

United States Bankruptcy Court
District of Puerto Rico

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Medical Ambulance Services, Inc.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None	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): EIN: 66-0581450	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) Local 359 Calle de Diego Sector Sabana Llana Rio Piedras, PR	Street Address of Joint Debtor (No. and Street, City, and State)
ZIPCODE 00919	ZIPCODE
County of Residence or of the Principal Place of Business: San Juan	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): PO Box 190872 Hato Rey, PR	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE 00919-0872	ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above):	ZIPCODE

Type of Debtor (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.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input checked="" type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (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
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Chapter 15 Debtors Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____	Tax-Exempt Entity (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)	Nature of Debts (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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Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <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) Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <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	
Estimated Assets <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	
Estimated Liabilities <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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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Medical Ambulance Services, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: District of Puerto Rico	Case Number: 07-04424 ESL	Date Filed: 08/07/2007	
Location Where Filed: N.A.	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align:center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align:center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p><input checked="" type="checkbox"/> _____ Signature of Attorney for Debtor(s) Date</p>	
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?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> 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.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action 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)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included 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.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).			

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B1 (Official Form 1) (04/13)		Page 3
Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Medical Ambulance Services, Inc.
Signatures		
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><u>X</u> _____ Signature of Debtor</p> <p><u>X</u> _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> 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.</p> <p><u>X</u> _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ (Date)</p>	
<p style="text-align: center;">Signature of Attorney*</p> <p><u>X</u> _____ Signature of Attorney for Debtor(s)</p> <p><u>WIGBERTO LUGO MENDER USDC-PR 212304</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Lugo Mender Group LLC</u> Firm Name</p> <p><u>Centro Internacional de Mercadeo</u> Address</p> <p><u>Carr. 165 Torre I Suite 501 Guaynabo PR 00968</u></p> <p><u>(787) 707-0404</u> Telephone Number</p> <p><u>September 16, 2014</u> Date</p> <p><small>*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.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services 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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p>_____ _____</p> <p><u>X</u> _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>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:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>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.</small></p>	
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><u>X</u> _____ Signature of Authorized Individual</p> <p><u>DIONIS J. GONZÁLEZ-NUÑEZ</u> Printed Name of Authorized Individual</p> <p><u>President</u> Title of Authorized Individual</p> <p><u>September 16, 2014</u> Date</p>		

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Medical Ambulance Services Inc.

CORPORATE RESOLUTION

Medical Ambulance Services Inc., a corporate constituted conforming the Commonwealth of Puerto Rico law and by this certify:

At the meeting celebrated on July 8, 2014, the Board of Directors of Medical Ambulance Services Inc., agreed to file a bankruptcy petition under the provisions of Chapter 11 of the Bankruptcy Code.

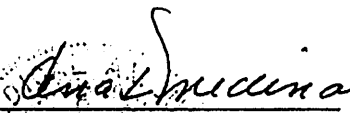
That we have been informed and oriented of the meaning of Chapter 11 of the Bankruptcy Code.

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.

That it was also agreed that the services of Attorney Wigberto Lugo Mender would be retained for such purposes.

That for the best interest of the company we authorize to file a petition for relief under Chapter 11 of the Bankruptcy Code at the Bankruptcy Court District of Puerto Rico. Also, we authorize Mr. Dionis J. Gonzalez Nuñez, President of the Corporation to represent at this bankruptcy proceeding, including the contract services to be performed in this matter.

To be evident, I sign this Resolution today the 8 day of July, 2014.


Secretary

(Corporate Seal)

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

In re Medical Ambulance Services, 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) <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>
Marco A. Martell Maestre Avenida Esteves #48 Utuaado PR 00641	Marco A. Martell Maestre Avenida Esteves #48 Utuaado PR 00641	Vacations		240.00
Anthony Huertas-Feliciano Calle Parque #92 Barrio Candelaria Toa Baja PR 00949	Anthony Huertas-Feliciano Calle Parque #92 Barrio Candelaria Toa Baja PR 00949	Vacations		276.18
Sara Morales Ramos PO Box 50 Trujillo Alto PR 00977	Sara Morales Ramos PO Box 50 Trujillo Alto PR 00977	Vacations		828.00

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Ana L. Medina Maldonado Calle 46 AA26 Urb. Villas de Loiza Canóvanas PR 00976	Ana L. Medina Maldonado Calle 46 AA26 Urb. Villas de Loiza Canóvanas PR 00976	Vacations		1,080.00
Sindy Mercadi Rivera Urb. Gardenia Calle Dalia #15 Manati PR 00674	Sindy Mercadi Rivera Urb. Gardenia Calle Dalia #15 Manati PR 00674	Vacations		1,213.00
Giovanni C. Gómez PO Box 10838 San Juan PR 00922	Giovanni C. Gómez PO Box 10838 San Juan PR 00922	Vacations		1,646.25
Autoridad de Carreteras y Transportacion PO Box 41269 Minillas Station San Juan PR 00940-1269	Autoridad de Carreteras y Transportacion PO Box 41269 Minillas Station San Juan PR 00940-1269	Toll-Fines	Disputed	2,287.30
Esther P. Mañaná-Hidaldo Calle 40 SE #1117 Reparto Metropolitano San Juan PR 00921	Esther P. Mañaná-Hidaldo Calle 40 SE #1117 Reparto Metropolitano San Juan PR 00921	Vacations		2,560.00
Jesús A Fontáñez-Davila Urd. Jardines Cerro Gordo Calle 4 #C10 San Lorenzo PR 00754	Jesús A Fontáñez-Davila Urd. Jardines Cerro Gordo Calle 4 #C10 San Lorenzo PR 00754	Vacations		3,840.00
Francisco López-Pérez Calle Marginal B-16 Ext Forest Hill Bayamón PR 00959	Francisco López-Pérez Calle Marginal B-16 Ext Forest Hill Bayamón PR 00959	Vacations		4,860.00

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Carlos M. Rivera Matos Esq. C/O Sucesión Doña María García et al Edif. Villa Nevarez Prof. oficina 307 Rio Piedras PR 00927	Carlos M. Rivera Matos Esq. C/O Sucesión Doña María García et al Edif. Villa Nevarez Prof. oficina 307 Rio Piedras PR 00927 787.763.5682	Collection of Money	Contingent Unliquidated Disputed	15,000.00
Vicente Santori-Margarida Esq. C/O Sucesión Santana, et al P.O. Box 9024098 San Juan PR 00902-4098	Vicente Santori-Margarida Esq. C/O Sucesión Santana, et al P.O. Box 9024098 San Juan PR 00902-4098	Bench & Damages	Unliquidated Disputed	175,000.00

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 September 16, 2014

Signature 
DIONIS J. GONZÁLEZ-NUÑEZ,
President

B6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court District of Puerto Rico

Medical Ambulance Services, Inc.

In re _____
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	\$ 0.00		
B - Personal Property	YES	4	\$ 287,291.34		
C - Property Claimed as exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	7		\$ 135,920.94	
F - Creditors Holding Unsecured Nonpriority Claims	YES	2		\$ 192,287.30	
G - Executory Contracts and Unexpired Leases	YES	2			
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
TOTAL		19	\$ 287,291.34	\$ 328,208.24	

United States Bankruptcy Court
District of Puerto Rico

In re Medical Ambulance Services, 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.
TOTAL	\$ N.A.

State the Following:

Average Income (from Schedule I, Line 12)	\$ N.A.
Average Expenses (from Schedule J, Line 22)	\$ 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.

