Bar kit for Alito	EACH	FIFO	1.00	30.00	0.02
FC-05	Stock item	SET HEAD LIGHT	SET	FIFO	1.00	49.00	0.04
FC-06	Stock item	SIGNAL LIGHT CONTROL		FIFO	1.00	60.00	0.05
FC-100 BASIC	Stock item	Power Wheelchair	EACH	FIFO	1.00	1,050.00	0.86
FC-100-2	Stock item	Power Wheelchair with head lig	EACH	FIFO	1.00	1,220.00	1.00
FOT-121-A14	Stock item	Footrest for 14"	EACH	FIFO	1.00	16.42	0.01
FOT-121-A18	Stock item	Footrest fpor 18"	EACH	FIFO	1.00	16.42	0.01
GC-103-GEL	Stock item	Adj Curved Seat Cushion 14"-15	EACH	FIFO	1.00	62.00	0.05
GC-103-ntf	Stock item	Trimmable Seat Cushion 14"-15"	EACH	FIFO	1.00	51.00	0.04
GC-104 COVE	Stock item	Adj Curved Seat Cushion	EACH	FIFO	1.00	19.00	0.02
H-1-L ARMRE	Stock item	ARMREST SET LARGE	Pair	FIFO	1.00	44.60	0.04
H-1-M ARMRE	Stock item	ARMREST SET MEDIUM	Pair	FIFO	1.00	44.40	0.04
HIPP-S	Stock item	Hip Pads small (pair)	Pair	FIFO	1.00	28.20	0.02
HJ02	Stock item	Head Support Butterfly small	EACH	FIFO	1.00	21.77	0.02
IT10	Stock item	Cross I Type Pipe 10" width	Pair	FIFO	1.00	14.90	0.01
JBS317	Stock item	PORTABLE RAMP 7 FT	EACH	FIFO	1.00	95.00	0.08
LEG-F1-10	Stock item	F1 footrest+clamp+footstrap10	Pair	FIFO	1.00	58.95	0.05
LEG-F1-14-E	Stock item	LEGREST F1 SET L/R E TYPE	Pair	FIFO	1.00	80.70	0.07
LR-8000-18	Stock item	WHEELCHAIR 8000		FIFO	1.00	856.67	0.70
LR-8500-18"B	Stock item	Full set up wheelchair 18"	EACH	FIFO	1.00	865.00	0.71

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MOTORIZED	Stock item	MOTORIZED BODY	EACH	FIFO	1.00	885.00	0.72
NC82414	Stock item	Adjustable Sit Stool w/Caster	EACH	FIFO	1.00	224.90	0.18
Optima	Stock item	Wheelchair	EACH	FIFO	1.00	500.00	0.41
RB-021	Stock item	Rotating Bed	EACH	FIFO	1.00	1,800.00	1.47
SPYDER	Stock item	Spyder Wheelchair 16x18	EACH	FIFO	1.00	1,470.00	1.20
WCAS6054	Stock item	ARMREST WITH SIDE PANEL ALIT Pair		FIFO	1.00	20.00	0.02
WCAS6822	Stock item	Seat Cushion for scandium 16"		FIFO	1.00	18.00	0.01
WCAS6823	Stock item	Seat Upholtery for Scandium 16		FIFO	1.00	12.00	0.01
WCAS6824	Stock item	Back Cushion for Scandium 16"		FIFO	1.00	22.00	0.02
WCAS6825	Stock item	Tension Bands Scandium 16"		FIFO	1.00	14.00	0.01
WCS-II	Stock item	Wheelchair Simulator	EACH	FIFO	1.00	3,800.00	3.10
0091	Stock item	Mens Cane	EACH	FIFO	2.00	39.60	0.03
10015	Stock item	Body Glide	EACH	FIFO	2.00	7.70	0.01
10815	Stock item	Partial Foot Sock (x-lg)	EACH	FIFO	2.00	58.36	0.05
1302	Stock item	Symes Gel Lines	EACH	FIFO	2.00	67.14	0.05
1426	Stock item	Mascarrilla Nebulizador adult	EACH	FIFO	2.00	1.20	
4513	Stock item	Wondersport Soft Sil	EACH	FIFO	2.00	56.00	0.05
460	Stock item	Inflatable backrest small	EACH	FIFO	2.00	28.80	0.02
5503-50	Stock item	Child Arm Shower Protector	EACH	FIFO	2.00	44.12	0.04
5503-51	Stock item	Child Leg Shower Protector	EACH	FIFO	2.00	45.82	0.04
