

| United States Bankruptcy Court<br>DISTRICT OF <i>PUERTO RICO</i>   |   | Voluntary Petition   |
|--|---|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>CDT HORMIGUEROS PREVENTIVE MEDICINE, 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):<br><b>NONE</b>  |   | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):   |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>66-0731650</b>   |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):   |
| Street Address of Debtor (No. & Street, City, and State):<br><b>MUNOZ RIVERA #2<br/>Hormigueros, PR</b>  |   | Street Address of Joint Debtor (No. & Street, City, and State):  |
| ZIPCODE<br><b>00660</b>  |   | ZIPCODE  |
| County of Residence or of the Principal Place of Business:   |   | County of Residence or of the Principal Place of Business:   |
| Mailing Address of Debtor (if different from street address):<br><b>BOX 1550<br/>Hormigueros, PR</b>   |   | Mailing Address of Joint Debtor (if different from street address):  |
| ZIPCODE<br><b>00660</b>  |   | ZIPCODE  |
| Location of Principal Assets of Business Debtor (if different from street address above): <b>SAME</b>  |   | ZIPCODE  |
| <b>Type of Debtor</b> (Form of organization)<br>(Check <b>one</b> box.)<br><input type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><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><br>(Check <b>one</b> box.)<br><input checked="" type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b><br>(Check one box)<br><input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input checked="" type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding<br><br><b>Nature of Debts</b> (Check one box)<br><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"<br><input checked="" type="checkbox"/> Debts are primarily business debts. |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br>_____<br>Each country in which a foreign proceeding by, regarding, or against debtor is pending:<br>_____  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable.)<br><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).   | <b>Chapter 11 Debtors:</b><br><b>Check one box:</b><br><input checked="" type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><br><b>Check if:</b><br><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000 .  |
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><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 all applicable boxes:</b><br><input type="checkbox"/> A plan is being filed with this petition<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  |
| <b>Statistical/Administrative Information</b><br><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.   |   | THIS SPACE IS FOR COURT USE ONLY   |
| <b>Estimated Number of Creditors</b><br><input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000   |   |  |
| <b>Estimated Assets</b><br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion         |   |  |
| <b>Estimated Liabilities</b><br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion    |   |  |

|  |   |                    |
|--|---|--------------------|
| <p><b>Voluntary Petition</b><br/><i>(This page must be completed and filed in every case)</i></p>  | <p>Name of Debtor(s):<br/><b>CDT HORMIGUEROS PREVENTIVE MEDICINE, INC</b></p>   |                    |
| <p><b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)</p>   |   |                    |
| <p>Location Where Filed:<br/><b>NONE</b></p>   | <p>Case Number:</p>   | <p>Date Filed:</p> |
| <p>Location Where Filed:</p>   | <p>Case Number:</p>   | <p>Date Filed:</p> |
| <p><b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)</p>   |   |                    |
| <p>Name of Debtor:<br/><b>NONE</b></p>   | <p>Case Number:</p>   | <p>Date Filed:</p> |
| <p>District:</p>   | <p>Relationship:</p>  | <p>Judge:</p>      |
| <p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)</p> <p><input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition</p>   | <p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ <span style="float: right;"><b>12/23/2013</b></span><br/>Signature of Attorney for Debtor(s) <span style="float: right;">Date</span></p> |                    |
| <p><b>Exhibit C</b></p> <p>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?</p> <p><input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition.<br/><input checked="" type="checkbox"/> No</p>  |   |                    |
| <p><b>Exhibit D</b></p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made part of this petition.<br/>If this is a joint petition:<br/><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>   |   |                    |
| <p><b>Information Regarding the Debtor - Venue</b><br/>(Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>  |   |                    |
| <p><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br/>(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: right;">_____<br/>(Name of landlord that obtained judgment)</p> <p style="text-align: right;">_____<br/>(Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p> |   |                    |



UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO

In re CDT HORMIGUEROS PREVENTIVE MEDICINE, INC

Case No.
Chapter 11

Attorney for Debtor: ALEXIS FUENTES-HERNANDEZ / Debtor

STATEMENT PURSUANT TO RULE 2016(B)