B6A (Official Form 6A) (12/07)

In re Medical Ambulance Services, 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
None				
Total			0.00	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re Medical Ambulance Services, 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	H U S B A N D, W I F E, J O I N T O R C O M M U N I T Y	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.	X	Doral Bank Ck Account No. 0640003968 In the name of Medical Ambulance Services Inc. Balance as of Sept 8, 2014 Doral Bank Ck Account No. 0640003950 In the name of Medical Ambulance Services Inc. Balance as of Sept 8, 2014 Doral Bank Ck Account No. 0640003976 In the name of Medical Ambulance Services Inc. Balance as of Sept 8, 2014		1,456.06 666.03 123.89
3. Security deposits with public utilities, telephone companies, landlords, and others.		Rent-Local 359 Rio Piedras AEE & AAA Security Deposits AEE; \$500.00 AAA; \$100.00		2,000.00 600.00
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			

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B6B (Official Form 6B) (12/07) -- Cont.

In re Medical Ambulance Services, Inc. Case No. _____
 Debtor (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
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			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.		Accounts Receivable Medicare Year 2014- \$23,772.62 Year 2013- \$25,053.38 Year 2012- \$60,053.93 Year 2011- \$67,361.97 Year 2010- \$60,187.46 Year 2009- \$6,880.62		236,430.36
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			

In re Medical Ambulance Services, 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
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each. 22. Patents, copyrights, and other intellectual property. Give particulars. 23. Licenses, franchises, and other general intangibles. Give particulars. 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X X X X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		Ford Econoline Ambulance UNIT 142 Year 2002 Plate No. 1889-CP Vin # 1FDSS34F42HA25180 Ford Econoline Ambulance UNIT 144 Year 2001 Plate No 0781-CP Vin # 1FDSS34F31HA58587 Ford Econoline Ambulance UNIT 145 Year 2007 Plate No. 1129-CP Vin # 1FDSS34P87DA31474 Ford Econoline Ambulance UNIT 146 Year 2006 Plate No. 1141-CP Vin # 1FDSS34PX6HA52012 Ford Econoline Ambulance UNIT 147 Year 2006 Plate No. 0812-CP Vin # 1FDSS34P86DB25868		3,000.00 2,500.00 10,000.00 7,500.00 7,500.00

B6B (Official Form 6B) (12/07) -- Cont.

In re Medical Ambulance Services, Inc.
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

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
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Office Equipment See Exhibit 1		8,830.00
29. Machinery, fixtures, equipment, and supplies used in business.		Medical Equipment See Exhibit 2		6,685.00
30. Inventory.	X			
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			
0 continuation sheets attached Total				\$ 287,291.34

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

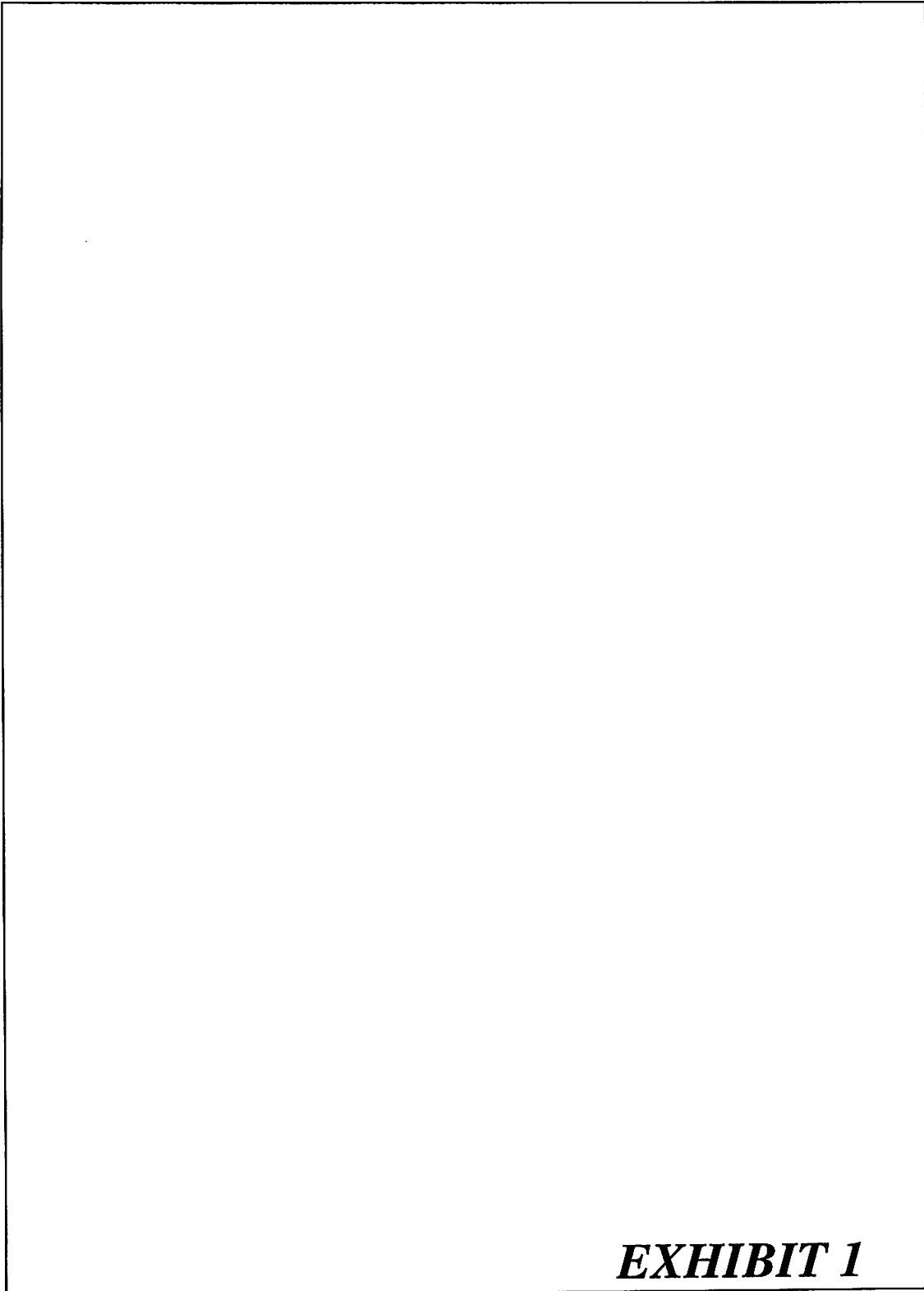


EXHIBIT 1

VALOR EN EL MERCADO 2014

Inventory Valor actual

Despacho

1	A/C TGM Air Conditioning	\$	450.00
1	Escritorio		125.00
1	Silla de escritorio		50.00
5	Sillas		30.00
1	Rack (Estante)		40.00
1	Credenza		100.00
1	Alarma del Local Honeywell		500.00
1	Radio De comunicaciones		75.00
1	Archivo de 2 gabetas		40.00
1	Monitor Vizio 32"		275.00
1	Battery Charge		100.00
	Medical Supplies		350.00
		\$	2,135.00

Oficina de Esther

Valor actual

1	Desktop Lenovo	\$	150.00
1	Impresora Brother		100.00
1	Monitor 20" Viewsonic		100.00
1	Escritorio de Oficina		30.00
1	Silla de escritorio		30.00
1	Copiadora Ricoh Aficio 3035		650.00
1	Plasma 32" Vizio		325.00
1	Cuadro telefonico (5 Extensiones)		825.00
1	A/C Airmax Air Conditioning		100.00
9	Archivos de 4 gabetas		120.00
		\$	2,430.00

Oficina de Gabriel

Valor actual

1	Desktop Lenovo	\$	100.00
1	Escritorio		25.00
1	Silla de escritorio		30.00
1	Monitor 23" Viewsonic		60.00
1	A/C Airmax Air Conditioning		75.00
1	Impresora HP 2035		90.00
3	Archivos de 4 gabetas		50.00
1	Scanner HP 7000		300.00
2	Battery Backups		50.00
		\$	780.00