6008-6	Stock item	Stockinet 6" x 25 yds Ortoped	EACH	FIFO	2.00	53.70	0.04
770	Stock item	Post Operative Eye Mask	EACH	FIFO	2.00	48.18	0.04
7955A	Stock item	Padded Tub Bench	EACH	FIFO	2.00	175.90	0.14
9216	Stock item	TheraBand Exersice Ball (blue)	EACH	FIFO	2.00	48.88	0.04
A7213	Stock item	ROLYAN UTENSIL HOLDER SM/ME	EACH	FIFO	2.00	17.58	0.01
BC-CLAMP-2	Stock item	BRACKETS AND CLAMPS FULL SE SET		FIFO	2.00	60.22	0.05
BRK-AT-LS	Stock item	Attendant Brake w/2 Levers	R/L	FIFO	2.00	68.80	0.06
CTC-102	Stock item	Crash Test Clamp 7/8"	EACH	FIFO	2.00	17.86	0.01
EVT-1	Stock item	Elevating Legrest	Pair	FIFO	2.00	118.00	0.10
FC-04	Stock item	BATTERY	EACH	FIFO	2.00	152.00	0.12
FOLD-16-1	Stock item	Spreader Safety Chair	EACH	FIFO	2.00	21.00	0.02
FW-6	Stock item	Front wheel	EACH	FIFO	2.00	16.00	0.01
GASC-16-18	Stock item	TILT IN SPACE GAS CYLINDER	Pair	FIFO	2.00	60.00	0.05
GC-103-cover	Stock item	Adj Curved Seat Cushion	EACH	FIFO	2.00	36.00	0.03
GF19651	Stock item	PEDDLER EXERCISE	EACH	FIFO	2.00	67.20	0.05
HJ05	Stock item	Head Support	EACH	FIFO	2.00	40.00	0.03
HS-15D40	Stock item	Head Support Kit 15"-20" 4cm	KIT	FIFO	2.00	60.00	0.05
HT9056	Stock item	CRUTCH ACC KIT		FIFO	2.00	12.30	0.01
LIFT-12-15	Stock item	TILT IN SPACE LIFT ARM	Pair	FIFO	2.00	60.00	0.05
LR-8500-12" E	Stock item	Wheelchair Full set up 12" Bla	EACH	FIFO	2.00	1,671.67	1.37
LR-8500-14" E	Stock item	Full set up wheelchair 14"	EACH	FIFO	2.00	1,708.34	1.40
PCST-5401	Stock item	Cirrus Plus Folding Power W/wh	UNIT	FIFO	2.00	1,764.00	1.44
RW-NPT-20	Stock item	Rear Wheel tire 20" PU Tire	EACH	FIFO	2.00	39.70	0.03
SP10L	Stock item	Solid Plate Suporter 10" Table	EACH	FIFO	2.00	26.40	0.02
SPB16BACK	Stock item	Solid Plate Back 16"x 17"	EACH	FIFO	2.00	48.80	0.04
TI-BRK-14	Stock item	Recline adj support	Pair	FIFO	2.00	57.50	0.05
TI-BRK-18	Stock item	Recline adj support	Pair	FIFO	2.00	34.46	0.03
TILT-16	Stock item	TILT IN SPACE KIT 16/18	SET	FIFO	2.00	60.00	0.05
TILT-ASSY-1	Stock item	Seat angle adj brakct	EACH	FIFO	2.00	19.76	0.02
399	Stock item	Tips baston(pair)	Pair	FIFO	3.00	1.08	
9217	Stock item	TheraBand Exersice Ball (silv)	EACH	FIFO	3.00	92.40	0.08
BC-CLAMP-2	Stock item	BRACKETS AND CLAMPS FULL SE SET		FIFO	3.00	90.33	0.07
CG-203-1 GEI	Stock item	Contour Cushion for 20"x18"	EACH	FIFO	3.00	264.00	0.22
CROSS-H	Stock item	Cross I Type Holder 18"	EACH	FIFO	3.00	1.50	
CTC-103	Stock item	Crash Test Clamp Pin Type	EACH	FIFO	3.00	30.12	0.02
EIM-102-18	Stock item	Wheelchair Fixed Back	EACH	FIFO	3.00	541.50	0.44
FC-03	Stock item	SET TAIL LIGHT W PLATIC COVER SET		FIFO	3.00	45.00	0.04
FMRS-12	Stock item	FOOTREST FOR WHEELCHAIR 12' EACH		FIFO	3.00	65.40	0.05
GB-103 14 X 2	Stock item	ADJ CURVED BACKREST W/O GE	EACH	FIFO	3.00	159.00	0.13
GB104	Stock item	Adj Curved Backrest 16"-17 GEL	EACH	FIFO	3.00	193.00	0.16

