

IN RE:

Case No. _____

COLONIAL MEDICAL MANAGEMENT CORP

Chapter **11**

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

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

For legal services, I have agreed to accept \$ **200.00/hr**
 Prior to the filing of this statement I have received \$ **10,000.00**
 Balance Due \$ _____

2. The source of the compensation paid to me was: Debtor Other (specify):

3. The source of compensation to be paid to me is: Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

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

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

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CERTIFICATION

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

March 13, 2014

Date

/s/ DAMARIS QUINONES

DAMARIS QUINONES 2137-009
 Lcda. Damaris Quinones
 Box 429
 Cabo Rojo, PR 00623-0429
 (787) 851-7866 Fax: (787) 851-1717
 damarisqv@bufetequinones.com

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)
OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$46 administrative fee: Total fee \$1213)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

COLONIAL MEDICAL MANAGEMENT CORP

Chapter 11

Debtor(s)

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

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

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.)

X
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

COLONIAL MEDICAL MANAGEMENT CORP
Printed Name(s) of Debtor(s)

X /s/
Signature of Debtor
3/13/2014
Date

Case No. (if known)

X
Signature of Joint Debtor (if any)
Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

| United States Bankruptcy Court District of Puerto Rico | | Voluntary Petition |
|--|---|--|
| Name of Debtor (if individual, enter Last, First, Middle): COLONIAL MEDICAL MANAGEMENT CORP | | Name of Joint Debtor (Spouse) (Last, First, Middle): |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 66-0765464 | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): |
| Street Address of Debtor (No. & Street, City, State & Zip Code): VILLA GRILLASCA 1243 MUNOZ RIVERA PONCE, PR | | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): |
| ZIPCODE 00717-0634 | | ZIPCODE |
| County of Residence or of the Principal Place of Business: Ponce | | County of Residence or of the Principal Place of Business: |
| Mailing Address of Debtor (if different from street address): PO BOX 1716 ANASCO, PR | | Mailing Address of Joint Debtor (if different from street address): |
| ZIPCODE 00610 | | ZIPCODE |
| Location of Principal Assets of Business Debtor (if different from street address above): CARR 402 KM 1.8 BO MARIAS, ANASCO, PR | | ZIPCODE 00610 |
| 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.) Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input checked="" type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | 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 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. |
| 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 debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). 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). |
| 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 type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | |
| Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | | |

| | | | |
|---|--|---|--|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | Name of Debtor(s): COLONIAL MEDICAL MANAGEMENT CORP | |
| All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) | | | |
| Location Where Filed: None | Case Number: | Date Filed: | |
| Location Where Filed: | Case Number: | Date Filed: | |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) | | | |
| Name of Debtor: None | Case Number: | Date Filed: | |
| District: | Relationship: | Judge: | |
| <p style="text-align:center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p> | <p style="text-align:center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="text-align:center;">X _____ 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 a 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 a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) | | | |
| <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(l)). | | | |

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Voluntary Petition

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

Name of Debtor(s):

COLONIAL MEDICAL MANAGEMENT CORP

Signatures

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

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

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

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

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

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ DAMARIS QUINONES

Signature of Attorney for Debtor(s)

DAMARIS QUINONES 2137-009
Lcda. Damaris Quinones
Box 429
Cabo Rojo, PR 00623-0429
(787) 851-7866 Fax: (787) 851-1717
damarisqv@bufetequinones.com

March 13, 2014

Date

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

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 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 preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

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

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

Address

X _____
Signature

Date

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

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

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ LUIS JORGE LUGO VELEZ

Signature of Authorized Individual

LUIS JORGE LUGO VELEZ

Printed Name of Authorized Individual

PRESIDENT

Title of Authorized Individual

March 13, 2014

Date

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

IN RE:

Case No. _____

COLONIAL MEDICAL MANAGEMENT CORP

Chapter **11**

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

| (1) Name of creditor and complete mailing address including zip code | (2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted | (3) Nature of claim (trade debt, bank loan, government contract, etc.) | (4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff | (5) Amount of claim (if secured also state value of security) |
|--|---|---|---|--|
| Lease Option Company PO Box 40851 San Juan, PR 00940-0851 | | Common Stockholder | | 265,913.40 |
| Mercedes Benz Financial Services RR 1 PO Box 29 Carolina, PR 00979 | | Common Stockholder | Contingent | 247,475.00 |
| Popular Auto 1901 Ave. Jesus T. Pineiro Suite 405 San Juan, PR 00920-5608 | | Common Stockholder | | 162,249.60 |
| Municipio De Anasco Apartado 1385 Anasco, PR 00610-1385 | | | | 158,399.99 |
| ORIENTAL FINANCIAL GROUP 997 SAN ROBERTO ST SAN JUAN, PR 00926 | | | | 152,000.00 Collateral: 0.00 Unsecured: 152,000.00 |
| Departamento De Hacienda Area De Rentas PO BOX 9024140 SAN JUAN, PR 00902-4140 | | | | 142,119.00 |
| Beckman Coulter Puerto Rico PO Box 742075 Atlanta, GA 30384-2075 | | | | 29,959.00 |
| BAN POPULAR DE PUERTO RICO PO BOX 71375 SAN JUAN, PR 00936 | | | | 25,000.00 |
| IRS CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 PHILADELPHIA, PA 19101-7346 | | | | 20,448.55 |
| Gumedic Hospital Supllies HC-7 Box 2500 Mayaguez, PR 00680 | | | | 12,505.71 |
| Medical And Vaccine PR PO Box 7468 Caguas, PR 00726-7428 | | | | 11,680.81 |
| Diagnostic Imaging Services PO Box 11923 San Juan, PR 00922-1923 | | | | 11,559.34 |
| Word Financial Corp PO Box 364027 San Juan, PR 00936-4027 | | | | 10,854.00 |

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| | |
|--|----------|
| Advance Radiology PO Box 4129 Mayaguez, PR 00681 | 9,388.00 |
| David Alicea Hernand Hc 37 Box 5377 Guanica, PR 00653-5377 | 8,403.29 |
| UMECO PO Box 195536 San Juan, PR 00919-5536 | 7,902.88 |
| Medixs Corp PO Box 363 Mercedita, PR 00715 | 7,800.00 |
| Angel L. Torres PO Box 1415 Sabana Grande, PR 00637 | 6,174.00 |
| Sabiamed PO Box 6150 Caguas, PR 00726-6150 | 5,895.00 |
| KRK Medical PO Box 367391 San Juan, PR 00936-7391 | 4,090.13 |