Inventory

Valor actual

Oficina de Dilenia

1	Desktop Lenovo	\$	100.00
1	Escritorio		75.00
1	Silla de escritorio		40.00
1	Monitor 23" HP		75.00
1	A/C TCM Air Conditioning		300.00
1	Impresora HP		25.00
1	Trituradora		150
4	Archivos de 4 gabetas		125.00
1	Archivo legal de 4 gabetas		60.00
		\$	950.00

Oficina del Dionis

Valor actual

1	Desktop HP	\$	200.00
1	Impresora HP P-1102		75.00
1	Monitor 23" HP		50.00
1	Escritorio de oficina		200.00
1	Silla Ergonomica		175.00
2	Silas de escritorio		25.00
1	Fax Machine Brother		50.00
1	Tablillero		50.00
1	A/C Airmax Air Conditioning		100.00
1	TV 40" Vizio		250.00
1	Sistema de vigilancia 14 camaras CCTV		1,000.00
1	DVR para sistema CCTV		150.00
1	Archivo 2 gabetas		10.00
	Office supplies		200.00
		\$	2,535.00

TOTAL \$ 8,830.00

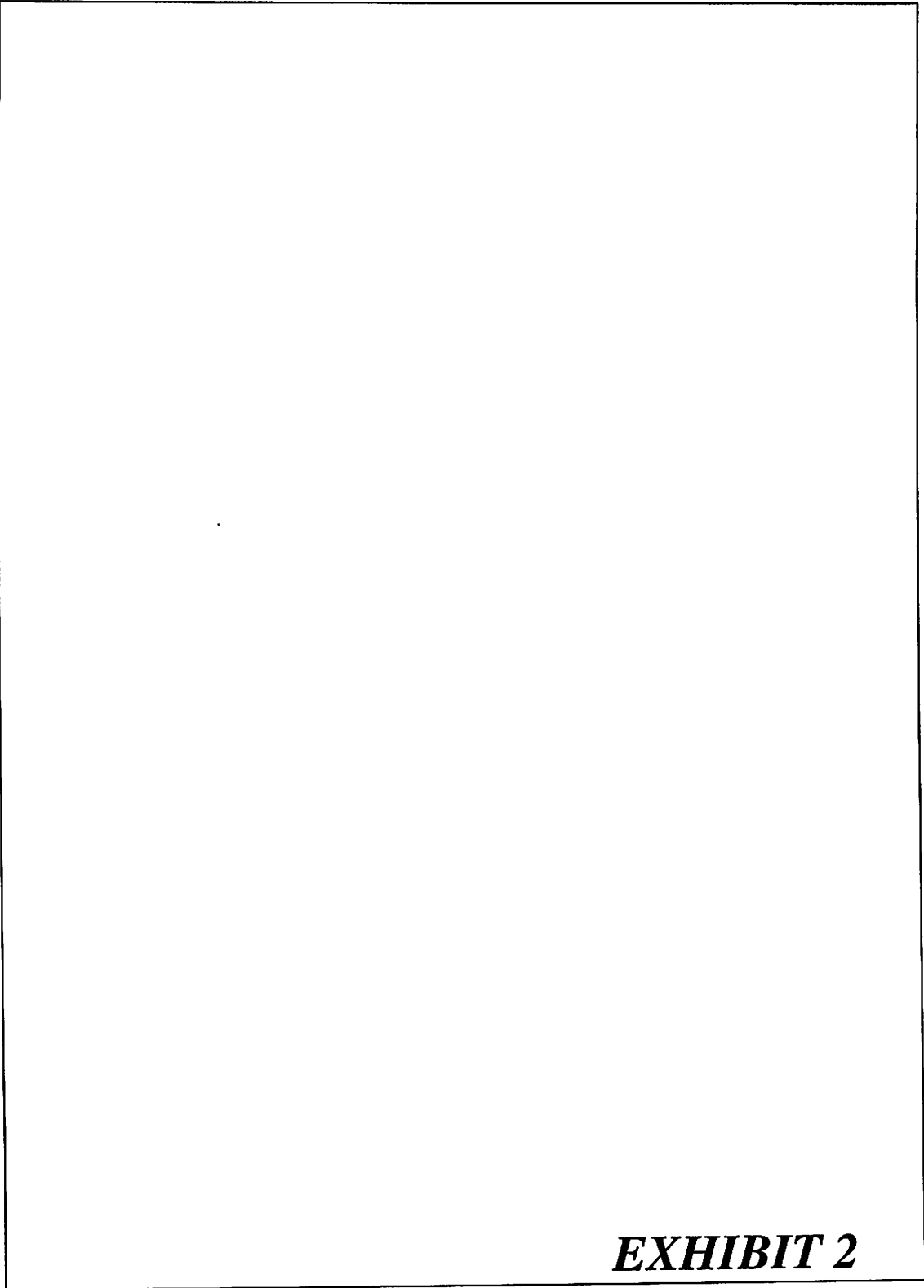


EXHIBIT 2

Equipment		Valor actual	
4	Desfibriladores (AED)	\$	3,000.00
5	Desfibriladores (AED)		2,500.00
31	Tanques de oxígeno		300.00
6	Camillas de pala		200.00
6	Camillas de silla		100.00
6	Long board		60.00
6	Radios bidireccional		300.00
6	Kendrick		50.00
6	Tracktiomn Splint		75.00
6	Camillas plegadizas		100.00
		\$	6,685.00

B6C (Official Form 6C) (04/13)

In re Medical Ambulance Services, 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 \$155,675*.

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

*Amount subject to adjustment on 4/01/16 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 Medical Ambulance Services, Inc.

Case No. _____

Debtor

(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.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

0 continuation sheets attached

Subtotal > (Total of this page)	\$ 0.00	\$ 0.00
Total > (Use only on last page)	\$ 0.00	\$ 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) (04/13)

In re Medical Ambulance Services, 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 \$12,475* 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 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/13) - Cont.

In re Medical Ambulance Services, Inc.
Debtor

Case No. _____
(if known)

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* 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 \$2,775* 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 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/13) - Cont.

In re Medical Ambulance Services, 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. 2297 Ana L. Medina Maldonado Calle 46 AA26 Urb. Villas de Loiza Canóvanas PR 00976		Incurred: 2013-2014 Consideration: Vacations				1,080.00	540.00	540.00
ACCOUNT NO. 7502 Anthony Huertas-Feliciano Calle Parque #92 Barrio Candelaria Toa Baja PR 00949		Incurred: 2014 Consideration: Vacations				276.18	276.18	0.00
ACCOUNT NO. 6561 Esther P. Mañanán-Hidalgo Calle 40 SE #1117 Reperto Metropolitano San Juan PR 00921		Incurred: 2013-2014 Consideration: Vacations				2,560.00	480.00	2,080.00
ACCOUNT NO. 1004 Francisco López-Pérez Calle Marginal B-16 Ext Forest Hill Bayamón PR 00959		Incurred: 2013-2014 Consideration: Vacations				4,860.00	600.00	4,260.00
Subtotal >						\$ 8,776.18	\$ 1,896.18	\$ 6,880.00
(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. 1 of 5 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

B6E (Official Form 6E) (04/13) - Cont.

In re Medical Ambulance Services, 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. 1718 Giovanni C. Gómez PO Box 10838 San Juan PR 00922		Incurred: 2013-2014 Consideration: Vacations				1,646.25	150.00	1,496.25
ACCOUNT NO. 6352 Jesús A Fontáñez-Davila Urd. Jardines Cerro Gordo Calle 4 #C10 San Lorenzo PR 00754		Incurred: 2013-2014 Consideration: Vacations				3,840.00	480.00	3,360.00
ACCOUNT NO. 9401 Marco A. Martell Maestre Avenida Esteves #48 Utuaado PR 00641		Incurred: 2014 Consideration: Vacations				240.00	240.00	0.00
ACCOUNT NO. 9813 Sara Morales Ramos PO Box 50 Trujillo Alto PR 00977		Incurred: 2013-2014 Consideration: Vacations				828.00	480.00	348.00
Subtotal						\$ 6,554.25	\$ 1,350.00	\$ 5,204.25
(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. 2 of 5 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

B6E (Official Form 6E) (04/13) - Cont.