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GC-103-gel cc	Stock item	Gel curved Seat cover 4"	EACH	FIFO	3.00	138.00	0.11
HC-120	Stock item	ARMREST PADS LONG	EACH	FIFO	3.00	10.50	0.01
HJ06	Stock item	Head Support	EACH	FIFO	3.00	60.00	0.05
HJ09-STRAP	Stock item	Head Support with Strap	EACH	FIFO	3.00	120.00	0.10
HS-11D40	Stock item	Head Support Kit 11"-14" 4cm	KIT	FIFO	3.00	75.00	0.06
IT16	Stock item	Cross I Type Pipe 16"	Pair	FIFO	3.00	46.05	0.04
LEG-F1-16	Stock item	LEGREST F1 w/out E Type	Pair	FIFO	3.00	207.30	0.17
LIFT-10-11	Stock item	TILT IN SPACE LIFT ARM	Pair	FIFO	3.00	90.00	0.07
LT-3507P-20	Stock item	20" Wheelchair swingaway frest	EACH	FIFO	3.00	408.00	0.33
M6/Combo	Stock item	Oxygen Cylinder Package filled	EACH	FIFO	3.00	373.86	0.31
PS103-P105	Stock item	PS103-P105 POMMEL	SET	FIFO	3.00	102.00	0.08
REF	Stock item	Ring Electrode	EACH	FIFO	3.00	73.02	0.06
SP15	Stock item	Solid Plate Supporter 15"	EACH	FIFO	3.00	35.70	0.03
SWF-102-110	Stock item	110 ° Swingaway Footrest	SET	FIFO	3.00	54.60	0.04
TILT-10	Stock item	TILT IN SPACE KIT-10/13	SET	FIFO	3.00	90.00	0.07
TILT-ASSY-14	Stock item	Seat angle adj braket	EACH	FIFO	3.00	28.53	0.02
TILT-CABLE	Stock item	Tilt cable set	SET	FIFO	3.00	20.49	0.02
TSS103-TS10	Stock item	Adj swing away trunk w/pads	Pair	FIFO	3.00	192.00	0.16
WCFF1810S	Stock item	18" Wheelchair w/elevating	EACH	FIFO	3.00	243.00	0.20
WCFF1802S	Stock item	18" Wheelchair fixed footrest	EACH	FIFO	3.00	195.00	0.16
808	Stock item	Travel Core Pillow Case (blue)	EACH	FIFO	4.00	28.84	0.02
BB-501-5½E	Stock item	Orthokids Straight Last	Pair	FIFO	4.00	44.00	0.04
BC105	Stock item	Countour Back for 14"-15"	EACH	FIFO	4.00	356.00	0.29
BC106	Stock item	Countour Back for 16"-17"	EACH	FIFO	4.00	356.00	0.29
BRK-XL	Stock item	XLONG STICK BRAKE ASSY		FIFO	4.00	50.00	0.04
CA397-15	Stock item	Digi-Flex 1.5 lbs yellow	EACH	FIFO	4.00	58.00	0.05
CLT-17	Stock item	CLAMPING LAP TRAY 17"-18"	EACH	FIFO	4.00	428.80	0.35
EB-508-XXL	Stock item	Ind. Back Support,mesh XXL	EACH	FIFO	4.00	15.68	0.01
EIM-202Q	Stock item	Fold Down Back 18x16	EACH	FIFO	4.00	778.00	0.64
GB-101 10 X	Stock item	ADJ CURVED BACKREST W/O GE	EACH	FIFO	4.00	176.00	0.14
GB-102 12 X	Stock item	ADJ CURVED BACKREST W/O GE	EACH	FIFO	4.00	188.00	0.15
GB103	Stock item	Adj Curved Backrest 14"-15 GEL	EACH	FIFO	4.00	132.00	0.11
GC-101-GEL	Stock item	Gel cover 4" for seat cushion	EACH	FIFO	4.00	164.00	0.13
GC-102-COVE	Stock item	Adj Curved Seat Cushion Cover	EACH	FIFO	4.00	68.00	0.06
GC-103-gel cc	Stock item	Gel curved cover 3"	EACH	FIFO	4.00	184.00	0.15
GC-104-GEL	Stock item	Adj Curved Seat Cushion 16"-17	EACH	FIFO	4.00	286.40	0.23
GF-Connect	Stock item	Pin Connector Tens	EACH	FIFO	4.00	8.60	0.01
HJ04	Stock item	Head Support	EACH	FIFO	4.00	80.35	0.07
HJ07	Stock item	Head Support	EACH	FIFO	4.00	80.00	0.07
IT18	Stock item	Cross I Type Pipe 18"	Pair	FIFO	4.00	62.08	0.05
PHP-104	Stock item	Type C push handle pipe	Pair	FIFO	4.00	142.00	0.12
PW-200018	Stock item	Power Wheelchair 18x16	EACH	FIFO	4.00	5,900.00	4.82
SPIPE-TI-103-	Stock item	TILT SEAT PIPE 14/15 BLACK	EACH	FIFO	4.00	50.24	0.04
SPIPE-TI-103-	Stock item	TILT SEAT PIPE 14/15 BLUE	EACH	FIFO	4.00	50.24	0.04
SPIPE-TI-104-	Stock item	TILT SEAT PIPE 16/17	Pair	FIFO	4.00	51.16	0.04
TSS103-TS10	Stock item	Adj swing away trunk support	Pair	FIFO	4.00	288.00	0.24
WR-01	Stock item	5° degree camber wheel	EACH	FIFO	4.00	27.20	0.02
1112	Stock item	Terry Vynil Cover Std.	EACH	FIFO	5.00	79.50	0.06
15085	Stock item	Heel Protector w/velcro L/XL	EACH	FIFO	5.00	91.45	0.07
2HIPBL	Stock item	2 Point Hip Belt	EACH	FIFO	5.00	61.50	0.05
745	Stock item	Post Surgical Abdomin (lg)	EACH	FIFO	5.00	142.85	0.12
7981040	Stock item	HEEL/ELBOW PROTECTOR		FIFO	5.00	36.25	0.03
BEARING-R	Stock item	Ball Bearing for rear wheels	Pair	FIFO	5.00	7.00	0.01
BEARING-R-s	Stock item	Ball Bearing for rear wheels	Pair	FIFO	5.00	7.00	0.01
CG-201-wp co	Stock item	Water Proof cover 16"	EACH	FIFO	5.00	70.00	0.06
CG-202-wp co	Stock item	Water Proof 18" cover	EACH	FIFO	5.00	72.50	0.06
CG-203-1 no	Stock item	Contour cushion w/out gel 20	EACH	FIFO	5.00	350.00	0.29
CG-203-no ge	Stock item	Contour Cushion w/out gel 20"	EACH	FIFO	5.00	218.10	0.18
CG-203-wp co	Stock item	Water Proof cover 20"	EACH	FIFO	5.00	75.00	0.06
EIM-10216	Stock item	Wheelchair Fixed Back 16x16	EACH	FIFO	5.00	902.50	0.74