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

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

Date: **March 13, 2014**

Signature: **/s/ LUIS JORGE LUGO VELEZ**

LUIS JORGE LUGO VELEZ, PRESIDENT

(Print Name and Title)

IN RE:

Case No. _____

COLONIAL MEDICAL MANAGEMENT CORP

Chapter **11**

Debtor(s)

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 also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|-------------------|---------------|------------------------|------------------------|-------|
| A - Real Property | Yes | 1 | \$ 0.00 | | |
| B - Personal Property | Yes | 3 | \$ 2,430,102.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 152,000.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | \$ 169,772.01 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 7 | | \$ 1,496,757.84 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | No | | | | \$ |
| J - Current Expenditures of Individual Debtor(s) | No | | | | \$ |
| TOTAL | | 17 | \$ 2,430,102.00 | \$ 1,818,529.85 | |

IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) 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 cotenant, 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 the 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)

IN RE COLONIAL MEDICAL MANAGEMENT CORP

Case No. _____

Debtor(s)

(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 the 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).

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| 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 |
|---|--------------------------------------|---|--|--|
| <ol style="list-style-type: none"> 1. Cash on hand. 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. 3. Security deposits with public utilities, telephone companies, landlords, and others. 4. Household goods and furnishings, include audio, video, and computer equipment. 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. 7. Furs and jewelry. 8. Firearms and sports, photographic, and other hobby equipment. 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each issue. 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).) 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. 13. Stock and interests in incorporated and unincorporated businesses. Itemize. 14. Interests in partnerships or joint ventures. Itemize. | <p style="text-align: center;">X</p> | <p style="text-align: center;">Flexicuenta -8179 Operational Account</p> | | <p style="text-align: right;">20,000.00</p> |

IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) 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 |
|---|------|--|------------------------------------|---|
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | | Dr. Jorge Anglero - Insider | | 282,915.00 |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | Pablo A.Serrano - Insider | | 411,744.00 |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interest, 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 of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | | CNC | | 1,200,000.00 |
| 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 | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | Cadillac Escalade 2012 | | 150,000.00 |
| | | Mercedes Benz S550 2010 | | 140,000.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | Admisnitration equipment See attachment | | 48,041.00 |
| 28. Office equipment, furnishings, and supplies. | | Emergency Room Equipment See Attachment | | 53,425.00 |
| 29. Machinery, fixtures, equipment, and supplies used in business. | | X ray and Laboratory Equipment See attachment | | 112,477.00 |
| 30. Inventory. | | Medical - Surgery and Maintenance Supplies - See Attachment | | 11,500.00 |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |

IN RE COLONIAL MEDICAL MANAGEMENT CORP

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| 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 |
|--|------------------|--------------------------------------|---|---|
| 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize. | X X X | | | |

TOTAL 2,430,102.00

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

0 continuation sheets attached

ADMINISTRACIÓN

| | |
|------------------------------------|-----------|
| 1) 19 computadoras @ \$599 c/u | \$11,381 |
| 2) 1 laptop Apple @ \$2000 | \$2,000 |
| 3) 3 iPad @ \$700 | \$2,100 |
| 4) 1 servidor @ \$18,000 | \$18,000 |
| 5) 2 computadoras @ \$600 c/u | \$1,200 |
| 6) 2 computadoras @ \$ 450 c/u | \$900 |
| 7) 1 computadora @ \$550 | \$550 |
| 8) 3 fotocpiadoras | \$7,000 |
| 9)3 escritorios @ \$ 89 c/u | \$267 |
| 10) 5 sillas @ 89 c/u | \$445 |
| 11) 1 printer laser @ \$500 | \$500 |
| 12) 1 cuadro telefónico @ \$3,500 | \$3,500 |
| 13) 2 celulares iPhone @ \$ 99 c/u | \$198 |
| | |
| TOTAL | \$ 48,041 |

INVENTARIO

SALA DE EMERGENCIA

| | |
|---|----------|
| 1) 8 camillas @ \$2,500 c/u | \$20,000 |
| 2) 10 sillas de terapia respiratoria @ \$400 c/u | \$4,000 |
| 3) 1 máquina de EKG @ \$2,900 | \$2,900 |
| 4) 1 monitor cardíaco @ \$3,000 | \$3,000 |
| 5) 1 defibrilador @ \$ 3,500 | \$3,500 |
| 6) 1 carro de paro pediátrico @ \$1,800 | \$1,800 |
| 7) 2 carritos de signos vitales @ \$1,500 c/u | \$3,000 |
| 8) 1 máquina de hielo @ \$1,700 | \$1,700 |
| 9) 20 sillas @ \$30 c/u | \$600 |
| 10) 3 televisores | \$950 |
| 11) 1 camilla de examen pediátrico @ \$2,700 | \$2,700 |
| 12) 3 escritorios @ \$250 c/u | \$750 |
| 13) 1 máquina de succión @ \$375 | \$375 |
| 14) 2 compresores de terapia respiratoria @ \$750 c/u | \$1,500 |
| 15) 16 cortinas | \$6,000 |
| 16) 1 nevera (área medicamentos S.E.) @ \$150 | \$150 |
| 17) 1 nevera (área almacén) @ \$500 | \$500 |
| | |
| TOTAL | \$53,425 |

RAYOS X

1) 1 reveladora de placas @ \$27,000 \$27,000

LABORATORIO

1) 1 máquina de hematología @ \$45,000 \$45,000

2) 1 máquina de química @ \$ 60,000 \$60,000

3) 1 máquina para orina @ \$4,500 \$4,500

4) 1 centrífuga @ \$450 \$450

5) rotadores @ \$250 \$ 250

6) 2 sillas de tecnólogos @ \$375 c/u \$750

7) 5 sillas @ 30 c/u \$150

8) 2 sillas de secretaria @ \$89 c/u \$178

9) 1 silla para toma de muestras @ \$575 \$575

10) 1 base de cambio para niños @ \$179 \$179

11) 5 escritorios @ \$ 89 c/u \$445

TOTAL \$ 112,477



Fecha solicitud: 3/11/14

Solicitado por:

| Material | Inventario | Cantidad Despachada | Fecha Despacho | Total Almacen |
|---|-------------------|---------------------|----------------|---------------|
| .9nss/500ml | | | | |
| .9nss/50ml (pigi) | | | | |
| 0.5 Dextrosa / 50 ml (pigi) | | | | |
| 0.5 Dextrosa / 500ml | | | | |
| Lactated Ringer/500ml | | | | |
| Agua Esteril botella irrigar | 1 pote | | | |
| Agua oxigenada | 1 pote | | | |
| Agua Salina botella Irrigar | 10 cajas+16ind | | | |
| Agujas 21 x 1 1/2 Safety | | | | |
| Agujas 23 x 1 1/2 Safety | | | | |
| Alcohol pads | 28 box de 200 | | | |
| Ambu Bag Adulto | | 3 | | |
| Ambu Bag Pediatrico | | 8 | | |
| Angio 18 safety | | | | |
| Angio 20 Safety | | | | |
| Angio 22 Safety | | | | |
| Angio 24 Safety | 18 individuales | | | |
| Aplicadores de algodón | 1,500 aplicadores | | | |
| Aplicadores de Betadyne | 5 cajas de 50 | | | |
| Batas Azules | 1 box | | | |
| Betadyne Solution | | | | |
| Bisturi desechable | | 70 | | |
| Blue Pads | 17 pqt | | | |
| Botella agua tanque oxigeno (Aqua Pack) | | 8 | | |
| Cabestrillo large | | 0 | | |
| Cabestrillo medium | | 0 | | |
| Cabestrillo small | | 6 | | |
| Candado Carro de Paro | | | | |
| Canister de Succión | | 0 | | |
| Canulas de Adultos | | | | |
| Canulas Pediatricas | | 20 | | |
| Cast Padding 2" | 3pqt de 24 | | | |
| Cast Padding 3" | 3pqt de 12 | | | |
| Cast Padding 4" | 5pqt de 12 | | | |
| Cast Padding 6" | 3pqt de 6+4ind | | | |
| Cateter Succion 14 | | | | |
| Cateter Succion 16 | | | | |
| Catherization Set Adultos 14 | | | | |
| Catherization Set Pediatricos 8 | | | | |
| chats | | 38 | | |
| Cidex | | | | |
| Collares cervicales blandos large | | 1 | | |
| Collares cervicales blandos medium | | 3 | | |
| Collares cervicales blandos small | | 3 | | |
| Collares cervicales pediatricos rigidos | | | | |
| Connecting Tube for suction 5MM (1/4 in.) | | 25 | | |
| Cover otoscopio desechable | 1 pqt/850 units | | | |
| cover termómetros desechables | | | | |
| curitas regulares | | | | |
| depresores de lengua | 1 box de 500 | | | |
| E. T. Tape | | | | |
| Electrodos EKG | | | | |
| Electrodos monitor soporte foam | | | | |

| Material | Inventario | Cantidad Despachada | Fecha Despacho | Total Almacen |
|--|--------------|---------------------|----------------|---------------|
| Eparin Lock | | | | |
| Esparadrapo | 5 box de 12 | | | |
| Eye Pads | | | | |
| Finguer Splint large | | | | |
| Finguer Splint medium | | | | |
| Finguer Splint small | | | | |
| Fleet Enema | | | | |
| Folley Tray 16 | | 22 | | |
| Folley Tray 18 | | | | |
| Gasas 2x2 | | | | |
| Gasas 4x4 | | 13 | | |
| Gasas Esteriles 4x4 | | | | |
| Gel conductivo (surgical lubricant) | | 6 | | |
| Gorro enfermeras | 3 box de 100 | | | |
| Guantes esteriles 7 | | | | |
| Guantes esteriles 7 1/2 | 5 box de 50 | | | |
| Guantes esteriles 8 | | | | |
| Guantes large | | 5 | | |
| Guantes medium | | 13 | | |
| Guantes small | | | | |
| Guide Wire 38" | | 1 | | |
| Hand Sanitizer | | | | |
| Hilo de sutura 2.0 | | 0 | | |
| Hilo de sutura 3.0 | 6 ind | | | |
| Hilo de sutura 4.0 | 9 ind | | | |
| Hilo de sutura 5.0 | 4 ind | | | |
| Hilo de sutura 6.0 | | 0 | | |
| Hilo de sutura cromado 3.0 | | | | |
| Hilo de sutura cromado 4.0 | 2 pqt de 12 | | | |
| Hilo de sutura cromado 5.0 | 1 pqt | | | |
| Irrigation Set | | 37 | | |
| Jeringuilla 10cc 10 ml /nn | 7 box de 100 | | | |
| jeringuilla 3cc | | | | |
| Jeringuilla 5cc | | | | |
| Jeringuilla 60cc | 1 caja | | | |
| Jeringuilla de Insulina | 1 cajas | | | |
| Kit Remover Sutura | | 29 | | |
| Kit Sutura (Wound Closure Tray) | | | | |
| Labels para sueros | | | | |
| Lancetas para dextrosa safety | 28 unidades | | | |
| Lineas Primarias | | | | |
| Lineas Secundarias | | | | |
| Mascarillas con protector de ojos | 30 unidades | | | |
| Mascarillas Quirurgicas | | | | |
| Mascarillas Terapia Adulto | 2 unidades | | | |
| Mascarillas Terapia Pediatrico | | | | |
| Mastisol liquid | | 1 | | |
| Nasal Airway | | | | |
| Non Rebreatin Mask (NRM 100%) Adulto | | 137 | | |
| Non Rebreatin Mask (NRM 100%) Pediatrico | | 85 | | |
| Ob Gyn kit | 8 ind | | | |
| Oral Airway | | | | |
| Papel Camilla | 4 unidades | | | |
| Papel EKG | 3 pqt | | | |
| Papel Monitor Cardiaco | 9 cajas | | | |
| Petroleum Jelly (Surgical Lubricant) | | | | |
| Rifoneras | 28 unidades | | | |
| Razuradoras desechables | 1 pqt de 10 | | | |
| Reguladores de Sueros | | 28 | | |
| Pinos | | 20 | | |
| Sabanas de papel desechables | 2 cajas | | | |
| Sharp container Grande | | | | |

