

United States Bankruptcy Court DISTRICT OF <i>PUERTO RICO</i>		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): ASOCIACION AZUCARERA COOPERATIVA LAFAYET		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): dba HOSPITAL LAFAYETTE		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 66-0307404		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): CARR. 753, KM. 0.1 SECTOR CUATRO CALLES Arroyo, PR		Street Address of Joint Debtor (No. & Street, City, and State):
ZIPCODE 00714		ZIPCODE
County of Residence or of the Principal Place of Business:		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): APARTADO 448 Arroyo, PR		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE 00714		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): SAME		ZIPCODE
Type of Debtor (Form of organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below	Nature of Business (Check one box.) <input 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	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.
Chapter 15 Debtors Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____	Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter 11 Debtors: Check one box: <input checked="" type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business 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).
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.		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 type="checkbox"/> 50-99 <input checked="" 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		

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): ASOCIACION AZUCARERA COOPERATIVA LAFAYET</p>	
<p>All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)</p>		
<p>Location Where Filed: NONE</p>	<p>Case Number:</p>	<p>Date Filed:</p>
<p>Location Where Filed:</p>	<p>Case Number:</p>	<p>Date Filed:</p>
<p>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)</p>		
<p>Name of Debtor: NONE</p>	<p>Case Number:</p>	<p>Date Filed:</p>
<p>District:</p>	<p>Relationship:</p>	<p>Judge:</p>
<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 have delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ 11/19/2015 Signature of Attorney for Debtor(s) Date</p>	
<p>Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No</p>		
<p>Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>		
<p>Information Regarding the Debtor - Venue (Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>		
<p>Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: right;">_____ (Name of landlord that obtained judgment)</p> <p style="text-align: right;">_____ (Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): ASOCIACION AZUCARERA COOPERATIVA LAFAYET</p>
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed name of Foreign Representative)</p> <p>_____ (Date)</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X /s/ ALEXIS FUENTES-HERNANDEZ Signature of Attorney for Debtor(s)</p> <p>ALEXIS FUENTES-HERNANDEZ 217201 Printed Name of Attorney for Debtor(s)</p> <p>ALEXIS FUENTES-HERNANDEZ Firm Name</p> <p>P.O. BOX 9022726 Address</p> <p>SAN JUAN, PR 00902-2726 Address</p> <p>787-607-3436 Telephone Number</p> <p>11/19/2015 Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services 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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X /s/ MANUEL QUINONES Signature of Authorized Individual</p> <p>MANUEL QUINONES Printed Name of Authorized Individual</p> <p>Trustee Title of Authorized Individual</p> <p>11/19/2015 Date</p>	

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

In re **ASOCIACION AZUCARERA COOPERATIVA LAFAYET,**
dba HOSPITAL LAFAYETTE

Case No.
Chapter **11**

_____ / Debtor

SUMMARY OF SCHEDULES

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

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	<i>Yes</i>	<i>1</i>	\$ <i>0.00</i>		
B-Personal Property	<i>Yes</i>	<i>3</i>	\$ <i>3,177,223.58</i>		
C-Property Claimed as Exempt	<i>No</i>	<i>0</i>			
D-Creditors Holding Secured Claims	<i>Yes</i>	<i>1</i>		\$ <i>0.00</i>	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<i>Yes</i>	<i>2</i>		\$ <i>200.00</i>	
F-Creditors Holding Unsecured Nonpriority Claims	<i>Yes</i>	<i>22</i>		\$ <i>1,585,877.76</i>	
G-Executory Contracts and Unexpired Leases	<i>Yes</i>	<i>1</i>			
H-Codebtors	<i>Yes</i>	<i>1</i>			
I-Current Income of Individual Debtor(s)	<i>No</i>	<i>0</i>			\$ <i>0.00</i>
J-Current Expenditures of Individual Debtor(s)	<i>No</i>	<i>0</i>			\$ <i>0.00</i>
TOTAL		<i>31</i>	\$ <i>3,177,223.58</i>	\$ <i>1,586,077.76</i>	

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

In re *ASOCIACION AZUCARERA COOPERATIVA LAFAYET*,

Case No.
Chapter 11

_____ / Debtor

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

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

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

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

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

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

State the following:

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

State the following:

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

In re ASOCIACION AZUCARERA COOPERATIVA LAFAYET,
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY ON BEHALF OF A COOP

I, MANUEL QUINONES, Trustee of the COOP
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 sheets,
and that they are true and correct to the best of my knowledge, information, and belief.

Date: 11/19/2015

Signature /s/ MANUEL QUINONES
Name: MANUEL QUINONES
Title: Trustee

[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.

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

I certify that I am a bankruptcy preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Preparer: _____ Social security No. : _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

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

X _____ Date: _____

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.