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## Inventory Valuation Report

As of Dec 31, 2011

EVT-1-12	Stock item	EIN-111A-12" (new)	Pair	FIFO	5.00	295.00	0.24
FMRS-10	Stock item	FOOTREST FOR WHEELCHAIR 10"	EACH	FIFO	5.00	106.50	0.09
FOLD-14-1	Stock item	Spreader Safety Chair	EACH	FIFO	5.00	51.00	0.04
GB-104 no gel	Stock item	Curved back rest 16"-17"no gel	EACH	FIFO	5.00	305.00	0.25
GC-101-cover	Stock item	Adjustable Curved Seat Cushion	EACH	FIFO	5.00	80.00	0.07
GC-101-cover	Stock item	Adjustable Curved Seat Cushion	EACH	FIFO	5.00	80.00	0.07
GC-101ntf	Stock item	Trimmable Seat Cushion10"-11"	EACH	FIFO	5.00	225.00	0.18
GC-102-COVf	Stock item	Adj Curved Seat Cushion Cover	EACH	FIFO	5.00	85.00	0.07
GC-102-GEL (	Stock item	Gel cover 4" for seat Cushion	EACH	FIFO	5.00	215.00	0.18
GC-103-cover	Stock item	Adj Curved Seat Cushion	EACH	FIFO	5.00	90.00	0.07
HB102	Stock item	Thoracic Strap 10", 13"	EACH	FIFO	5.00	85.00	0.07
HB106	Stock item	Chest Harness 10", 13"	EACH	FIFO	5.00	76.00	0.06
HB107	Stock item		EACH	FIFO	5.00	85.00	0.07
HC-117	Stock item	ARMREST PADS SHORT	EACH	FIFO	5.00	16.50	0.01
HJ03	Stock item	Head Support	EACH	FIFO	5.00	100.00	0.08
IT12	Stock item	Cross I Type Pipe 12" width	Pair	FIFO	5.00	79.00	0.06
LEG-F1-14	Stock item	F1 footrest+clamp+footstrap14	Pair	FIFO	5.00	311.35	0.25
LP-10	Stock item	LAP TABLE 10"-11" wood tray	EACH	FIFO	5.00	75.50	0.06
LP-16	Stock item	LAP TABLE 16"-18" (TRAY) wood	EACH	FIFO	5.00	81.50	0.07
SP12L	Stock item	Solid Plate Supporter 12"	EACH	FIFO	5.00		
TILT-14	Stock item	TILT IN SPACE KIT 14/15	SET	FIFO	5.00	292.50	0.24
WCAS6053	Stock item	Elevating footrest for Alito		FIFO	5.00	250.00	0.20
WCFS1804S	Stock item	18" Wheelchair swing away foot	EACH	FIFO	5.00	350.00	0.29
15075	Stock item	Heel Protector w/velcro s/m	EACH	FIFO	6.00	109.74	0.09
2HIPBM	Stock item	2 Point Hip Belt 12"-13"-med	EACH	FIFO	6.00	68.40	0.06
ALITO-16E	Stock item	Platinum Wheelchair 16x16 Elev	EACH	FIFO	6.00	1,224.00	1.00
FOLD-18-1	Stock item	Spreader Safety Chair	EACH	FIFO	6.00	66.00	0.05
GB-102 12 X	Stock item	ADJ GEL CURVED BACKREST	EACH	FIFO	6.00	366.00	0.30
GC-101-GEL	Stock item	Adj Curved Seat Cushion 10"-11	EACH	FIFO	6.00	330.00	0.27
HJ10	Stock item	HEAD SUPPORT with straps	EACH	FIFO	6.00	150.00	0.12
IT15	Stock item	Cross I Type Pipe 15"	Pair	FIFO	6.00	90.00	0.07
LP-14	Stock item	LAP TABLE 14"-15" (TRAY) wood	EACH	FIFO	6.00	98.46	0.08
SPS13	Stock item	Solid Plate Supporter	EACH	FIFO	6.00	33.00	0.03
WCFF1610S	Stock item	16" Wheelchair w/elevating	EACH	FIFO	6.00	486.00	0.40
1039	Stock item	Cane/Crutch holder	EACH	FIFO	7.00	21.00	0.02
741	Stock item	Post Surgical Breast Form (lg)	Pair	FIFO	7.00	156.17	0.13
ALITO-18	Stock item	Platinum Wheelchair 18x16	EACH	FIFO	7.00	1,323.00	1.08
FF-501-10½ E	Stock item	Orthokids Surgical	Pair	FIFO	7.00	77.00	0.06
GC-102ntf	Stock item	Trimmable Seat Cushion12"-13"	EACH	FIFO	7.00	329.00	0.27
HB101	Stock item	Thoracic Strap 10", 11"	EACH	FIFO	7.00	119.00	0.10
PAM10	Stock item	Disposable Nebulizer Mask, Ped	EACH	FIFO	7.00	10.15	0.01
PS103-P102	Stock item	PS103-P102 POMMEL	SET	FIFO	7.00	224.00	0.18
QRP-CO-101	Stock item	Quick Release Connector	EACH	FIFO	7.00	18.90	0.02
RW-NPT-16	Stock item	Rear Wheel tire 16"	EACH	FIFO	7.00	79.52	0.06
SPS10	Stock item	Solid Plate Supporter 10"	EACH	FIFO	7.00	33.78	0.03
TILT-12	Stock item	TILT IN SPACE KIT 12/13	SET	FIFO	7.00	446.32	0.36
330-xl	Stock item	Panty Hose Compression 20-30	EACH	FIFO	8.00	92.00	0.08
753	Stock item	Mascarilla con Tubo	EACH	FIFO	8.00	10.88	0.01
BRK-7/6	Stock item	SILVER TUBE CLIP	Pair	FIFO	8.00	112.00	0.09
HJ08	Stock item	Head Support	EACH	FIFO	8.00	174.16	0.14
IT13	Stock item	IT13 Cross I Type Pipe 13"	Pair	FIFO	8.00	116.80	0.10
PHP-103	Stock item	Type C push handle pipe Garan	Pair	FIFO	8.00	339.76	0.28
PS103-P104	Stock item	PS103-P104 POMMEL	SET	FIFO	8.00	256.00	0.21
SCI-40-16	Stock item	Scandium Wheelchair 16x16(red)	EACH	FIFO	8.00	6,800.00	5.55
SPS16	Stock item	Solid Plate Supporter	EACH	FIFO	8.00	54.24	0.04
WCFF1602S	Stock item	16" Wheelchair fixed footrest	EACH	FIFO	8.00	520.00	0.42
E10068	Stock item	Elevating Legrest w/caif pad	Pair	FIFO	9.00	396.00	0.32
FOT-7/8	Stock item	Foot Plate Tube Clip	EACH	FIFO	9.00	126.00	0.10
IT11	Stock item	Cross I Type Pipe 11" width	Pair	FIFO	9.00	130.50	0.11
PS-103L	Stock item	Pommel Supporter	EACH	FIFO	9.00	198.00	0.16



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## Inventory Valuation Report