| Material | Inventario | Cantidad Despachada | Fecha Despacho | Total Almacen |
|---|------------------|---------------------|----------------|---------------|
| Speculum Vaginal desechable medium | 1 caja | | | |
| Stockinette Sterile 2" | 1 caja | | | |
| Suction Catheter 12 (Sonda de succion) | 90 | | | |
| Suction Catheter 14 (Sonda de succion) | 88 | | | |
| Suction Catheter 16 (Sonda de Succion) | 92 | | | |
| Suction Catheter 18 (Sonda de Succion) | 90 | | | |
| Tablas de inmovilizar pediatricas | 1 box de 50 + 34 | | | |
| Tablas de inmovilizar adulto | | | | |
| Tirillas maquina dextrosa | | | | |
| Triple Antibiotico | 3 cajas | | | |
| Tubos Endotraqueales 3 | 3 | | | |
| Tubos Endotraqueales 4 | 3 | | | |
| Tubos Endotraqueales 5 | 3 | | | |
| Tubos Endotraqueales 6 | 2 | | | |
| Tubos Endotraqueales 6.5 | 3 | | | |
| Tubos Endotraqueales 7 | | | | |
| Tubos Endotraqueales 7.5 | 22 | | | |
| Tubos Endotraqueales 8 | 6 | | | |
| Tubos Nasogastricos 10 | | | | |
| Tubos Nasogastricos 12 | 37 | | | |
| Tubos Nasogastricos 14 | 43 | | | |
| Tubos Nasogastricos 16 | 88 | | | |
| Tubos Nasogastricos 8 | 84 | | | |
| Urinales | 27 | | | |
| Vasos Medicamentos | | | | |
| Vendaje de gaza 2" | | | | |
| Vendaje de gaza 3" | | | | |
| Vendaje de gaza 4" | | | | |
| Vendaje elastico 2" x 5yd | | | | |
| Vendaje elastico 3" x 5yd | | | | |
| Vendaje elastico 4" x 5yd | | | | |
| vendaje elastico 6" x 5yd | | | | |
| Yeso 2" | 2 pqt | | | |
| Yeso 3" | | | | |
| Yeso 4" | | | | |
| Yeso 5" | | | | |
| Yeso 6" | | | | |
| Madacide FD | 5 | | | |
| Duodenal tube size 8 CH (Sonda Deudenal) | 37 | | | |
| Duodenal tube size 10 CH (Sonda Deudenal) | 40 | | | |
| Monitor de Glucosa | 1 | | | |
| Probe termometro rectal | | | | |
| Probe termometro oral | | | | |
| Airway Kit 80mm | 5 | | | |
| Airway Kit 90mm | 5 | | | |
| Airway Kit 60 mm | 5 | | | |
| Nasophageal airway 22 FR | 1 | | | |
| Nasophageal airway 24 FR | 1 | | | |
| Nasophageal airway 26 FR | 3 | | | |
| Nasophageal airway 30 FR | 3 | | | |
| Regulador de Oxigeno | | | | |
| Sure Lock EKG | | | | |
| Incision & Drainge Instrument Tray | | | | |
| Suture Strips | 1 box | | | |
| Agujas 22 x 1 1/2 | | | | |

Despachado por: _____

Fecha: _____

Recibido por: _____

Fecha: _____

Fecha solicitud: 3/11/14

Solicitado por:

| Medicamento | Inventario | Cantidad Despachada | Fecha Despacho |
|---|-------------------------------|---------------------|----------------|
| 4.2% Sodium Bicarbonate Infant Inj. 5m | | | |
| 50% Dextrose Inj. (Hipertonica) | 12 cajas ind | | |
| 50% Sulfate Magnesium Inj. | | | |
| 8.4% Sodium Bicarbonate Inj. 50mEq | | | |
| Aceite Mineral | 3 potes | | |
| Acetaminophen 500mg (Tylenol) niño | 2 cajitas | | |
| Acetaminophen Liquido (IOPHEN) | 1 pote | | |
| Acetaminophen Supositorios 120mg | | | |
| Acetaminophen Supositorios 325mg | | | |
| Adenosine Inj. 6 mg single-dose | 7 vials | | |
| Agua esteril Inj. (diluir medicamento) | 1 caja de 25 vials | | |
| Albuterol Inh. (proventyl gotero) | 1 pote | | |
| Albuterol Inh. Sol. (proventyl) | 1 caja + 1 pqt de 30 | | |
| Aminophilline Inj. 250 mg | | | |
| Amiodarone Inj. 150 mg | 3 cajas de 25 vials + 7 vials | | |
| Ampicillin Inj. 500 mg | | | |
| Ampolletas Terapia Agua Salina | 28 individuales | | |
| Antiacido (Rulox) | | | |
| Antipyrine and Benzocaine Otic (Gotas oidos) | | | |
| Aspirin Tablets 81 | | | |
| Atropine 0.4 mg | 8 vials | | |
| Bulbital Acetaminophen and Caffeine Tabs (Floracet) | 1 pote de 500 tabs | | |
| Calcium Chloride Inj. 10% | | | |
| Calcium Gluconate Inj. 10% | | | |
| Captopril Tablets o Caps (Capoten) 12.5mg | 2 potes | | |
| Carbon activado adulto (Kerrinsta-Char) | 2 potes | | |
| carbon activado pediatrico | 8 potes | | |
| Cefazolin Inj. (Ancef) | | | |
| Childrens Ibuprophen (Advil Liq.) | | | |
| Cyclobenzaprine Hydrochloride Tabs o caps | 1 pote de 100 tabs | | |
| Crixivan 400mg | 1 pote | | |
| Dexamethasone Inj. (Decadron) (Single Dose) | | | |
| Dexamethasone Inj. (Decadron) (Multiple Dose) | | | |
| Dexamethasone Oral Sol. (Decadron) .5mg | 1 pote | | |
| Dicyclomine Oral (Bentyl Liq.) | | | |
| Digoxin Inj. 500mg/3ml | 10 vials | | |
| Dimenhydrinate Tabs (Dramamina) | | | |
| Diphenhydramine Caps o tabs (Benadryl Caps) 50mg | 1 pote de 100 tabs | | |
| Diphenhydramine Inj. (Benadryl) 50 mg | 18 vials | | |
| Diphenhydramine Liq. (Benadryl Liq) (Q-dryl) | 15 potes | | |
| Dopamine Inj. 400mg | | | |
| Enalaprilat Inj. 1.25 (Vasotec) 10 x caja | 16 cajas + 5 ind | | |
| Epinephrine Inj. 1:10,000 | | | |
| Epinephrine Inj. 1:1000 | 1 caja de 25 vials+ 10 ind | | |
| Evipir Tabs 150mg | | | |
| Famotidine Inj. (Pepcid) | | | |
| Furosemide Inj. (lasix) 20 mg | 3 cajas de 25 vials | | |
| Guaifenesin DM (Iophen DM-NR liquido) | | | |