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

- 1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ hourly
b) Prior to the filing of this statement, debtor(s) have paid \$ 10,000.00
c) The unpaid balance due and payable is \$ 0.00
3. \$ 1,213.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated: None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows: None

Dated: 12/23/2013

Respectfully submitted,

X /s/ ALEXIS FUENTES-HERNANDEZ
Attorney for Petitioner: ALEXIS FUENTES-HERNANDEZ
ALEXIS FUENTES-HERNANDEZ
P.O. BOX 9022726
SAN JUAN PR 00902-2726

787-607-3436

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

In re *CDT HORMIGUEROS PREVENTIVE MEDICINE, INC,*

Case No.  
Chapter *11*

\_\_\_\_\_ / Debtor

**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.

| NAME OF SCHEDULE  | Attached (Yes/No) | No. of Sheets | ASSETS                 | LIABILITIES            | OTHER          |
|---|-------------------|---------------|------------------------|------------------------|----------------|
| A-Real Property   | <i>Yes</i>        | <i>1</i>      | \$ <i>1,700,000.00</i> |                        |                |
| B-Personal Property   | <i>Yes</i>        | <i>3</i>      | \$ <i>150,707.86</i>   |                        |                |
| C-Property Claimed as Exempt  | <i>No</i>         | <i>0</i>      |                        |                        |                |
| D-Creditors Holding Secured Claims  | <i>Yes</i>        | <i>1</i>      |                        | \$ <i>1,406,597.17</i> |                |
| E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | <i>Yes</i>        | <i>2</i>      |                        | \$ <i>0.00</i>         |                |
| F-Creditors Holding Unsecured Nonpriority Claims                              | <i>Yes</i>        | <i>4</i>      |                        | \$ <i>266,458.34</i>   |                |
| G-Executory Contracts and Unexpired Leases                                    | <i>Yes</i>        | <i>1</i>      |                        |                        |                |
| H-Codebtors   | <i>Yes</i>        | <i>1</i>      |                        |                        |                |
| I-Current Income of Individual Debtor(s)                                      | <i>No</i>         | <i>0</i>      |                        |                        | \$ <i>0.00</i> |
| J-Current Expenditures of Individual Debtor(s)                                | <i>No</i>         | <i>0</i>      |                        |                        | \$ <i>0.00</i> |
| <b>TOTAL</b>  |                   | <i>13</i>     | \$ <i>1,850,707.86</i> | \$ <i>1,673,055.51</i> |                |

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

In re *CDT HORMIGUEROS PREVENTIVE MEDICINE, INC,*

Case No.  
Chapter 11

\_\_\_\_\_ / Debtor

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

State the following:

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

State the following:

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

In re CDT HORMIGUEROS PREVENTIVE MEDICINE, INC,  
Debtor

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

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY ON BEHALF OF A CORPORATION

I, DR. CARLOS J. MIRANDA, President of the Corporation  
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 14 sheets,  
and that they are true and correct to the best of my knowledge, information, and belief.

Date: 12/23/2013

Signature /s/ DR. CARLOS J. MIRANDA  
Name: DR. CARLOS J. MIRANDA  
Title: President

[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.

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

In re *CDT HORMIGUEROS PREVENTIVE MEDICINE, INC*

Case No.

Chapter **11**

Debtor(s)