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ALITO-20	Stock item	Platinum Wheelchair 20x16	EACH	FIFO	10.00	1,890.00	1.54
GB-101 10 X	Stock item	ADJ GEL CURVED BACKREST	EACH	FIFO	10.00	560.00	0.46
HB104	Stock item	Thoracic Strap	EACH	FIFO	10.00	170.00	0.14
LP-12	Stock item	LAP TABLE 12"-13" (TRAY) wood	EACH	FIFO	10.00	151.00	0.12
PS-103S	Stock item	Pommel Supporter	EACH	FIFO	10.00	220.00	0.18
SCI-40-18	Stock item	Scandium W/chair 18x18	EACH	FIFO	10.00	8,500.00	6.94
SP16L	Stock item	Solid Plate Suporter 16"	EACH	FIFO	10.00		
SPS14	Stock item	Solid Plate Supporter 14"	EACH	FIFO	10.00	56.70	0.05
WCAS6053-1	Stock item	SWING AWAY footrest for Alito		FIFO	10.00	300.00	0.24
WCFS1604S	Stock item	16" Wheelchair swing away foot	EACH	FIFO	10.00	700.00	0.57
ALITO-18E	Stock item	Platinum Wheelchair 18x16 Elev	EACH	FIFO	11.00	2,244.00	1.83
SP14L	Stock item	Solid Plate Supporter 14"	EACH	FIFO	11.00	130.35	0.11
SPS12	Stock item	Solid Plate Supporter	EACH	FIFO	11.00	62.37	0.05
SWAP-101	Stock item	Slide Clamp	SET	FIFO	11.00	272.80	0.22
4HIPBM	Stock item	4 Point Hip Belt 12"-13"	EACH	FIFO	12.00	195.60	0.16
CG-202-GEL	Stock item	Contour Cushion for 18"x16"	EACH	FIFO	12.00	817.80	0.67
FF-501-11 EE	Stock item	Orthokids Surgical	Pair	FIFO	13.00	143.00	0.12
QRP-01	Stock item	Quick release Pin (short)	EACH	FIFO	13.00	42.90	0.04
FF-501-10½ E	Stock item	Orthokids Surgical	Pair	FIFO	14.00	154.00	0.13
TSS105	Stock item	Adj swing away trunk support	pr	FIFO	14.00	364.00	0.30
4HIPBS	Stock item	4 Point Hip Belt 10"-11"	EACH	FIFO	15.00	229.50	0.19
FOOTSTRAP-	Stock item	Foot Strap Large	EACH	FIFO	15.00	94.50	0.08
SP11L	Stock item	Solid Plate Suporter 11" Table	EACH	FIFO	15.00	157.50	0.13
SP13	Stock item	Solid Plate Supporter 13"	EACH	FIFO	16.00	185.92	0.15
FOOTSTRAP-	Stock item	Foot Strap Small	EACH	FIFO	17.00	107.10	0.09
HS2080660	Stock item	SAFETY BELT	EACH	FIFO	17.00	108.80	0.09
SP2020	Stock item	Cloth Electrode 2"x2"	EACH	FIFO	17.00	28.90	0.02
BB-501-4½ EE	Stock item	Orthokids Straight Last	Pair	FIFO	18.00	198.00	0.16
HS-103	Stock item	ADJUSTABLE HEAD SUPPORT BA	EACH	FIFO	18.00	270.00	0.22
TSS106	Stock item	Adj swing away trunk support	R/L	FIFO	18.00	468.00	0.38
FF-501-8E	Stock item	Orthokids Surgical	Pair	FIFO	19.00	199.50	0.16
SPS11	Stock item	Solid Plate Supporter	EACH	FIFO	19.00	89.30	0.07
BEARING-F	Stock item	Ball Bearing for front wheels	Pair	FIFO	20.00	28.00	0.02
NE-0835P	Stock item	Cane Folding Stick-Right	EACH	FIFO	20.00	75.00	0.06
FF-501-10 E	Stock item	Orthokids Surgical	Pair	FIFO	21.00	231.00	0.19
FF-501-12 E	Stock item	Orthokids Surgical	Pair	FIFO	21.00	231.00	0.19
FF-501-12 EE	Stock item	Orthokids Surgical	Pair	FIFO	22.00	242.00	0.20
FF-501-11 E	Stock item	Orthokids Surgical	Pair	FIFO	24.00	264.00	0.22
FF-501-9½E	Stock item	Orthokids Surgical	EACH	FIFO	25.00	275.00	0.22
HB105	Stock item	Thoracic Strap 14", 16"	EACH	FIFO	25.00	500.00	0.41
IT14	Stock item	IT14 Cross I Type Pipe 14"	Pair	FIFO	25.00	380.00	0.31
NE-0886T	Stock item	Quad Cane Small Bronze	EACH	FIFO	25.00	129.75	0.11
BB-501-10½E	Stock item	Orthokids Straight Last	Pair	FIFO	26.00	286.00	0.23
BB-501-9½EE	Stock item	Orthokids Straight Last	Pair	FIFO	27.00	297.00	0.24
CG-201-no ge	Stock item	Contour Cushion for 16" w/c	EACH	FIFO	27.00	680.40	0.56
BB-501-10EE	Stock item	Orthokids Straight Last	Pair	FIFO	28.00	308.00	0.25
FF-501-11½ E	Stock item	Orthokids Surgical	Pair	FIFO	28.00	308.00	0.25
FF-501-8½E	Stock item	Orthokids Surgical	EACH	FIFO	28.00	294.00	0.24
FF-501-11½ E	Stock item	Orthokids Surgical	Pair	FIFO	29.00	319.00	0.26
FF-501-12½ E	Stock item	Orthokids Surgical	Pair	FIFO	29.00	319.00	0.26
CG-202-no ge	Stock item	Contour Cushion for 18" w/c	EACH	FIFO	30.00	822.00	0.67
FF-501-12½ E	Stock item	Orthokids Surgical	Pair	FIFO	34.00	374.00	0.31
BB-501-3½ EE	Stock item	Orthokids Straight Last	Pair	FIFO	36.00	396.00	0.32
BB-501-3½ E	Stock item	Orthokids Straight Last	Pair	FIFO	38.00	418.00	0.34
BB-501-8½E	Stock item	Orthokids Straight Last	Pair	FIFO	39.00	429.00	0.35
BB-501-9E	Stock item	Orthokids Straight Last	Pair	FIFO	40.00	440.00	0.36
BB-501-4EE	Stock item	Orthokids Straight Last	Pair	FIFO	42.00	462.00	0.38
BB-501-11EE	Stock item	Orthokids Straight Last	Pair	FIFO	46.00	506.00	0.41
BB-501-4E	Stock item	Orthokids Straight Last	Pair	FIFO	48.00	528.00	0.43
FF-501-3½EE	Stock item	Orthokids Surgical	Pair	FIFO	50.00	525.00	0.43

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## Inventory Valuation Report