| Medicamento | Inventario | Cantidad Despachada | Fecha Despacho |
|--|---|---------------------|----------------|
| Humulin R Inj. (Insulina) | | | |
| Hydroxyzine Inj. 25mg/ml (Vistaril) | | | |
| Ibuprophen Children liquido | 1 pote | | |
| Invirase 500mg | | | |
| Ipratropium Bromide Inh. (Atrovent) | 1 paqt de 30 | | |
| Kenalog | | | |
| Ketorolac Inj. 30 mg (Toradol 30) | 1 caja de 25 + 21 vials | | |
| Leche Magnesia | 8 potes | | |
| Levophed mg (Norepinephrine inj) 4mg | 7 ampolletas | | |
| Lidocaine HCl 2% (local anesthetic) | 2 vials | | |
| Lidocaina 100mg/Bolo | | | |
| Lidocaine Jelly 2% | 4 cajitas | | |
| Lidocaine Viscosa 2% Oral topic sol. | 3 potes | | |
| Loperamide Oral (Imodium Liquido) | 3 potes | | |
| Loperamide Tabs o caps 2mg | | | |
| Naloxone Inj. (Narcan) 0.4mg/ml | | | |
| Nyroglicerín 0.2mg/hr | 4 sobres | | |
| Nyroglicerín 0.4mg/hr | 17 sobres | | |
| Nyroglicerín Tablets | | | |
| Phenytoin Inj. (Dilantin) 100mg | 8 vials | | |
| Pitressin (Vasopressin Inj.) | 35 vials | | |
| Promethazine Inj. (phenergan) 25mg | 2 vials | | |
| Racpinephrine Inh. Sol. (Vaponefrina) | | | |
| Supositorios de Glicerina | | | |
| Tramadol | 1 pote de 500 tabs | | |
| Sylvadene Cream 1% | 2 potes pequeños | | |
| Tetracaine Ophtalmic Sol. (Gotas ojos) | | | |
| Thiamine Inj. | | | |
| Tigan Inj. | | | |
| Verapamil In. 5mg | 4 cajas de 25 vials c/u | | |
| Zidovudine 100mg | | | |
| Hidroxyzine Pamoate 25mg | | | |
| Forosemide Tablets 40mg | 1 pote de 100 tabs + 1 pote de 1,000 tabs | | |
| .45 / 500ml | | | |
| Metricide 28 | 1 galon | | |
| Jeringuillas 1ML | 2 cajas | | |
| Jeringuillas 20ML | 2 cajas | | |
| Solumedrol | 4 vials | | |
| Sulfato de Magnesio | 5 cajas de 25 vials+24vials | | |
| Ketorolac Inj. 60 mg (Toradol 60) | | | |
| Zantac 50mg | 1 pote | | |
| Orphenadrine Citrate | 1 vials | | |
| DicyclomineTabletas (Bentyl) 20mg | 2 potes | | |
| Ammonia Inhalant | 1 caja de 12 + 7ind | | |
| Clonidine Hydrochloride 0.1mg | 1 pote de 1,000 | | |
| Clonidine Hydrochloride 0.2mg | 1 pote de 1,000 | | |
| Vasopression 1 ml injection | | | |
| Sodium Bicarbonate 4.2% | 13 vials | | |
| Visine A | 2 cajitas | | |
| Procainamide Hydrochloride | 20 vials | | |
| Lactulose 15 ML | 4 potes | | |

| Producto | Cantidad | Tipo |
|---|----------|----------|
| Ajax | 31 | Potes |
| Spray Shine Furniture Polish | 11 | Potes |
| Inopak Enrich Hand Soap | 2 | Galones |
| Prime Source "Luster" Bathroom Disinfectant | 2 | Potes |
| Papel Baño Bathroom Tissue | 3 | Rollos |
| Papel de mano "Sunny Care" 8'*600' | 11 | Rollos |
| Carroll " Clear Lemon" Disinfectant | 4 | Galones |
| Fabuloso para mapear | 9 | Botellas |
| Seargent Mop "Glass surface cleaner" | 11 | Botellas |
| Clorox | 14 | Galones |
| Ferapas para barrer 5"*24* | 6 | |
| Bolsas de Basura Negras 24"*24" | 13 | rollos |
| Bolsas de Basura Negras 40"*48" | 1 | rollo |
| Mapos "Heather Green" #20 | 8 | |
| Esponjas de brillo | 9 | |
| Mapos desechables | 2 | |
| Palos de escoba | 7 | |
| Palos de mapo | 1 | |

B6C (Official Form 6C) (04/13)
IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) Case No. _____ (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

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

Check if debtor claims a homestead exemption that exceeds \$155,675. *

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

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|-------------------------|--------------------------------------|----------------------------|--|
| Not Applicable | | | |

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* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) Case No. _____ (If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the 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 the 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.

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| CREDITOR'S NAME AND 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. ORIENTAL FINANCIAL GROUP 997 SAN ROBERTO ST SAN JUAN, PR 00926 | | 06/29/2012 Mortgage Loan | | | | 152,000.00 | 152,000.00 |
| | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | VALUE \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | VALUE \$ | | | | | |

0 continuation sheets attached

| | | |
|----------------------------------|----------------------|----------------------|
| Subtotal (Total of this page) | \$ 152,000.00 | \$ 152,000.00 |
| Total (Use only on last page) | \$ 152,000.00 | \$ 152,000.00 |

(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 COLONIAL MEDICAL MANAGEMENT CORP

Case No. _____

Debtor(s)

(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 the 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).

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.