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

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

| Name of Creditor and Complete Mailing Address Including Zip Code                         | Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted | Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.) | Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff | Amount of Claim (If Secured Also State Value of Security) |
|--|---|--|---|---|
| 1<br><i>DR. JUAN L. ROBLES NIEVES<br/>BOX 1537<br/>San Sebastian PR 00685</i>            | Phone:<br><i>DR. JUAN L. ROBLES NIEVES<br/>BOX 1537<br/>San Sebastian PR 00685</i>  | <i>Loans</i>   |   | <i>\$ 68,120.00</i>                                       |
| 2<br><i>JIMMY OLIVERA JAUME<br/><br/>PMB 388<br/>Arecibo PR 00614</i>                    | Phone:<br><i>JIMMY OLIVERA JAUME<br/>P.O. BOX 144035<br/>PMB 388<br/>Arecibo PR 00614</i>   | <i>Loans</i>   |   | <i>\$ 54,000.00</i>                                       |
| 3<br><i>DR. CARLOS MIRANDA<br/>P.O. BOX 2669<br/>Bayamon PR 00960</i>                    | Phone:<br><i>DR. CARLOS MIRANDA<br/>P.O. BOX 2669<br/>Bayamon PR 00960</i>  | <i>Loans</i>   |   | <i>\$ 51,000.00</i>                                       |
| 4<br><i>AUTORIDAD DE ENERGIA<br/>ELECTRICA<br/>P.O. BOX 363508<br/>San Juan PR 00936</i> | Phone:<br><i>AUTORIDAD DE ENERGIA<br/>ELECTRICA<br/>P.O. BOX 363508<br/>San Juan PR 00936</i>   | <i>Utility Bills (Power)</i>                                       |   | <i>\$ 27,556.12</i>                                       |
| 5<br><i>COMERCIAL LOS CUNADOS<br/><br/>BUZON 6214<br/>Lares PR 00669</i>                 | Phone:<br><i>COMERCIAL LOS CUNADOS<br/>HC 02<br/>BUZON 6214<br/>Lares PR 00669</i>  | <i>Materials</i>   |   | <i>\$ 25,031.74</i>                                       |

Debtor(s)

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

| Name of Creditor and Complete Mailing Address Including Zip Code                     | Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted | Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.) | Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff | Amount of Claim (If Secured Also State Value of Security) |
|--|---|--|---|---|
| 6<br>BECKMAN COULTER<br>PMB 339 HC 01 BOX 29030<br>Caguas PR 00725                   | Phone:<br>BECKMAN COULTER<br>PMB 339 HC 01 BOX 29030<br>Caguas PR 00725   | Professional Services  |   | \$ 20,130.00  |
| 7<br>TEXIDOR REFRIGERATION<br><br>CALLE LIBERTAD<br>Hormigueros PR 00660             | Phone:<br>TEXIDOR REFRIGERATION<br>BO. LAVADERO<br>CALLE LIBERTAD<br>Hormigueros PR 00660   | Professional Services  |   | \$ 5,305.00   |
| 8<br>AUTORIDAD DE ACUEDUCTOS<br>P.O. BOX 70101<br>San Juan PR 00936                  | Phone:<br>AUTORIDAD DE ACUEDUCTOS<br>P.O. BOX 70101<br>San Juan PR 00936  | Utility Bills (Water)  |   | \$ 5,295.33   |
| 9<br>PERIODICO VISION<br>P.O. BOX 719<br>Mayaguez PR 00681                           | Phone:<br>PERIODICO VISION<br>P.O. BOX 719<br>Mayaguez PR 00681   | Advertising  |   | \$ 2,184.00   |
| 10<br>UMECO, INC.<br>361 ANGEL BUONONO ST.<br>San Juan PR 00918                      | Phone:<br>UMECO, INC.<br>361 ANGEL BUONONO ST.<br>San Juan PR 00918   | Professional Services  |   | \$ 2,074.00   |
| 11<br>STERICYCLE, INC<br>4010 COMMERCIAL AVE.<br>Northbrook IL 60062                 | Phone:<br>STERICYCLE, INC<br>4010 COMMERCIAL AVE.<br>Northbrook IL 60062  | Professional Services  |   | \$ 1,349.15   |
| 12<br>DAISY RAMOS RAMOS<br><br>URB. VILLAS DE FELISA<br>Mayaguez PR 00680            | Phone:<br>DAISY RAMOS RAMOS<br>2009 CALLE ALICIA MOREDA<br>URB. VILLAS DE FELISA<br>Mayaguez PR 00680   | Professional Services  |   | \$ 1,250.00   |
| 13<br>SERVICIOS TECNICOS<br>PROFESIONALES<br>P.O. BOX 1283<br>San Sebastian PR 00685 | Phone:<br>SERVICIOS TECNICOS<br>PROFESIONALES<br>P.O. BOX 1283<br>San Sebastian PR 00685  | Professional Services  |   | \$ 1,235.00   |