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

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

In re **ASOCIACION AZUCARERA COOPERATIVA LAFAYET**
dba HOSPITAL LAFAYETTE

Case No.
Chapter **11**

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
1 AUTORIDAD DE ENERGIA ELECTRICA P.O. BOX 363508 San Juan PR 00936	Phone: AUTORIDAD DE ENERGIA ELECTRICA P.O. BOX 363508 San Juan PR 00936	<i>Utility Bills (Power)</i>		\$ 355,854.63
2 DROGUERIA CASTILLO P.O. BOX 191149 San Juan PR 00919-1149	Phone: DROGUERIA CASTILLO P.O. BOX 191149 San Juan PR 00919-1149	<i>Supplies</i>		\$ 139,081.20
3 BAXTER SALES P.O. BOX 70257 San Juan PR 00936	Phone: BAXTER SALES P.O. BOX 70257 San Juan PR 00936	<i>Supplies</i>		\$ 138,704.61
4 PR HOSPITAL SUPPLY BO. MARTIN GONZALEZ Carolina PR 00987	Phone: PR HOSPITAL SUPPLY RD. 860, KM .01 BO. MARTIN GONZALEZ Carolina PR 00987	<i>Supplies</i>		\$ 137,406.64
5 INFO MEDIKA INC. CAPARRA HEIGHTS STA San Juan PR 00922	Phone: INFO MEDIKA INC. PO BOX 11095 CAPARRA HEIGHTS STA San Juan PR 00922	<i>Professional Services</i>		\$ 110,844.24

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
6 POPULAR AUTO P.O. BOX 15011 San Juan PR 00902-8511	Phone: POPULAR AUTO P.O. BOX 15011 San Juan PR 00902-8511	Vehicle Leases		\$ 60,194.56
7 CARDINAL HEALTH DRUG P.O. BOX 70220 San Juan PR 00936	Phone: CARDINAL HEALTH DRUG BORSCHOW HOSPITAL MEDICAL P.O. BOX 70220 San Juan PR 00936	Supplies		\$ 58,591.04
8 ISLA LABORATORIES PRODUCTS PO BOX 361810 SAN JUAN PR 00936-1810	Phone: ISLA LABORATORIES PRODUCTS PO BOX 361810 SAN JUAN PR 00936-1810	Supplies		\$ 50,359.22
9 CARDINAL HEALTH DRUG P.O. BOX 71438 San Juan PR 00936	Phone: CARDINAL HEALTH DRUG P.O. BOX 71438 San Juan PR 00936	Supplies		\$ 43,020.98
10 COVIDIEN MALLINCKRADT CARIBE P.O. BOX 71416 San Juan PR 00936	Phone: COVIDIEN MALLINCKRADT CARIBE P.O. BOX 71416 San Juan PR 00936	Supplies		\$ 34,766.93
11 ALCON P.O. BOX 70292 San Juan PR 00936-8292	Phone: ALCON P.O. BOX 70292 San Juan PR 00936-8292	Supplies		\$ 34,145.03
12 BECKMAN COULTER P.O. BOX NO. 71312 San Juan PR 00936-8412	Phone: BECKMAN COULTER P.O. BOX NO. 71312 San Juan PR 00936-8412	Supplies		\$ 26,997.74
13 ALPHA BIOMEDICAL & DIAGNOSTICS P.O. BOX 670 Caguas PR 00726	Phone: ALPHA BIOMEDICAL & DIAGNOSTICS P.O. BOX 670 Caguas PR 00726	Supplies		\$ 26,908.67

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
14 AXIS CARE HEALTH LOGISTICS, INC. P.O. BOX 1366 Dorado PR 00646	Phone: AXIS CARE HEALTH LOGISTICS, INC. P.O. BOX 1366 Dorado PR 00646	Supplies		\$ 22,732.25
15 AMERICAN RED CROSS PO BOX 366046 SAN JUAN PR 00936-6046	Phone: AMERICAN RED CROSS PO BOX 366046 SAN JUAN PR 00936-6046	Supplies		\$ 22,367.70
16 PENCER DISTRIBUTORS P.O. BOX 79358 Carolina PR 00984-9358	Phone: PENCER DISTRIBUTORS P.O. BOX 79358 Carolina PR 00984-9358	Supplies		\$ 21,394.86
17 AUTORIDAD DE ACUEDUCTOS P.O. BOX 70101 San Juan PR 00936	Phone: AUTORIDAD DE ACUEDUCTOS P.O. BOX 70101 San Juan PR 00936	Utility Bills (Water)		\$ 18,526.67
18 NEW CENTURY FINANCE CORP. P.O. BOX 71455 San Juan PR 00936-8555	Phone: NEW CENTURY FINANCE CORP. P.O. BOX 71455 San Juan PR 00936-8555	Insurance Financing		\$ 15,328.96
19 EXTREME SECURITY, CORP. P.O. BOX 271 Arroyo PR 00714	Phone: EXTREME SECURITY, CORP. P.O. BOX 271 Arroyo PR 00714	Professional Services		\$ 14,280.00
20 STERICYCLE, INC.-BFI P.O. BOX 9663 Carolina PR 00988-9683	Phone: STERICYCLE, INC.-BFI BFI MEDICAL WASTE, INC. P.O. BOX 9663 Carolina PR 00988-9683	Waste Disposal Services		\$ 14,036.81