1 continuation sheets attached

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IN RE COLONIAL MEDICAL MANAGEMENT CORP

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(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. Departamento De Hacienda Area De Rentas PO BOX 9024140 SAN JUAN, PR 00902-4140 | | 2013 Taxes | | | | 2,163.94 | 2,163.94 | |
| ACCOUNT NO. Departamento De Hacienda Area De Rentas PO BOX 9024140 SAN JUAN, PR 00902-4140 | | Income tax employee retention | | | | 142,119.00 | 142,119.00 | |
| ACCOUNT NO. DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMA PO BOX 1020 SAN JUAN, PR 00919-1020 | | 2013-2014 | | | | 3,714.17 | 3,714.17 | |
| ACCOUNT NO. DEPARTAMENTO DEL TRABAJO Y RECURSOS HUMA PO BOX 1020 SAN JUAN, PR 00919-1020 | | 2014 Dissability Insurance | | | | 585.91 | 585.91 | |
| ACCOUNT NO. IRS CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 PHILADELPHIA, PA 19101-7346 | | 1040 PR 2014 | | | | 740.44 | 740.44 | |
| ACCOUNT NO. IRS CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 PHILADELPHIA, PA 19101-7346 | | Social Security 2013-2014 | | | | 20,448.55 | 20,448.55 | |

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

Subtotal
(Totals of this page)

| | | |
|---------------|---------------|----|
| \$ 169,772.01 | \$ 169,772.01 | \$ |
|---------------|---------------|----|

Total

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

| | | |
|---------------|--|--|
| \$ 169,772.01 | | |
|---------------|--|--|

Total

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

| | | |
|--|---------------|----|
| | \$ 169,772.01 | \$ |
|--|---------------|----|

IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) 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 the 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 nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT UNLIQUIDATED | | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|-------------------------|--|----------|------------------|
| | | | | | | |
| ACCOUNT NO. Advance Radiology PO Box 4129 Mayaguez, PR 00681 | | Radiology Servives 2013-2014 | | | | 9,388.00 |
| ACCOUNT NO. Alied Computer SE PO Box 3320 Caguas, PR 00726-3320 | | 2012 Computers and electronic equipment | | | | 1,000.00 |
| ACCOUNT NO. Angel L. Torres PO Box 1415 Sabana Grande, PR 00637 | | 2014 | | | | 6,174.00 |
| ACCOUNT NO. BAN POPULAR DE PUERTO RICO PO BOX 71375 SAN JUAN, PR 00936 | | Credit Line | | | | 25,000.00 |

6 continuation sheets attached

Subtotal (Total of this page) \$ **41,562.00**

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

IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) 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, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. Beckman Coulter Puerto Rico PO Box 742075 Atlanta, GA 30384-2075 | | 2013-2014 Clinical Laboratory reactives and supplies | | | | 29,959.00 |
| ACCOUNT NO. Clinical Diagnostics Of Puerto Rico PMB 590 Po Box 29029 San Juan, PR 00929 | | 2013 Clinical Laboratory chemicals and supplies | | | | 925.00 |
| ACCOUNT NO. Colegio De Tecnologos Medicos Ave. San Patricio F1 Guaynabo, PR 00968 | | 2013 Stamps | | | | 20.00 |
| ACCOUNT NO. David Alicea Hernand Hc 37 Box 5377 Guanica, PR 00653-5377 | | 2013-2014 Money Loan to Corporation | | | | 8,403.29 |
| ACCOUNT NO. Diagnostic Imaging Services PO Box 11923 San Juan, PR 00922-1923 | | 2013 Clinical Laboratory Equipment and supplies | | | | 11,559.34 |
| ACCOUNT NO. Er Professional Services HC-3 PO Box 30384 Aguadilla, PR 00603 | | 2013-2014 Emergency Room Supplies | | | | 2,511.00 |
| ACCOUNT NO. F. Baragano Inc. PO Box 64421 San Juan, PR 00936 | | 2014- Clinical Laboratory Supplies | | | | 842.99 |

Sheet no. 1 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **54,220.62**

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

IN RE **COLONIAL MEDICAL MANAGEMENT CORP** Debtor(s) 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> | DEBTOR 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. Gumedic Hospital Supllies HC-7 Box 2500 Mayaguez, PR 00680 | | 2013-2014 Medical surgery equipment and supplies | | | | 12,505.71 |
| ACCOUNT NO. Hospira Puertop Rico PO Box 71365 San Juan, PR 00936-1365 | | 2013-2014 Medical Surgical Supplies | | | | 4,017.78 |
| ACCOUNT NO. Image First PO Box 371325 Cayey, PR 00737 | | 2013-2014 Radiology and Imaging Supplies | | | | 1,252.17 |
| ACCOUNT NO. KRK Medical PO Box 367391 San Juan, PR 00936-7391 | | 2013-2014 Medical Surgival Equipment and Supplies | | | | 4,090.13 |
| ACCOUNT NO. Lab Care Instruments PMB 738 Winston Churchil Ave. San Juan, PR 00928 | | 2014 Clinical Laboratory Supplies | | | | 1,848.00 |
| ACCOUNT NO. Lab Warehouse PO Box 125 Lajas, PR 00667 | | 2013 Clinical Laboratory Supplies | | | | 487.97 |
| ACCOUNT NO. Laboratorio Clinico Calle Palma 51 Arecibo, PR 00617 | | 2014 Reference Laboratory Services | | | | 1,636.32 |

Sheet no. 2 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **25,838.08**

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

Total
\$

IN RE **COLONIAL MEDICAL MANAGEMENT CORP** Debtor(s) 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> | DEBTOR 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. Laboratorio M Landron Calle JJ Acosta #46 Vega Baja, PR 00693 | | 2013-2014 Reference Laboratory Services | | | | 1,776.61 |
| ACCOUNT NO. Labtech Solutions 11Ts St.. 1290 Urb. Monte Carlo San Juan, PR 00924 | | 2013-2014 Clinical Laboratory Supplies | | | | 1,140.00 |
| ACCOUNT NO. Lease Option Company PO Box 40851 San Juan, PR 00940-0851 | | 2013 Lease of Medical and Electronic Equipment | | | | 265,913.40 |
| ACCOUNT NO. Luis J. Lugo Velez Po Box 712 Mercedita, PR 00715-0712 | | 2012-2014 Money Loaned to Corporation | | | | 268,775.00 |
| ACCOUNT NO. Man Science Group PO Box 3876 Carolina, PR 00984 | | 2014 Medical Supplies | | | | 596.52 |
| ACCOUNT NO. Medical And Vaccine PR PO Box 7468 Caguas, PR 00726-7428 | | 2013-2014 Medications | | | | 11,680.81 |
| ACCOUNT NO. Medical Biotronics PO Box 2952 Bayamon, PR 00717 | | 2013-2014 Medical Surgical Equipment and Supplies | | | | 2,437.50 |