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FF-501-5 EE	Stock item	Orthokids Surgical	Pair	FIFO	55.00	605.00	0.49
BB-501-10E	Stock item	Orthokids Straight Last	Pair	FIFO	58.00	638.00	0.52
FF-501-3½E	Stock item	Orthokids Surgical	Pair	FIFO	61.00	671.00	0.55
BB-501-4½E	Stock item	Orthokids Straight Last	Pair	FIFO	63.00	693.00	0.57
BB-501-11½E	Stock item	Orthokids Straight Last	Pair	FIFO	65.00	715.00	0.58
JBS-166-01	Stock item	ALUMINUM CRTCHES CHILD	Pair	FIFO	65.00	429.00	0.35
BB-601-12½E	Stock item	Orthokids Straight Last	Pair	FIFO	66.00	726.00	0.59
BB-501-11E	Stock item	Orthokids Straight Last	Pair	FIFO	68.00	748.00	0.61
BB-501-12EE	Stock item	Orthokids Straight Last	Pair	FIFO	70.00	770.00	0.63
BB-601-12 1/2	Stock item	Orthokids Straight Last	Pair	FIFO	74.00	814.00	0.66
FF-501-4E	Stock item	Orthokids Surgical	Pair	FIFO	74.00	814.00	0.66
AL002B-PB	Stock item	Aluminum Rollator w/loop	EACH	FIFO	76.00	3,876.00	3.17
FF-501-9E	Stock item	Orthokids Surgical	Pair	FIFO	77.00	808.50	0.66
FF-501-4½ EE	Stock item	Orthokids Surgical	Pair	FIFO	80.00	880.00	0.72
FF-501-4EE	Stock item	Orthokids Surgical	Pair	FIFO	81.00	891.00	0.73
FF-501-6½ E	Stock item	Orthokids Surgical	Pair	FIFO	81.00	850.50	0.69
BB-501-11½E	Stock item	Orthokids Straight Last	Pair	FIFO	83.00	913.00	0.75
NE-0882D	Stock item	Quad Cane Large Brown	EACH	FIFO	87.00	495.03	0.40
FF-501-6 E	Stock item	Orthokids Surgical	Pair	FIFO	89.00	934.50	0.76
BB-501-12E	Stock item	Orthokids Straight Last	Pair	FIFO	90.00	990.00	0.81
WCAS4276	Stock item	TRAY ACRILICO		FIFO	94.00	2,632.00	2.15
BB-501-5E	Stock item	Orthokids Straight Last	Pair	FIFO	95.00	1,045.00	0.85
BB-501-9½E	Stock item	Orthokids Straight Last	Pair	FIFO	95.00	1,045.00	0.85
SP-102	Stock item	TUBE CLAMP 7/8"	EACH	FIFO	95.00	23.75	0.02
BB-501-10½E	Stock item	Orthokids Straight Last	Pair	FIFO	102.00	1,122.00	0.92
JBS-166-02	Stock item	ALUMINUM CRTCHES YOUTH	Pair	FIFO	123.00	811.80	0.66
JBS-166-04	Stock item	ALUMINUM CRUTCHES TALL	Pair	FIFO	124.00	818.40	0.67
SP-103	Stock item	Tube clamp 1"	EACH	FIFO	126.00	31.50	0.03
BUSAT04-144	Stock item	BIOFREEZE TUBE 4oz	EACH	FIFO	128.00	676.66	0.55
SP-104	Stock item	Tube Clamp ¾"	EACH	FIFO	148.00	37.00	0.03
SCFS-L	Stock item	Finger Splint Large	EACH	FIFO	153.00	136.17	0.11
FF-501-4½E	Stock item	Orthokids Surgical	Pair	FIFO	154.00	1,617.00	1.32
SCFS-M	Stock item	Finger Splint Medium	EACH	FIFO	164.00	145.96	0.12
FF-501-5½ E	Stock item	Orthokids Surgical	Pair	FIFO	186.00	2,046.00	1.67
SCFS-S	Stock item	Finger Splint Small	EACH	FIFO	199.00	177.11	0.14
FF-501-5E	Stock item	Orthokids Surgical	Pair	FIFO	230.00	2,415.00	1.97
JBS-166-03	Stock item	ALUMINUM CRTCHES ADULT	Pair	FIFO	258.00	1,702.80	1.39
STB-10LG	Stock item	Multiaxial Tip for Crutches	EACH	FIFO	1,125.00	1,518.75	1.24
						<b>122,518.97</b>	<b>100.00</b>

UNITED STATES BANKRUPTCY COURT  
District of Puerto Rico

In Re STARCRAFT MEDICAL, INC

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

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE	
2012	\$458,422.59	INCOME STATEMENT	FY: 01/01/2012 to 10/31/2012
2011	\$491,741.97	INCOME TAX	
2010	\$171,230.00	INCOME TAX	



**2. Income other than from employment or operation of business**

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**3. Payments to creditors**

None

Complete a. or b., as appropriate, and c.

*a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

*b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

*\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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SEE EXHIBIT 1 SOFA

None



*c. All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and Receiverships**

None  a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

None  List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

None  List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
CARMEN D. CONDE TORRES C. Conde & Assoc. 254 SAN JOSE STREET 5 FLOOR SAN JUAN, PR 00901-1523	10/31/2012	\$1,046.00 (FILLING FEE) \$500 (EXPENSES)

**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None  b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18. Nature, location and name of business**

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, record and financial statements**

None  a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None  b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
MORALES HERNANDEZ & CO.	1327 JESUS T PIÑERO AVE. SAN JUAN, PR 00920	2009-2012
LYDIA I. CELORIO	255 PONCE DE LEON MCS PLAZA SUITE A 275 EST. WINES HATO REY, PR 00917	2008

None  c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS	DATE ISSUED
BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708	2009-2010
BBVA SUCURSAL ALTAMESA PO BOX 367745 SAN JUAN, PR 00936-4745	2011

**20. Inventories**

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
DECEMBER 31, 2011	ERIC NAVEDO	\$172,816.64
DECEMBER 31, 2010	MARIA PEÑA	\$215,037.64

None  b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21. Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
BENIGNO GARCIA 1634 JESUS T. PIÑERO AVE. SAN JUAN, PR 00921	PRESIDENT / TREASURER	100%
ENEAS RODRIGUEZ 1634 JESUS T. PIÑERO AVE. SAN JUAN, PR 00921	SECRETARY	100%