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A COOP

I, MANUEL QUINONES, *Trustee* of the COOP named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that they are true and correct to the best of my knowledge, information and belief.

Date: 11/19/2015

Signature /s/ MANUEL QUINONES

Name: MANUEL QUINONES

Title: Trustee

UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO

In re ASOCIACION AZUCARERA COOPERATIVA LAFAYET dba HOSPITAL LAFAYETTE

Case No. Chapter 11

Attorney for Debtor: ALEXIS FUENTES-HERNANDEZ / Debtor

STATEMENT PURSUANT TO RULE 2016(B)

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

- 1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ hourly
b) Prior to the filing of this statement, debtor(s) have paid \$ 15,000.00
c) The unpaid balance due and payable is \$ 0.00
3. \$ 1,717.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated: None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows: None

Dated: 11/19/2015

Respectfully submitted,

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

787-607-3436

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

In re *ASOCIACION AZUCARERA COOPERATIVA LAFAYET,*

Case No.

Chapter *11*

dba HOSPITAL LAFAYETTE

_____/ Debtor

Attorney for Debtor: *ALEXIS FUENTES-HERNANDEZ*

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached list of creditors, which consists of 12 pages,
is true, correct and complete to the best of my knowledge.

Date: 11/19/2015

/s/ MANUEL QUINONES

Debtor

/s/ ALEXIS FUENTES-HERNANDEZ

ALEXIS FUENTES-HERNANDEZ

Attorney for the debtor(s)

P.O.BOX 9022726

SAN JUAN, PR 00902-2726

ASOCIACION AZUCARERA COOPERATIVA LAFAYET
Document Page 13 of 24
APARTADO 448
Arroyo, PR 00714

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

ABILITY NETWORK, INC.
DEPT CH 16577
Palatine, IL 60055-6577

ACUALAB
BOX 625
Humacao, PR 00792

AFLAC
REMITTANCE PROCESSING SERVICE
1932 WYNTON ROAD
COLUMBUS, OH 31999-0797

ALADDIN TERM-RITE PR
P.O. BOX 19411
San Juan, PR 00910

ALBERTO E. MARTINEZ
LUIS VENEGAS #9 SUR
P.O. BOX 238
Guayama, PR 00785

ALCON
P.O. BOX 70292
San Juan, PR 00936-8292

ALEX R. SANCHEZ
P.O. BOX 194423
San Juan, PR 00919-4423

ALEXIS NIEVES RIVERA
BO. PITHAYA
Arroyo, PR 00714

ALPHA BIOMEDICAL & DIAGNOSTICS
P.O. BOX 670
Caguas, PR 00726

AMERICAN RED CROSS
PO BOX 366046
SAN JUAN, PR 00936-6046

AMERICA'S LOCKS & KEYS
URB. BUENA VISTA
EXT. AVE. LAS AMERICAS 2842
Ponce, PR 00717

AMN BUSINESS FORMS
P.O. BOX 334411
Ponce, PR 00733-4411

ASOCIACION DE HOSPITALES DE PR
VILLA NEVAREZ PROF. BUILDING
SUITE 101 CENTRO COM VILLA NEV
San Juan, PR 00927

ATT INDUSTRIAL SERVICES
OLYMPIC VILLE #28
AMSTERDAM ST.
Las Piedras, PR 00771

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

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

AXIS CARE HEALTH LOGISTICS, INC.
P.O. BOX 1366
Dorado, PR 00646

BALLESTER HERMANOS, INC.
P.O. BOX 364548
San Juan, PR 00936-4548

ASUME

P.O. BOX 71414

SAN JUAN, PR 00936-8514

BAXALTA WORLD TRADE

P.O. BOX 70314

San Juan, PR 00936-8314

BAXTER SALES

P.O. BOX 70257

San Juan, PR 00936

BECKMAN COULTER

P.O. BOX NO. 71312

San Juan, PR 00936-8412

BIOLAB COMPANY

P.O. BOX 2006

Bayamon, PR 00960-2006

BIOMEDICAL ADVANCE SERVICES

URB. VILLAS DE SAN AGUSTIN

C/10 O 60

Bayamon, PR 00959

BIO-NUCLEAR

P.O. BOX 190639

San Juan, PR 00919-0639

BMET MEDICAL EQUIPMENT SERV.