Sheet no. 3 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **552,319.84**

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

IN RE **COLONIAL MEDICAL MANAGEMENT CORP** Debtor(s) 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> | DEBTOR 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. Medixs Corp PO Box 363 Mercedita, PR 00715 | | 2013- 2014 Medical Surgical Supplies | | | | 7,800.00 |
| ACCOUNT NO. Mercedes Benz Financial Services RR 1 PO Box 29 Carolina, PR 00979 | | 2013 One Mercedes was subject of return balance of debt will vary upon the sale of the property. | X | | | 247,475.00 |
| ACCOUNT NO. Multigases PR Carr 129 KM 10.1 Bo Campo ALEGRE Hatillo, PR 00659 | | 2014 Oxigen | | | | 1,307.05 |
| ACCOUNT NO. Municipio De Anasco Apartado 1385 Anasco, PR 00610-1385 | | 2013-2014 Medical Facilities Lease | | | | 158,399.99 |
| ACCOUNT NO. Nypro Medical Of PR PO Box 810263 Carolina, PR 00983 | | 2014 Medication | | | | 1,501.86 |
| ACCOUNT NO. Ojeda CPA Group, PCS PMB 204 PO Box 7105 Ponce, PR 00732-7105 | | 2014 Accounting Services | | | | 2,100.00 |
| ACCOUNT NO. Oscar Quintero Serrano PMB 194 1575 Ave. Munoz Rivera Suite I Ponce, PR 00731-0224 | | 2012-2014 Money Loan to Corporation | | | | 200,000.00 |

Sheet no. 4 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **\$ 618,583.90**

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

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IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) 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> | CODEBTROR 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. Pedro J. Almodovar PO Box 1716 Anasco, PR 00610 | | 2014 | | | | 225.00 |
| ACCOUNT NO. Pharma Medic Distributors PO Box 2067 Coamo, PR 00769 | | 2014 Medication | | | | 549.83 |
| ACCOUNT NO. Popular Auto 1901 Ave. Jesus T. Pineiro Suite 405 San Juan, PR 00920-5608 | | 2012 Car LOan | | | | 162,249.60 |
| ACCOUNT NO. Puerto Rico Telephone /Calrp PR Po Box 70366 San Juan, PR 00936-0366 | | 2014 Telecommunication services | | | | 3,428.30 |
| ACCOUNT NO. Ricardo Machado MD PO Box 619 Anasco, PR 00610 | | 2014 Professional Services | | | | 3,120.00 |
| ACCOUNT NO. Sabiamed PO Box 6150 Caguas, PR 00726-6150 | | 2-13-2014 Electronic Record Keeping Services | | | | 5,895.00 |
| ACCOUNT NO. Sr. Medical Waste Com Las Flores Calle Margarita BZN 9 Aguada, PR 00610 | | 2014 Biomedical Waste | | | | 3,777.50 |

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Sheet no. 5 of 6 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **179,245.23**

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

IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) Case No. (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

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| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | DEBTOR 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. Sur Copy Inc. 3237 Ave Fagot Urb. Santa Teresita Ponce, PR 00730 | | 2014 Copy Machine Sercives | | | | 1,303.00 |
| ACCOUNT NO. Torcos Inc PO Box 29708 San Juan, PR 00929 | | 2013-2014 Chenical and Janitorial Supplies | | | | 3,506.13 |
| ACCOUNT NO. UMECO PO Box 195536 San Juan, PR 00919-5536 | | 2013-2014 Medical Surgical Supplies | | | | 7,902.88 |
| ACCOUNT NO. Western Paper PO Box 3696 Aguadilla, PR 00605 | | 2014 Paper and Office Supplies | | | | 398.16 |
| ACCOUNT NO. Word Financial Corp PO Box 364027 San JUAN, PR 00936-4027 | | 2013 Loan | | | | 10,854.00 |
| ACCOUNT NO. Zyzon Laboratories PO Box 2081 Aguada, PR 00602 | | 2014 Clinical LABORATORY Supplies | | | | 1,024.00 |
| ACCOUNT NO. | | | | | | |

Sheet no. 6 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) \$ **24,988.17**

Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ **1,496,757.84**

IN RE COLONIAL MEDICAL MANAGEMENT CORP

Case No. _____

Debtor(s)

(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. |
|--|--|
| Mercedes Benz Financial Services RR 1 PO Box 29 Carolina, PR 00979 | Company Car Lease |
| Mercedes Benz Financial Services RR 1 PO Box 29 Carolina, PR 00979 | Company Car Lease |
| Popular Auto 1901 Ave. Jesus T. Pineiro Suite 405 San Juan, PR 00920-5608 | Company Car Lease |
| Lease Option Company PO Box 40851 San Juan, PR 00940-0851 | Computers and Servers Lease |
| Lease Option Company PO Box 40851 San Juan, PR 00940-0851 | Fuji FCR KL2 Equipment Lease |
| Lease Option Company PO Box 40851 San Juan, PR 00940-0851 | Kyocera copier lease |
| Municipio De Anasco Apartado 1385 Anasco, PR 00610-1385 | Medical Facility Lease |
| Lease Option Company PO Box 40851 San Juan, PR 00940-0851 | Mmedical Biotronics Equipment Lease |
| Lease Option Company PO Box 40851 San Juan, PR 00940-0851 | Urinalisis 1800 Analyzer |

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IN RE COLONIAL MEDICAL MANAGEMENT CORP

Case No. _____ (If known)

Debtor(s)

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 the 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. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

IN RE COLONIAL MEDICAL MANAGEMENT CORP Debtor(s) 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(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required 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 the document.

Address _____

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 provision 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 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 **COLONIAL MEDICAL MANAGEMENT CORP** (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 **18** 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: **March 13, 2014** Signature: **/s/ LUIS JORGE LUGO VELEZ**

LUIS JORGE LUGO VELEZ (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.

Document Page 38 of 46
United States Bankruptcy Court
District of Puerto Rico

Case No. _____

Chapter 11 _____

IN RE:

COLONIAL MEDICAL MANAGEMENT CORP

Debtor(s)

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; any managing agent of the debtor.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year.

AMOUNT SOURCE
-476,884.00 Income 2012

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, 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.

3. Payments to creditors

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

None 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.

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 \$6,255.* 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 the date of adjustment.

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.)

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 |
|--|-------------------------|------------------------------|-----------------------|
| Prtogressive Financial Vs Colonial Medical JACI 201400220 | Money Collection | Ponce Municipal Court | Filed |

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.)

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 |
|---|---|-----------------------------------|
| Mercedez Benz Financial Services RR 1 PO Box 29 Carolina, PR 00979 | 2014 | Mercedez Benz 350E 2013 |

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 joint petition is not filed.)

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.)

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.)

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.)

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 |
|--|---|--|
| DAMARIS QUINONES BOX 429 CABO ROJO, PR 00623 | 03/11/2014 | 10,000.00 |

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.)