Debtor(s)

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

| Name of Creditor and Complete Mailing Address Including Zip Code                 | Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted | Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.) | Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff | Amount of Claim (If Secured Also State Value of Security) |
|--|---|--|---|---|
| 14<br>DR. FRANCISCO ZAMORA<br><br>G-284<br>Aguadilla PR 00603                    | Phone:<br>DR. FRANCISCO ZAMORA<br>URB. MARBELLA<br>G-284<br>Aguadilla PR 00603  | Professional Services  |   | \$ 800.00   |
| 15<br>HECTOR VELEZ<br><br>CALLE JOBO W-12<br>San Sebastian PR 00685              | Phone:<br>HECTOR VELEZ<br>URB. EL CULEBRINA<br>CALLE JOBO W-12<br>San Sebastian PR 00685  | Professional Services  |   | \$ 484.00   |
| 16<br>ALUMINUM DESIGNERS<br>AVE. EMERITO ESTRADA #1260<br>San Sebastian PR 00685 | Phone:<br>ALUMINUM DESIGNERS<br>AVE. EMERITO ESTRADA #1260<br>San Sebastian PR 00685  | Materials  |   | \$ 280.00   |
| 17<br>ALL ALUMINUM<br><br>BUZON 6214<br>Lares PR 00669                           | Phone:<br>ALL ALUMINUM<br>HC 02<br>BUZON 6214<br>Lares PR 00669   | Supplies   |   | \$ 245.00   |
| 18<br>CHOICE CABLE TV<br>P.O. BOX 70340<br>San Juan PR 00936                     | Phone:<br>CHOICE CABLE TV<br>P.O. BOX 70340<br>San Juan PR 00936  | Cable TV   |   | \$ 119.00   |
| 19<br>DEPARTMENT OF TREASURY OF PR<br>PO BOX 9022501<br>SAN JUAN PR 00902-2501   | Phone:<br>DEPARTMENT OF TREASURY OF PR<br>PO BOX 9022501<br>SAN JUAN PR 00902-2501  | TAXES, INTEREST & PENALTIES  |   | \$ 0.00   |
| 20<br>DEPARTMENT OF LABOR OF PR<br>P.O. BOX 1020<br>SAN JUAN PR 00919-1020       | Phone:<br>DEPARTMENT OF LABOR OF PR<br>P.O. BOX 1020<br>SAN JUAN PR 00919-1020  | TAXES, INTEREST & PENALTIES  |   | \$ 0.00   |
| 21<br>INTERNAL REVENUE SERVICE<br>P.O. BOX 21126<br>PHILADELPHIA PA 19114-0326   | Phone:<br>INTERNAL REVENUE SERVICE<br>P.O. BOX 21126<br>PHILADELPHIA PA 19114-0326  | TAXES, INTEREST & PENALTIES  |   | \$ 0.00   |

Debtor(s)

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

| Name of Creditor and Complete Mailing Address Including Zip Code        | Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted | Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.) | Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff | Amount of Claim (If Secured Also State Value of Security) |
|---|---|--|---|---|
| 22<br>STATE INSURANCE FUND<br>P.O. BOX 365028<br>SAN JUAN PR 00936-5028 | Phone:<br>STATE INSURANCE FUND<br>P.O. BOX 365028<br>SAN JUAN PR 00936-5028   | TAXES, INTEREST &<br>PENALTIES                                     |   | \$ 0.00   |
| 23<br>BANCO POPULAR DE PR<br>P.O. BOX 362708<br>SAN JUAN PR 00936-2708  | Phone:<br>BANCO POPULAR DE PR<br>P.O. BOX 362708<br>SAN JUAN PR 00936-2708  |  | Value:<br>Net Unsecured:  | \$ 1,406,597.17<br>\$ 1,700,000.00<br>\$ 0.00             |