In re Medical Ambulance Services, 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. 8871 Sindy Mercadi Rivera Urb. Gardenia Calle Dalia #15 Manati PR 00674		Incurred: 2013-2014 Consideration: Vacations				1,213.00	217.50	995.50
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
Subtotal >						\$ 1,213.00	\$ 217.50	\$ 995.50
(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 5 continuation sheets attached to Schedule of Creditors Holding Priority Claims

B6E (Official Form 6E) (04/13) - Cont.

In re Medical Ambulance Services, 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. 66-0581450 CRIM PO BOX195387 San Juan PR 00936-5387		Consideration: Personal Tax				Notice Only	Notice Only	Notice Only
ACCOUNT NO. 3228740003 Department of Labor Edificio Prudencio Rivera Martinez 505 Muñoz Rivera Ave. San Juan PR 00919		Consideration: Unemployment			X	29,344.58	29,344.58	0.00
ACCOUNT NO. 3228740003 Department of Labor Edificio Prudencio Rivera Martinez 505 Muñoz Rivera Ave. San Juan PR 00919		Consideration: Disability			X	29,660.10	29,660.10	0.00
ACCOUNT NO. 66-0581450 Department of Treasury Bankruptcy Section 1504 235 Ave. Arterial Hostos San Jaun PR 00918-1454		Consideration: Employment Witheld				Notice Only	Notice Only	Notice Only
Subtotal >						\$ 59,004.68	\$ 59,004.68	\$ 0.00
Total >						\$		
Totals >						\$	\$	\$

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

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

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

B6E (Official Form 6E) (04/13) - Cont.

In re Medical Ambulance Services, 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. 66-0581450 Internal Revenue Services PO Box 7346 Philadelphia PA 19101-7446		Consideration: FICA 941PR & 940PR			X	25,000.00	25,000.00	0.00
ACCOUNT NO. 66-0581450 Municipio de San Juan PO Box 70179 San Juan PR 00936-8179		Incurred: 2010-2015 Consideration: Municipality License (Patents) Y 2015 \$5,171.24; Y 2013 \$8,599.22; Y 2012 \$4,043.71; Y 2010 \$2,732.04			X	20,287.63	16,861.78	3,425.85
ACCOUNT NO. 0212001586 State Insurance Fund Corp. PO Box 365028 San Juan PR 00936-5028		Incurred: 2003-2014 Consideration: Workmen's compensation Y 2014 \$2,930.57; Y 2013 \$3,613.49; Y 2006 \$3,009.40; Y 2005 \$1,109.82; Y 2003 \$4,421.92			X	15,085.20	6,544.06	8,541.14
ACCOUNT NO.								
Subtotal						\$ 60,372.83	\$ 48,405.84	\$ 11,966.99
(Totals of this page)								
Total						\$ 135,920.94		
(Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)								
Totals						\$	\$ 110,874.20	\$ 25,046.74
(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. 5 of 5 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

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

In re Medical Ambulance Services, 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.

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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. Autoexpreso PO Box 11888 San Juan PR 00922-1888		Incurred: 2013-2014 Consideration: Toll Fines In the amount of \$2,287.30 detailed in Autoridad de Carreteras creditor.				Notice Only
ACCOUNT NO. Autoridad de Carreteras y Transportacion PO Box 41269 Minillas Station San Juan PR 00940-1269		Incurred: 2013-2014 Consideration: Autoexpreso-Toll Fines			X	2,287.30
ACCOUNT NO. Carlos M. Rivera Matos Esq. C/O Sucesión Doña María García et al Edif. Villa Nevarez Prof. oficna 307 Rio Piedras PR 00927		Incurred: 15-Nov-2013 Consideration: Re: Civil Case KPE2013-5340 Suc. Doña María Garcias et al vs. Medical Ambulance Services Inc. et al Collection of Money & Eviction Judgment dated on June 26, 2014	X	X	X	15,000.00
ACCOUNT NO. Iván N. Salcedo Maldonado, Esq. C/O Municipio de San Juan Cond. Garden Valley Club 3950 Carr. 176 Apt 119 San Juan PR 00926		Incurred: 21-may-2014 Consideration: Re: KCD2014-1136 Mun San Juan vs Medical Ambulance Inc. Collection of Money-Municipality License (Patents)	X	X	X	Notice Only
Subtotal >						\$ 17,287.30
Total >						\$

1 continuation sheets attached

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

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

In re Medical Ambulance Services, 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		AMOUNT OF CLAIM
			UNLIQUIDATED	DISPUTED	
ACCOUNT NO. Rosalia Correa-Rodriguez Dept del Trabajo & Rec Humanos Neg de Normas y Trabajo PO Box 195540 San Juan PR 00919-5540		Incurred: 4-sep-2014 Consideration: Querellas: A1-D1-BW-0114-13 & A1-D1-BW-0113-13 Christmas Bonus Investigation Year 2011 & 2012	X	X	Notice Only
ACCOUNT NO. Vicente Santori-Margarida Esq. C/O Sucesión Santana, et al P.O. Box 9024098 San Juan PR 00902-4098		Incurred: 13-Apr-2013 Consideration: Re: Civil Case KDP2013-0454 Lydia Esther Carlderón; Suc. Santana, et al vs. Medical Ambulance Services Inc. Bench & Damages	X	X	175,000.00
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
Subtotal >					\$ 175,000.00
Total >					\$ 192,287.30

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

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

In re Medical Ambulance Services, 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.
María del Carmen Jiménez Sors Calle de Diego #359 Rio Piedras PR 00919	Lease agreement dated on January 13, 2014, for commercial local #359 in De Diego St. Rio Piedras PR. Monthly Payment \$2.000 & Term: Five (5) years.
Medical Card System (MCS) MCS Plaza Suite 1600 252 Ponce de Leon Ave. Hato Rey PR 00902-3547	Health Care Provider No. 66-0581450
Triple S Inc. Division Medicare Optimo PO Box 363628 San Juan PR 00936-3628	Health Care Provider No. 66-0581450 and 0053504
Triple S Salud PO Box 11820 San Juan PR 00922	Health Care Provider 66-0581450
Medicare y Muchos Mas/Preferred Medical Choice PO Box 71114 San Juan PR 00936-8014	Health Case Provided 66-0581450
Triple-S Advantage PO Box 11880 San Juan PR 00922	Health Care Provided 66-0581450
First Coast Service Option PO Box 45036 Jacksonville FL 32232-5036	Health Case Provider 66-0581450 NPI; 1346215191 No. Proveedor; 0053504

In re Medical Ambulance Services, Inc.
 Debtor

Case No. _____
 (if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES
 (Continuation Page)

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.
Humana Health Plans of PR Inc. 383 Ave. FD Roosevelt San Juan PR 00918-2131	Health Care Provided NPI:1346215191 No. Proveedor; 91900223
Cigna Health Care Connecticut General Life Insurance PO Box 182223 Chattanooga, TN 37422-7223	Health Care Provided Núm. Proveedor; 66-0581450
Center of Medicare & Medical Service (CMS) Office of the Regional Administrator Jacobs K. Javit Federla Bldg 26 Federla Plaza Room 3811 New York, NY 10278-0063	Health Care Provider NPI; 1346215191 No. Proveedor; 0053504

B6H (Official Form 6H) (12/07)

In re Medical Ambulance Services, 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
Dionis J. Gonzalez-Nuñez P.O. Box 190872 San Juan PR 00919-0872	Sucesión Doña María García Carrión & Others Carlos M. Rivera Matos, Esq. Edif. Villa Nevares Prof. Ofic 307 Rio Piedras PR 00927

Medical Ambulance Services, 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 Medical Ambulance Services, 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 September 16, 2014

Signature: _____ DIONIS J. GONZÁLEZ-NUÑEZ

[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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UNITED STATES BANKRUPTCY COURT
District of Puerto Rico

In Re Medical Ambulance Services, 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.