**22. Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None  b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23. Withdrawals from a partnership or distribution by a corporation**

None  If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group**

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds**

None  If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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\* \* \* \* \*

*[If completed on behalf of a partnership or corporation]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date NOVEMBER 7, 2012

Signature

  
BENIGNO GARCIA,  
PRESIDENT

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

0 continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571*

**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 required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (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 in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

*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:

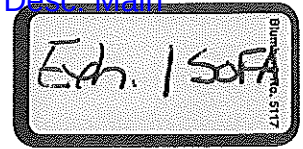
If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*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. 18 U.S.C. §156.*

## OR-PRO MEDICAL INDUSTRIAL LAB-repaired

## Check Register

For the Period From May 1, 2012 to Jul 31, 2012



Check #	Date	Payee	Amount
2168	5/7/12	OMEGA PROSTHETIC SERVICES	102.00
2169	5/2/12	OMEGA PROSTHETIC SERVICES	17.50
2183	5/3/12	MAYS OCHOA	103.53
2185	5/10/12	MINUTEMAN PRESS	455.13
2186	5/10/12	GOTTFRIED MEDICAL, INC.	480.42
2188	5/10/12	EQUI-PLUS	108.50
2191	5/14/12	SPS	559.23
2214	5/17/12	SPINAL TECHNOLOGY, INC.	331.90
2215	5/17/12	SPS	60.05
2216	5/18/12	SPS	343.38
2218	5/22/12	MARKEL SHOE, INC.	76.12
2219	5/23/12	OMEGA PROSTHETIC SERVICES	67.50
2220	5/23/12	SPS	1,027.26
2221	5/25/12	SURGICAL APPLIANCE INDUSTRIES	108.21
2222	5/25/12	SPS	1,026.80
2223	5/25/12	OMEGA PROSTHETIC SERVICES	347.60
2225	5/30/12	OMEGA PROSTHETIC SERVICES	20.48
2226	5/31/12	OMEGA PROSTHETIC SERVICES	175.00
2227	5/31/12	OMEGA PROSTHETIC SERVICES	67.50
2241	6/1/12	OMEGA PROSTHETIC SERVICES	30.00
2246	6/14/12	ORTHOMERICA PRODUCTS, INC	119.10
2248	6/6/12	PRODUCTS & SERVICES JE	74.90
2250	6/6/12	PUERTO RICO HOSPITAL SUPPLY	20.85
2252	6/6/12	OMEGA PROSTHETIC SERVICES	263.48
2253	6/7/12	SURGICAL APPLIANCE INDUSTRIES	125.76
2255	6/8/12	FRANVAL INC.	156.62
2258	6/8/12	OMEGA PROSTHETIC SERVICES	278.81
2259	6/11/12	MARKEL SHOE, INC.	56.83
2272	6/15/12	MARKEL SHOE, INC.	66.83
2275	6/15/12	SPS	714.83
2279	6/11/12	MARKEL SHOE, INC.	10.00
2282	6/22/12	ARTECH LABORATORY INC.	500.00
2285	6/22/12	GOTTFRIED MEDICAL, INC.	578.64
2287	6/22/12	OTTO BOCK HEALTH CARE	258.87
2290	6/26/12	SURGICAL APPLIANCE INDUSTRIES	113.36
2307	6/29/12	OMEGA PROSTHETIC SERVICES	120.77
2308	7/3/12	SURGICAL APPLIANCE INDUSTRIES	52.20
2309	7/5/12	OMEGA PROSTHETIC SERVICES	131.50
2311	7/6/12	OMEGA PROSTHETIC SERVICES	67.50
2317	7/10/12	GOTTFRIED MEDICAL, INC.	730.35
2325	7/11/12	EQUI-PLUS	370.00
2327	7/11/12	GOTTFRIED MEDICAL, INC.	522.15
2345	7/16/12	ORTHOMERICA PRODUCTS, INC	574.08
2347	7/18/12	SABIC POLYMERSHAPES	136.28
2348	7/20/12	BOSTON BRACE INTERNATIONAL	693.27
2360	7/26/12	BOSTON BRACE INTERNATIONAL	271.19
2362	7/1/12	ORTHOMERICA PRODUCTS, INC	542.80
2364	7/31/12	GOTTFRIED MEDICAL, INC.	212.10
2367	7/18/12	APIS FOOTWEAR COMPANY	179.67
<b>Total</b>			<b>13,450.85</b>

**\*\*OR PRO MEDICAL dba STARCRAFT MEDICAL****Check Register****For the Period From May 1, 2012 to Jul 31, 2012**

<b>Check #</b>	<b>Date</b>	<b>Payee</b>	<b>Cash Account</b>	<b>Amount</b>
1098	5/10/12	HYGENIC CORPORATION	11104-11	990.95
1099	5/10/12	R.E. DELGADO, INC.	11104-11	917.69
1101	5/10/12	KAYE PRODUCTS, INC	11104-11	265.77
1102	5/10/12	PATTERSON MEDICAL	11104-11	2,479.51
1107	6/5/12	ULTIMA PRODUCTS LIMITED	11104-11	257.83
1122	7/27/12	R.E. DELGADO, INC.	11104-11	702.61
WIRE TRANSFER	7/9/12	AEROPACE IND DEVELOP. CORP.	11104-11	10,535.00
WIRE TRANSFER	7/23/12	AEROPACE IND DEVELOP. CORP.	11104-11	1,410.00
WIRE TRANSFER	7/23/12	FOR YOU TECHNOLOGY CO. LTD	11104-11	252.00
<b>Total</b>				<b>17,811.36</b>

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

In re STARCRAFT MEDICAL, INC,  
 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>
ARTECH LABORATORY, INC 309 W. AVENUE F MIDELOTHAN, TX 76065				20,460.00
CITYBANK INTERNATIONAL PO BOX 183070 COLUMBUS, OH 43218-3070				16,754.07
BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708				15,919.07