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

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

Date: 12/23/2013Signature /s/ DR. CARLOS J. MIRANDAName: DR. CARLOS J. MIRANDATitle: President

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

In re *CDT HORMIGUEROS PREVENTIVE MEDICINE, INC,*

Case No.  
Chapter *11*

\_\_\_\_\_/ Debtor  
Attorney for Debtor: **ALEXIS FUENTES-HERNANDEZ**

**COVER SHEET FOR LIST OF CREDITORS**

I hereby certify under penalty of perjury that the attached list of creditors, which consists of   3   pages,  
is true, correct and complete to the best of my knowledge.

Date: 12/23/2013

/s/ DR. CARLOS J. MIRANDA  
Debtor

/s/ ALEXIS FUENTES-HERNANDEZ  
**ALEXIS FUENTES-HERNANDEZ**  
*Attorney for the debtor(s)*  
*P.O.BOX 9022726*  
*SAN JUAN, PR 00902-2726*

CDT HORMIGUEROS PREVENTIVE MEDICINE, INC  
BOX 1550  
Hormigueros, PR 00660

ALEXIS FUENTES-HERNANDEZ  
P.O.BOX 9022726  
SAN JUAN, PR 00902-2726

ALL ALUMINUM  
HC 02  
BUZON 6214  
Lares, PR 00669

ALUMINUM DESIGNERS  
AVE. EMERITO ESTRADA #1260  
San Sebastian, PR 00685

AUTORIDAD DE ACUEDUCTOS  
P.O. BOX 70101  
San Juan, PR 00936

AUTORIDAD DE ENERGIA ELECTRICA  
P.O. BOX 363508  
San Juan, PR 00936

BANCO POPULAR DE PR  
P.O. BOX 362708  
SAN JUAN, PR 00936-2708

BECKMAN COULTER  
PMB 339 HC 01 BOX 29030  
Caguas, PR 00725

CHOICE CABLE TV  
P.O. BOX 70340  
San Juan, PR 00936

COMERCIAL LOS CUNADOS  
HC 02  
BUZON 6214  
Lares, PR 00669

DAISY RAMOS RAMOS  
2009 CALLE ALICIA MOREDA  
URB. VILLAS DE FELISA  
Mayaguez, PR 00680

DEPARTMENT OF LABOR OF PR  
P.O. BOX 1020  
SAN JUAN, PR 00919-1020

DEPARTMENT OF TREASURY OF PR  
PO BOX 9022501  
SAN JUAN, PR 00902-2501

DR. CARLOS MIRANDA  
P.O. BOX 2669  
Bayamon, PR 00960

DR. FRANCISCO ZAMORA  
URB. MARBELLA  
G-284  
Aguadilla, PR 00603

DR. JUAN L. ROBLES NIEVES  
BOX 1537  
San Sebastian, PR 00685

HECTOR VELEZ  
URB. EL CULEBRINA  
CALLE JOBO W-12  
San Sebastian, PR 00685

INTERNAL REVENUE SERVICE  
P.O. BOX 21126  
PHILADELPHIA, PA 19114-0326

JIMMY OLIVERA JAUME  
P.O. BOX 144035  
PMB 388  
Arecibo, PR 00614

PERIODICO VISION  
P.O. BOX 719  
Mayaguez, PR 00681

SERVICIOS TECNICOS PROFESIONALES  
Document Page 15 of 15  
P.O. BOX 1283  
San Sebastian, PR 00685

STATE INSURANCE FUND  
P.O. BOX 365028  
SAN JUAN, PR 00936-5028

STERICYCLE, INC  
4010 COMMERCIAL AVE.  
Northbrook, IL 60062

TEXIDOR REFRIGERATION  
BO. LAVADERO  
CALLE LIBERTAD  
Hormigueros, PR 00660

UMECO, INC.  
361 ANGEL BUONONO ST.  
San Juan, PR 00918