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.

"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 persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

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.)

None
[]

Table with 4 columns: Year, Amount, Source, and Fiscal Year. Rows include 2014 (650,000 Estimated Gross Income), 2013 (1,031,852 Gross Income per 2013 Corp Tax Return), and 2012 (960,713 Gross Income per 2012 Corp Tax Return).

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 \$6,225*. 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 4/01/16, 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 A

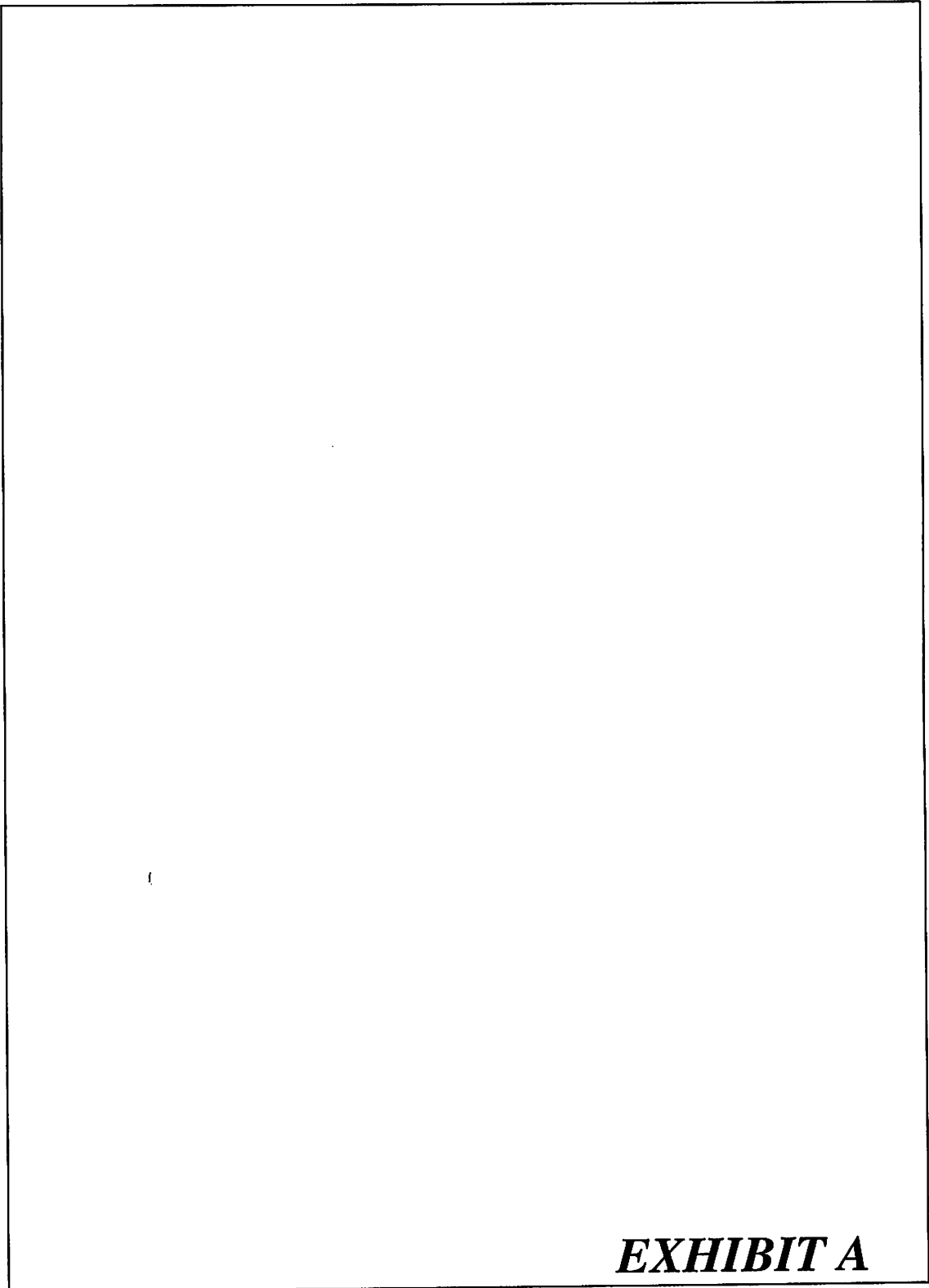


EXHIBIT A

Medical Ambulance Services Inc.

Detalles de pagos hechos sobre \$600

Cta. Taxes	fecha	# cheque	total	Concepto
IRS	7/22/2014	1197	\$ 2,000.00	Planilla 941-PR
IRS	7/31/2014	1214	854.75	Planilla 941-PR
IRS	8/11/2014	1216	2,000.00	Planilla 941-PR

Cta. General	fecha	# cheque	total	Concepto
Maria Del Camen Jimenez	6/11/2014	7048	2,000.00	Renta local comercial
Station One y/O Firas	6/11/2014	7067	1,000.00	Diesel
Triple -S	6/18/2014	7083	1,674.00	Pronto de póliza de ambulancias
Jorge Navia Hernández	6/19/2014	7089	750.00	Auditor
Dilenia M. Ramirez	6/20/2014	7096	1,000.00	Pintura local comercial
Jorge Navia Hernández	6/27/2014	7088	750.00	Contable
Maria Del Camen Jimenez	7/9/2014	7107	2,000.00	Renta local comercial
Jorge Navia Hernández	7/18/2014	7115	750.00	Auditor
Dionis J. González	7/17/2014	7117	650.00	Diesel
Jorge Navia Hernández	7/29/2014	7127	750.00	Auditor
Ana L. Medina	8/5/2014	7130	650.00	Diesel
Zoila Siri Garcia	8/5/2014	7131	721.00	Diesel
Maria Del Camen Jimenez	8/10/2014	7133	2,000.00	Renta local comercial
Brian Maldonado	8/14/2014	7145	1,574.44	pago de cheques devueltos de salarios mas recargos
Jorge Navia Hernández	8/18/2014	7147	850.00	Auditor
Jorge Navia Hernández	8/18/2014	7148	850.00	Auditor

Cta. Payroll	fecha	# cheque	total	Concepto
Ramón Monge	6/27/2014	6711	\$ 1,369.68	pago de cheques devueltos de salarios mas recargos
Zoila Siri Garcia	7/10/2014	6725	802.45	Vacaciones 2012-2013
Dilenia M Ramirez	8/5/2014	6829	1,107.20	Vacaciones 2012-2013

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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See Exhibit B

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
Sucesión Doña María García et al vs. Medical Ambulance Inc. Civil Num. KPE2013-5340	Collection of Money & Eviction	Commonwealth of PR First Instance Court Subsection of San Juan	Judgement dated on June 26, 2014
PR Department of Labor vs Dionis González & Medical Ambulance A1-D1-BW-0114-13 & A1-D1-BW-0113-13	Christmas Bonus-Investigation	PR Departemnt of Labor Negociado de Normas de Trabajo	Pending
Lydia Esther Calderon; Sucesión Santana Pimentel, et al vs. Medical Ambulance Services Inc. Civil Case No. KDP2013-0454	Bench & Damages	Commonwealth of PR First Instance Court Subsection of San Juan	Pending
Municipio de San Juan vs. Medical Ambulance Services Inc. Civil Case No. KCD2014-1136	Collection of Money	Commonwealth of PR First Instance Court Subsection of San Juan	Pending