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(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>
SECRETARIO DEL TRABAJO PO BOX 21361 SAN JUAN, PR 00928-1361				14,779.35
CRIM PO BOX 195387 SAN JUAN, PR 00919-5387				12,333.64
ALBORS & CO. CORP PO BOX 363041 SAN JUAN, PR 00936-3041				12,300.00
SECRETARIO DE HACIENDA PO BOX 9022501 SAN JUAN, PR 00902-2501				10,146.32
CFSE PO BOX 42006 SAN JUAN, PR 00940-2006				8,288.08
SPS PO BOX 406 ALPHARETA, GA 30239-0406				7,014.94
TRIPLE S SALUD PO BOX 70201 SAN JUAN, PR 00936-8201				4,378.50

(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>
LCDO. PETER MALDONADO PO BOX 7107 CAGUAS, PR 00726-7101				3,160.00
PEL SUPPLY COMPANY 4666 MANUFACTURING ROAD CLEVELAND, OH 44135-2672				3,026.99
TOUCH BIONICS, INC. 60 DUNNING ROAD BOTTOM SOUTH SUITE MIDDLETOWN, NY 10940				2,600.00
COOPERATIVA DE SEGUROS 268 PONCE DE LEON SUITE 1005 SAN JUAN, PR 00918				2,445.57
FUGI MEDICAL INSTRUMENTS				2,349.00
ENDOLITE NORTH AMERICA 105 WEST ROAD CENTERVILLE, OH 45459				2,059.75

(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>
PROFESSIONAL TECHNOLOGY 95 RAYN DRIVE UNIT 8 RAYNHAM, MA 02767				1,400.00
PATTERSON MEDICAL				1,294.90
LCDO. ANTONIO CUEVAS 416 ESCORIAL AVE. CAPARRA HEIGHTS SAN JUAN, PR 00920				1,187.50
IMPLANTES Y SISTEMAS LOTE 6, CALLE 1 SUITE 80 METRO OFFICE PARK GUAYNABO, PR 00902				1,144.50

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an authorized agent of the corporation] named as debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date NOVEMBER 7, 2012

Signature

  
\_\_\_\_\_  
BENIGNO GARCIA,  
PRESIDENT

ALBORS CO CORP  
PO BOX 363041  
SAN JUAN PR 00936-3041

ALBORS CO CORP  
CO JUAN RAMON ALBORS

ARTECH LABORATORY INC  
309 W AVENUE F  
MIDELOTHAN TX 76065

BANCO POPULAR DE PR  
PO BOX 362708  
SAN JUAN PR 00936-2708

BANCO POPULAR DE PR  
PO BOX 362708  
SAN JUAN PR 00936-2708

BENIGNO GARCIA  
1634 JESUS T PIERO AVE  
SAN JUAN PR 00921

CFSE  
PO BOX 42006  
SAN JUAN PR 00940-2006

CFSE  
PO BOX 42006  
SAN JUAN PR 00940-2006

CITYBANK INTERNATIONAL  
PO BOX 183070  
COLUMBUS OH 43218-3070

COOPERATIVA DE SEGUROS  
268 PONCE DE LEON  
SUITE 1005  
SAN JUAN PR 00918

CRIM  
PO BOX 195387  
SAN JUAN PR 00919-5387

DEPARTMENT OF TREASURY  
PO BOX 361958  
SAN JUAN PR 00936-1958

ENDOLITE NORTH AMERICA  
105 WEST ROAD  
CENTERVILLE OH 45459

ENEAS RODRIGUEZ  
1634 JESUS T PIERO AVE  
SAN JUAN PR 00921

EQUI-PLUS  
PO BOX 1366  
DORADO PR 00646

FRANVAL INC  
PO BOX 360866  
SAN JUAN PR 00936-0866

FUTURA INTERNATIONAL  
PO BOX 28616  
ANAHEIM CA 92809-0153

IMPLANTES Y SISTEMAS  
LOTE 6 CALLE 1 SUITE 80  
METRO OFFICE PARK  
GUAYNABO PR 00902

IRS  
CITYVIEW PLAZA II  
48 CARR 165 SUITE 2000  
GUAYNABO PR 00968-8000

IRS  
PO BOX 80110  
CINCINNATI OH 45280-0010

LCDO ANTONIO CUEVAS  
416 ESCORIAL AVE  
CAPARRA HEIGHTS  
SAN JUAN PR 00920

LCDO PETER MALDONADO  
PO BOX 7107  
CAGUAS PR 00726-7101

MEDICARE  
PALMETTO GBA  
MEDICARE D MERC OPPERATONS  
COLUMBIA SC 29202-3141

MUNICIPALITY OF SAN JUAN  
PO BOX 70179  
SAN JUAN PR 00936-8179

OMEGA PROSTHETICS SERVICES  
1654 SO 16 STREET  
LAS LOMAS  
SAN JUAN PR 00921

PATTERSON MEDICAL  
1000 REMIGTON BILG  
SUITE 210  
BOLINGNROOK IL 60440

PEL SUPPLY COMPANY  
4666 MANUFACTURING ROAD  
CLEVELAND OH 44135-2672

PRASA  
PO BOX 70101  
SAN JUAN PR 00936-3041

PREPA  
PO BOX 363508  
SAN JUAN PR 00936-3508



PROFESSIONAL TECHNOLOGY  
95 RAYN DRIVE  
UNIT 8  
RAYNHAM MA 02767

SECRETARIO DE HACIENDA  
PO BOX 9022501  
SAN JUAN PR 00902-2501

SECRETARIO DEL TRABAJO  
PO BOX 21361  
SAN JUAN PR 00928-1361

SPS  
PO BOX 406  
ALPHARETA GA 30239-0406

TOUCH BIONICS INC  
60 DUNNING ROAD  
BOTTOM SOUTH SUITE  
MIDDLETOWN NY 10940

TRIPLE S SALUD  
PO BOX 70201  
SAN JUAN PR 00936-8201

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

In re STARCRAFT MEDICAL, INC,  
Debtor

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

Chapter 11

**VERIFICATION OF LIST OF CREDITORS**

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 4 pages, is true, correct and complete to the best of my knowledge.

Date NOVEMBER 7, 2012

Signature

  
\_\_\_\_\_  
BENIGNO GARCIA,  
PRESIDENT