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

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 or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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.)

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.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None If debtor has moved within 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.

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.

17. Environmental Information

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.

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.

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.

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, partner in a partnership, sole proprietor, 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 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 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 six years immediately preceding the commencement of this case.

None 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.

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 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 self-employed in a trade, profession, or other activity, either full- or part-time.

(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, records 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
Ojeda CPA Group, PCS
PMB 204 PO Box 7105
Ponce, PR 00732-7105

DATES SERVICES RENDERED
2011-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 AND ADDRESS
Ojeda CPA Group, PCS
PMB 204 PO Box 7105
Ponce, PR 00732-7105

DATES SERVICES RENDERED

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.

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

| | |
|-------------------------------------|-------------------|
| NAME AND ADDRESS | DATE ISSUED |
| State Department Of Puerto Rico | December 31, 2012 |
| Department Of Labor Oof Puerto Rico | September 30 2013 |

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) |
|-------------------|----------------------|--|
| 01/07/2014 | Brenda Duran | 12,500.00 |
| 03/11/2014 | Brenda Duran | 11,500.00 |

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 ADDRESS OF CUSTODIAN OF INVENTORY RECORDS |
|-------------------|--|
| 03/11/2014 | Brenda Duran PO Box 610 Anasc0, PR 00610 |

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.

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 |
|--|---------------------|---|
| Luis J. Lugo Velez Po Box 712 Mercedita, PR 00715-0712 | President/Secretary | Shareholder 25% |
| Oscar Quintero Serrano PMB 194 1575 Ave. Munoz Rivera Suite I Ponce, PR 00731-0224 | Treasurer | Shareholder 25% |
| Jorge G. Anglero Alfaro PMB 218 Ave. Tito Castro 609 SUite 102 Ponce, PR 00716 | | Shareholder 25% |
| Pablo A. Serrano Hernandez Calle 6 F-7 Jardines De Country Club Carolina, PR 00983 | | Shareholder 25% |

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.

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.

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or 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.

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24. Tax Consolidation Group

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

25. Pension Funds.

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

[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: **March 13, 2014** Signature: /s/ LUIS JORGE LUGO VELEZ

LUIS JORGE LUGO VELEZ, PRESIDENT Print Name and Title

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

0 continuation pages 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.

IN RE:

Case No. _____

COLONIAL MEDICAL MANAGEMENT CORP

Chapter **11**

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

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

Date: **March 13, 2014**

Signature: /s/ LUIS JORGE LUGO VELEZ
LUIS JORGE LUGO VELEZ, PRESIDENT Debtor

Date: _____

Signature: _____
Joint Debtor, if any

COLONIAL MEDICAL MANAGEMENT CORP Departamento De Hacienda Area De Rentas
PO BOX 1716 PO BOX 9024140
ANASCO, PR 00610 SAN JUAN, PR 00902-4140

Lab Care Instruments
PMB 738 Winston Churchil Ave.
San Juan, PR 00928

Lcda. Damaris Quinones
Box 429
Cabo Rojo, PR 00623-0429

DEPARTAMENTO DEL TRABAJO Y
RECURSOS HUMA
PO BOX 1020
SAN JUAN, PR 00919-1020

Lab Warehouse
PO Box 125
Lajas, PR 00667

Advance Radiology
PO Box 4129
Mayaguez, PR 00681

Diagnostic Imaging Services
PO Box 11923
San Juan, PR 00922-1923

Laboratorio Clinico
Calle Palma 51
Arecibo, PR 00617

Allied Computer SE
PO Box 3320
Caguas, PR 00726-3320

Er Professional Services
HC-3 PO Box 30384
Aguadilla, PR 00603

Laboratorio M Landron
Calle JJ Acosta #46
Vega Baja, PR 00693

Angel L. Torres
PO Box 1415
Sabana Grande, PR 00637

F. Baragano Inc.
PO Box 64421
San Juan, PR 00936

Labtech Solutions
11Ts St.. 1290 Urb. Monte Carlo
San Juan, PR 00924

BAN POPULAR DE PUERTO RICO
PO BOX 71375
SAN JUAN, PR 00936

Gumedic Hospital Supllies
HC-7 Box 2500
Mayaguez, PR 00680

Lease Option Company
PO Box 40851
San Juan, PR 00940-0851

Beckman Coulter Puerto Rico
PO Box 742075
Atlanta, GA 30384-2075

Hospira Puertop Rico
PO Box 71365
San Juan, PR 00936-1365

Luis J. Lugo Velez
Po Box 712
Mercedita, PR 00715-0712

Clinical Diagnostics Of Puerto Rico
PMB 590 Po Box 29029
San Juan, PR 00929

Image First
PO Box 371325
Cayey, PR 00737

Man Science Group
PO Box 3876
Carolina, PR 00984

Colegio De Tecnologos Medicos
Ave. San Patricio F1
Guaynabo, PR 00968

IRS
CENTRALIZED INSOLVENCY OPERATIONS
PO BOX 7346
PHILADEPHIA, PA 19101-7346

Medical And Vaccine PR
PO Box 7468
Caguas, PR 00726-7428

David Alicea Hernand
Hc 37 Box 5377
Guanica, PR 00653-5377

KRK Medical
PO Box 367391
San Juan, PR 00936-7391

Medical Biotronics
PO Box 2952
Bayamon, PR 00717

Medixs Corp
PO Box 363
Mercedita, PR 00715

Popular Auto
1901 Ave. Jesus T. Pineiro Suite 405
San Juan, PR 00920-5608

Zygon Laboratories
PO Box 2081
Aguada, PR 00602

Mercedes Benz Financial Services
RR 1 PO Box 29
Carolina, PR 00979

Puerto Rico Telephone /Calrp PR
Po Box 70366
San Juan, PR 00936-0366

Multigasas PR
Carr 129 KM 10.1 Bo Campo ALegre
Hatillo, PR 00659

Ricardo Machado MD
PO Box 619
Anasco, PR 00610

Municipio De Anasco
Apartado 1385
Anasco, PR 00610-1385

Sabiamed
PO Box 6150
Caguas, PR 00726-6150

Nypro Medical Of PR
PO Box 810263
Carolina, PR 00983

Sr. Medical Waste
Com Las Flores Calle Margarita BZN 9
Aguada, PR 00610

Ojeda CPA Group, PCS
PMB 204 PO Box 7105
Ponce, PR 00732-7105

Sur Copy Inc.
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