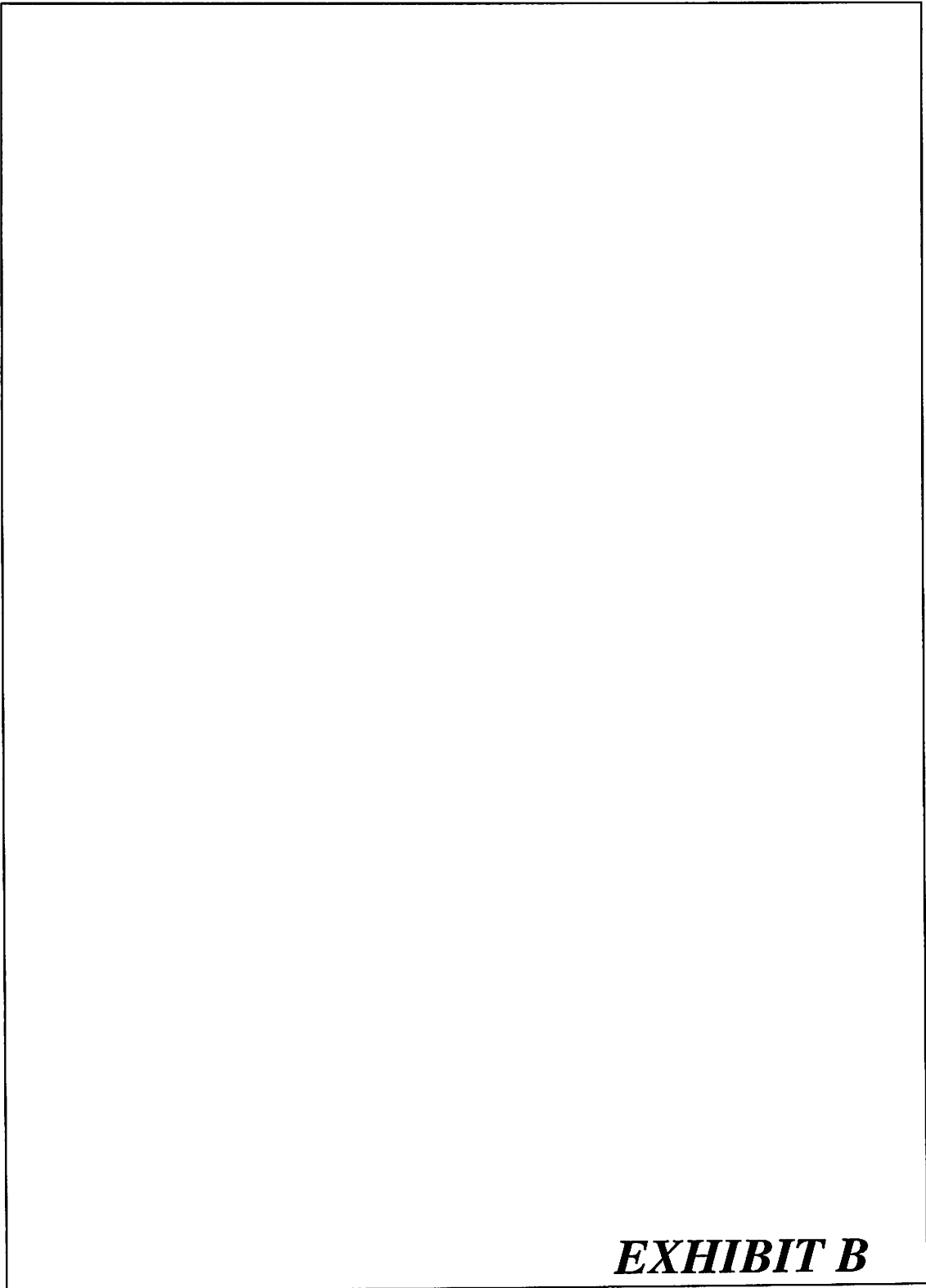


EXHIBIT B

Medical Ambulance Systems Inc.					
Listado Cheques a Insiders					
Fecha	# cheque	Cta Doral	Beneficiario	Cantidad	Concepto
9/4/2013	5444	0640003950-Payroll	Ana I. Medina	\$ 331.46	salario
9/4/2013	5463	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
9/4/2013	5447	0640003950-Payroll	Dilenia Ramirez	368.00	salario
9/4/2013	5460	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
9/4/2013	5459	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
9/4/2013	5461	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
9/11/2013	5476	0640003950-Payroll	Ana I. Medina	331.46	salario
9/11/2013	5494	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
9/11/2013	5479	0640003950-Payroll	Dilenia Ramirez	368.40	salario
9/11/2013	5491	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
9/11/2013	5481	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
9/11/2013	5492	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
9/16/2013	5511	0640003950-Payroll	Ana I. Medina	331.46	salario
9/16/2013	5507	0640003950-Payroll	Dilenia Ramirez	368.40	salario
9/16/2013	5510	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
9/16/2013	5508	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
9/16/2013	5909	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
9/18/2013	5529	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
9/18/2013	5514	0640003950-Payroll	Dilenia Ramirez	368.40	salario
9/18/2013	5526	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
9/18/2013	5516	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
9/18/2013	5527	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
9/24/2013	5545	0640003950-Payroll	Dilenia Ramirez	368.40	salario
9/24/2013	5546	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
9/25/2013	5547	0640003950-Payroll	Ana I. Medina	331.46	salario
9/25/2013	5564	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
9/25/2013	5579	0640003950-Payroll	Ana I. Medina	331.46	salario
9/25/2013	5549	0640003950-Payroll	Dilenia Ramirez	368.40	salario
9/25/2013	5561	0640003950-Payroll	Dilenia Ramirez	125.00	Car Allowance
9/25/2013	5551	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
9/25/2013	5562	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
9/26/2013	5544	0640003950-Payroll	Ana I. Medina	996.38	vacaciones
10/2/2013	5591	0640003950-Payroll	Ana I. Medina	331.46	salario
10/2/2013	5609	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
10/2/2013	5593	0640003950-Payroll	Dilenia Ramirez	368.40	salario
10/2/2013	5605	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
10/2/2013	5595	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
10/2/2013	5606	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
10/8/2013	5627	0640003950-Payroll	Ana I. Medina	331.46	salario
10/8/2013	5656	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
10/8/2013	5629	0640003950-Payroll	Dilenia Ramirez	368.40	salario
10/8/2013	5640	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
10/8/2013	5631	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
10/8/2013	5641	0640003950-Payroll	Dionis Gonzalez	1,661.90	vacaciones
10/8/2013	5653	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
10/10/2013	5659	0640003950-Payroll	Dilenia Ramirez	1,107.20	vacaciones
10/15/2013	5662	0640003950-Payroll	Dilenia Ramirez	368.40	salario

10/15/2013	5664	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
10/15/2013	5663	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
10/15/2013	5665	0640003950-Payroll	Dionis Gonzalez	1,661.90	vacaciones
10/16/2013	5666	0640003950-Payroll	Ana I. Medina	331.46	salario
10/17/2013	5692	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
10/23/2013	5696	0640003950-Payroll	Ana I. Medina	331.46	salario
10/23/2013	5713	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
10/23/2013	5694	0640003950-Payroll	Dilenia Ramirez	368.40	salario
10/23/2013	5699	0640003950-Payroll	Dilenia Ramirez	368.40	salario
10/23/2013	5710	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
10/23/2013	5701	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
10/23/2013	5711	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
10/31/2013	5729	0640003950-Payroll	Ana I. Medina	331.46	salario
10/31/2013	5744	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
10/31/2013	5731	0640003950-Payroll	Dilenia Ramirez	368.40	salario
10/31/2013	5742	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
10/31/2013	5733	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
10/31/2013	5743	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
11/6/2013	6543	064-0003968-Operacional	Ana L Medina	300.00	adelanto de sueldo
11/8/2013	5765	0640003950-Payroll	Ana I. Medina	331.46	salario
11/8/2013	5781	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
11/8/2013	5768	0640003950-Payroll	Dilenia Ramirez	368.40	salario
11/8/2013	5779	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
11/8/2013	5770	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
11/8/2013	5780	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
11/12/2013	5796	0640003950-Payroll	Ana I. Medina	996.38	vacaciones
11/14/2013	5798	0640003950-Payroll	Ana I. Medina	331.46	salario
11/14/2013	5815	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
11/14/2013	5801	0640003950-Payroll	Dilenia Ramirez	368.40	salario
11/14/2013	5812	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
11/14/2013	5803	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
11/14/2013	5813	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
11/20/2013	5831	0640003950-Payroll	Ana I. Medina	331.46	salario
11/20/2013	5848	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
11/20/2013	5834	0640003950-Payroll	Dilenia Ramirez	368.40	salario
11/20/2013	5845	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
11/20/2013	5836	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
11/20/2013	5846	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
11/27/2013	5870	0640003950-Payroll	Ana I. Medina	331.46	salario
11/27/2013	5885	0640003950-Payroll	Ana I. Medina	200.00	Car Allowance
11/27/2013	5873	0640003950-Payroll	Dilenia Ramirez	368.40	salario
11/27/2013	5884	0640003950-Payroll	Dilenia Ramirez	125.00	Car Allowance
11/27/2013	5875	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
11/27/2013	5885	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
12/4/2013	5907	0640003950-Payroll	Ana I. Medina	331.46	salario
12/4/2013	5924	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
12/4/2013	5910	0640003950-Payroll	Dilenia Ramirez	368.40	salario
12/4/2013	5921	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
12/4/2013	5912	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
12/4/2013	5922	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina

12/11/2013	5940	0640003950-Payroll	Dilenia Ramirez	368.40	salario
12/11/2013	5951	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
12/11/2013	5942	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
12/11/2013	5952	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
12/18/2013	5977	0640003950-Payroll	Ana I. Medina	331.46	salario
12/18/2013	5972	0640003950-Payroll	Dilenia Ramirez	368.40	salario
12/18/2013	5976	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
12/18/2013	5973	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
12/18/2013	5975	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
12/20/2013	5993	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
12/27/2013	6007	0640003950-Payroll	Ana I. Medina	331.46	salario
12/27/2013	6021	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
12/27/2013	6018	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
12/27/2013	6009	0640003950-Payroll	Dilenia Ramirez	368.40	salario
12/27/2013	6019	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
12/27/2013	6011	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
1/16/2014	6066	0640003950-Payroll	Ana I. Medina	331.46	salario
1/16/2014	6068	0640003950-Payroll	Dilenia Ramirez	368.40	salario
1/16/2014	6070	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
1/17/2014	6098	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
1/17/2014	6099	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
1/28/2014	6104	0640003950-Payroll	Ana I. Medina	331.46	salario
1/28/2014	6108	0640003950-Payroll	Dilenia Ramirez	368.40	salario
1/28/2014	6110	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
1/30/2014	6121	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
1/30/2014	6139	0640003950-Payroll	Ana I. Medina	331.40	salario
1/30/2014	6118	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
1/30/2014	6119	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
2/6/2014	6176	0640003950-Payroll	Ana I. Medina	331.40	salario
2/6/2014	6193	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
2/6/2014	6180	0640003950-Payroll	Dilenia Ramirez	368.40	salario
2/6/2014	6190	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
2/6/2014	6182	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
2/6/2014	6191	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
2/21/2014	6231	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
2/21/2014	6218	0640003950-Payroll	Ana I. Medina	331.46	salario
2/21/2014	6220	0640003950-Payroll	Dilenia Ramirez	368.40	salario
2/21/2014	6222	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
2/28/2014	6260	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
3/4/2014	6272	0640003950-Payroll	Ana I. Medina	331.46	salario
3/4/2014	6274	0640003950-Payroll	Dilenia Ramirez	368.40	salario
3/4/2014	6298	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
3/4/2014	6276	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
3/4/2014	6299	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
3/13/2014	6337	0640003950-Payroll	Dilenia Ramirez	368.40	salario
3/14/2014	6306	0640003950-Payroll	Ana I. Medina	331.46	salario
3/14/2014	6320	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
3/14/2014	6311	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
3/18/2014	6343	0640003950-Payroll	Dilenia Ramirez	368.40	salario
3/18/2014	6344	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina

3/20/2014	6367	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
3/20/2014	6352	0640003950-Payroll	Dilenia Ramirez	368.40	salario
3/20/2014	6366	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
3/20/2014	6354	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
3/20/2014	6365	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
3/26/2014	6908	064-0003968-Operacional	Ana L Medina	1,000.00	Petty Cash & Diesel
3/27/2014	6386	0640003950-Payroll	Dilenia Ramirez	368.40	salario
4/3/2014	6919	064-0003968-Operacional	Dionis J. Gonzalez	1,300.00	Viaje de Negocios
4/4/2014	6391	0640003950-Payroll	Ana I. Medina	331.46	salario
4/4/2014	6407	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
4/4/2014	6394	0640003950-Payroll	Dilenia Ramirez	368.40	salario
4/4/2014	6396	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
4/4/2014	6410	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
4/9/2014	6324	0640003950-Payroll	Dilenia Ramirez	368.40	salario
4/14/2014	6434	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
4/14/2014	6439	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
4/14/2014	6934	064-0003968-Operacional	Dionis J. Gonzalez	1,000.00	Viaje de Negocios
4/15/2014	6441	0640003950-Payroll	Dilenia Ramirez	368.40	salario
4/15/2014	6442	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
4/17/2014	6448	0640003950-Payroll	Dilenia Ramirez	1,107.20	vacaciones
4/23/2014	6465	0640003950-Payroll	Ana I. Medina	331.46	salario
4/23/2014	6485	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
4/23/2014	6467	0640003950-Payroll	Dilenia Ramirez	368.40	salario
4/23/2014	6487	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
4/23/2014	6469	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
4/23/2014	6486	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
4/30/2014	6488	0640003950-Payroll	Dilenia Ramirez	368.40	salario
4/30/2014	6489	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
5/1/2014	6490	0640003950-Payroll	Ana I. Medina	331.46	salario
5/1/2014	6503	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
5/1/2014	6492	0640003950-Payroll	Dilenia Ramirez	368.40	salario
5/1/2014	6505	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
5/1/2014	6494	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
5/1/2014	6501	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
5/6/2014	6519	0640003950-Payroll	Dilenia Ramirez	368.40	salario
5/6/2014	6522	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
5/6/2014	6520	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
5/6/2014	6521	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
5/12/2014	6537	0640003950-Payroll	Ana I. Medina	331.46	salario
5/12/2014	6558	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
5/12/2014	6539	0640003950-Payroll	Dilenia Ramirez	368.40	salario
5/12/2014	6555	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
5/12/2014	6541	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
5/12/2014	6556	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
5/13/2014	6562	0640003950-Payroll	Ana I. Medina	331.46	salario
5/13/2014	6563	0640003950-Payroll	Ana I. Medina	160.00	Car Allowance
5/15/2014	6564	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
5/15/2014	6565	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
5/23/2014	6573	0640003950-Payroll	Ana I. Medina	331.46	salario
5/23/2014	6587	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance

5/23/2014	6575	0640003950-Payroll	Dilenia Ramirez	368.40	salario
5/23/2014	6585	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
5/23/2014	6577	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
5/23/2014	6586	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
5/27/2014	6597	0640003950-Payroll	Dilenia Ramirez	368.40	salario
5/27/2014	6599	0640003950-Payroll	Dilenia Ramirez	368.40	salario
5/27/2014	6596	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
5/27/2014	6598	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
6/4/2014	6605	0640003950-Payroll	Ana I. Medina	331.46	salario
6/4/2014	6618	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
6/4/2014	6607	0640003950-Payroll	Dilenia Ramirez	368.40	salario
6/4/2014	6619	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
6/4/2014	6609	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
6/4/2014	6620	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
6/12/2014	6629	0640003950-Payroll	Ana I. Medina	331.46	salario
6/12/2014	6646	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
6/12/2014	6631	0640003950-Payroll	Dilenia Ramirez	368.40	salario
6/12/2014	6643	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
6/12/2014	6633	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
6/12/2014	6644	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
6/18/2014	6682	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
6/20/2014	6659	0640003950-Payroll	Ana I. Medina	331.46	salario
6/20/2014	6658	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
6/20/2014	6661	0640003950-Payroll	Dilenia Ramirez	368.40	salario
6/20/2014	6663	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
6/26/2014	6684	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
6/26/2014	6695	0640003950-Payroll	Ana I. Medina	331.46	salario
6/26/2014	6698	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
7/8/2014	6718	0640003950-Payroll	Dilenia Ramirez	368.40	salario
7/8/2014	6721	0640003950-Payroll	Dilenia Ramirez	150.00	Car Allowance
7/8/2014	6719	0640003950-Payroll	Dionis Gonzalez	200.00	Car Allowance
7/8/2014	6722	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
7/17/2014	7117	064-0003968-Operacional	Dionis J. Gonzalez	650.00	Viaje de Negocios
7/21/2014	6763	0640003950-Payroll	Ana I. Medina	331.46	salario
7/21/2014	6765	0640003950-Payroll	Dilenia Ramirez	368.40	salario
7/21/2014	6767	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
8/1/2014	6802	0640003950-Payroll	Ana I. Medina	331.46	salario
8/1/2014	6815	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
8/1/2014	6804	0640003950-Payroll	Dilenia Ramirez	368.40	salario
8/1/2014	6806	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
8/4/2014	6824	0640003950-Payroll	Dilenia Ramirez	368.40	salario
8/4/2014	6827	0640003950-Payroll	Dionis Gonzalez	1,661.30	vacaciones
8/5/2014	6829	0640003950-Payroll	Dilenia Ramirez	1,107.20	vacaciones
8/5/2014	6833	0640003950-Payroll	Dilenia Ramirez	368.40	salario
8/5/2014	6830	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
8/5/2014	6832	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
8/6/2014	6835	0640003950-Payroll	Ana I. Medina	331.46	salario
8/6/2014	6837	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
8/18/2014	6870	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina
8/19/2014	6866	0640003950-Payroll	Ana I. Medina	331.46	salario

8/19/2014	6879	0640003950-Payroll	Ana I. Medina	125.00	Car Allowance
8/19/2014	6868	0640003950-Payroll	Dilenia Ramirez	368.40	salario
8/19/2014	6888	0640003950-Payroll	Dilenia Ramirez	368.40	salario
8/19/2014	6890	0640003950-Payroll	Dionis Gonzalez	553.10	Nómina

\$ 89,457.52

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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
Wigberto Lugo Mender Lugo Mender Group LLC Centro Internacional de Mercadeo Carr. 165 Torre I Suite 501 Guaynabo PR 00968	September 7, 2014 Payor: Lisette M. De León 4922 SW 166th Ave. Miramar Florida 33027-4904	\$4,000 plus filing fees

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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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.

None



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
Calle De Diego 591 Sector Sabana Llana Urb. Gonzalez Seijo Rio Piedras PR 00924	Sucesión de Doña María-García	Year 1999 to 2013

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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None

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.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

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.

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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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
Medical Ambulance Services Inc.	66-0581450	PO Box 190872 San Juan PR 00919-0872	Ambulance Services	Oct 9, 1998 to present

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
CPA Enrique Silva Almeyda Centro Internacional de Mercadeo Carr 165 Torre 1 Suite 504 Guaynabo PR 00968	2008 to present

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
CPA Enrique Silva Almeyda	Centro Internacional de Mercadeo Carr 165 Torre 1 Suite 504 Guaynabo PR 00968	2008 to present

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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

Dionis J. Gonzalez P.O. Box 190872
San Juan, PR 00919-0872

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

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)

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

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

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
Dionis J. Gonzalez-Nuñez PO Box 190872 San Juan PR 00919-0872	President	100% Stockholder
Dilena M. Ramirez-Siri PO Box 190872 San Juan PR 00919-0872	Treasurer	N/A
Ana L. Medina Maldonado PO Box 190872 San Juan PR 00919-0872	Secretary	N/A

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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[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 September 16, 2014

Signature

DIONIS J. GONZÁLEZ-NUÑEZ
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.

Ana L. Medina Maldonado
Calle 46 AA26
Urb. Villas de Loiza
Canóvanas PR 00976

Anthony Huertas-Feliciano
Calle Parque #92
Barrio Candelaria
Toa Baja PR 00949

Autoexpreso
PO Box 11888
San Juan PR 00922-1888

Autoridad de Carreteras y Transportacion
PO Box 41269
Minillas Station
San Juan PR 00940-1269

Carlos M. Rivera Matos Esq.
C/O Sucesión Doña María García et al
Edif. Villa Nevarez Prof.
oficna 307
Rio Piedras PR 00927

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Chattanooga TN 37422-7223

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Chattanooga, TN 37422-7223

CIGNA Health Care
Conneticut Life Insurance
PO Box 182223
Chattanooga, TN 37422-7223

CRIM
PO BOX195387
San Juan PR 00936-5387

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

Department of Treasury
Bankruptcy Section 1504
235 Ave. Arterial Hostos
San Jaun PR 00918-1454

Dionis J. Gonzalez-Nuñez
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San Juan PR 00919-0872

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Francisco López-Pérez
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Ext Forest Hill
Bayamón PR 00959

Giovanni C. Gómez
PO Box 10838
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Humana Health Plans of PR Inc.
383 Ave. FD Roosevelt
San Juan PR 00918-2131

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Internal Revenue Services
PO Box 7346
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Calle 4 #C10
San Lorenzo PR 00754

Marco A. Martell Maestre
Avenida Esteves #48
Utuaado PR 00641

María del Carmen Jiménez Sors
Calle de Diego #359
Rio Piedras PR 00919

Medical Card System (MCS)
MCS Plaza Suite 1600
252 Ponce de Leon Ave.
Hato Rey PR 00902-3547

Medicare
26 Federal Plaza, Room 3811
New york, NY 10278-0063

Medicare y Mucho Mas/
Preferred Medical Choice
PO Box 71114
San Juan PR 00936-8014

Medicare y Muchos Mas/Preferred Medical Choice
PO BNox 71114 San Juan PR 00936-8014

Municipio de San Juan
PO Box 70179
San Juan PR 00936-8179

Rosalia Correa-Rodriguez
Dept del Trabajo & Rec Humanos
Neg de Normas y Trabajo
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Sara Morales Ramos
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Sindy Mercadi Rivera
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Calle Dalia #15
Manati PR 00674

State Insurance Fund Corp.
PO Box 365028
San Juan PR 00936-5028

Triple S Inc.
Division Medicare Optimo
PO Box 363628
San Juan PR 00936-3628

Triple S Salud
PO Box 11820 San Juan PR 00922

Triple S-Salud
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San Juan PR 00922

Triple-S Advantage
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P.O. Box 9024098
San Juan PR 00902-4098

B203
12/94

United States Bankruptcy Court District of Puerto Rico

In re Medical Ambulance Services, 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 \$ 0.00

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

Balance Due \$ 0.00

2. The source of compensation paid to me was:

Debtor Other (specify) Paid by Mrs. Lisette M. Leon

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]

Payments of fees and expenses in this case are subject to the filing of an application for compensation to be served to creditors and parties in interest, and to be approved by the Honorable Court.


6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

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

September 16, 2014

Date


Signature of Attorney

Lugo Mender Group LLC

Name of law firm