P.O. BOX 10088

Ponce, PR 00732

BONILLA VELEZ, CSP

204 E. CALLE MENDEZ VIGO

Mayaguez, PR 00680

BRIDON CORP.

P.O. BOX 2043

Carolina, PR 00984

CARDINAL HEALTH DRUG
P.O. BOX 71438
San Juan, PR 00936

CARDINAL HEALTH DRUG
BORSCHOW HOSPITAL MEDICAL
P.O. BOX 70220
San Juan, PR 00936

CARMEN V. CARRASQUILLO
JARDINES FAGOT
1811 CALLE CASCADEA
Ponce, PR 00716-3602

CLARO
P.O. BOX 70366
SAN JUAN, PR 00936-8366

COSVI
P.O. BOX 363428
San Juan, PR 00936-3428

COVIDIEN MALLINCKRADT CARIBE
P.O. BOX 71416
San Juan, PR 00936

CRIM
P.O. BOX 195387
SAN JUAN, PR 00919-5387

DE LAGE LANDEN FINANCIAL SERV.
P.O. BOX 41601
PHILADELPHIA, PA 19101-1601

DEPARTMENT OF LABOR OF PR
BUREAU LEGAL AFFAIRS - 18 FL.
P.O. BOX 71592
San Juan, PR 00936-8692

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

P.O. BOX 191149
San Juan, PR 00919-1149

DRUGS UNLIMITED, INC.
P.O. BOX 11797
San Juan, PR 00910

ECOLAB MANUFACTURING, INC.
CALL BOX 158
Bayamon, PR 00960

EL MEDICO DEL A/C, INC.
URB. VIVES
CALLE 4-112
Guayama, PR 00785

ESTACION CORA-GUAL
BO. PITHAYA
SECTOR CATALINA
Arroyo, PR 00714

EXTINTORES RIVERA
P.O. BOX 7850
Ponce, PR 00732-7850

EXTREME SECURITY & DATA, INC.
C. ELLIOT #549, LITHEA HEIGHT
San Juan, PR 00926

EXTREME SECURITY, CORP.
P.O. BOX 271
Arroyo, PR 00714

FARMACIA SAN CARLOS III
SECTOR CUATRO CALLES
CALLE MORSE #212
Arroyo, PR 00714

FULLER BRUSH COMPANY
P.O. BOX 362617
San Juan, PR 00936-2617

GLO GERM
Document Page 18 of 24
1101 S. MURPHY LN
Moab, UT 84532

HOSPITAL EPISCOPAL SAN LUCAS
P.O. BOX 336480
Ponce, PR 00733-6480

HOSPITAL STA. ROSA
APARTADO 10008
Guayama, PR 00785

HULA PROPERTIES
HC 03 BOX 14966
Aguas Buenas, PR 00703-8337

INFO MEDIKA INC.
PO BOX 11095
CAPARRA HEIGHTS STA
San Juan, PR 00922

INTEGRATED RADIOLOGY ASSOC. INC.
HOSPITAL SAN LUCAS GUAYAMA
AVENIDA PEDRO ALBIZU CAMPOS
Guayama, PR 00784

INTERNAL REVENUE SERVICE
CITY VIEW PLAZA II
48 CARRETERA 165, STE 200
Guaynabo, PR 00968

ISLA LABORATORIES PRODUCTS
PO BOX 361810
SAN JUAN, PR 00936-1810

JANEIRO'S REFRIGERACION
P.O. BOX 800798
Coto Laurel, PR 00780-0798

JOSE SANTIAGO, INC.
P.O. BOX 191795
San Juan, PR 00919-1795

LAB CARE INSTRUMENTS

MSC 738

138 WINSTON CHURCHILL AVE.

San Juan, PR 00926

LABORATORIO CLINICO GUAYAMA

P.O. BOX 2308

Guayama, PR 00785

LABORATORIO CLINICO TOLEDO

CALLE PALMA 51

Arecibo, PR 00612-4582

LUIS CARLOS ROBLES

P.O. BOX 1229

Arroyo, PR 00714

LUQUILUX GAS SERVICE

P.O. BOX 7144

Ponce, PR 00732-7144

MAUNACOOP

P.O. BOX 127

Maunabo, PR 00707

MEDICAL & VACCINE PRODUCTS

P.O. BOX 7468

Caguas, PR 00726

MEDICAL BIOTRONIC

BOX 2952

Bayamon, PR 00960

MIRION TECHNOLOGIES (GDS), INC.

P.O. BOX 19536

Irvine, CA 92623

MODERN TECH ASSOCIATES

CALLE WESER 144

URB. RIO PIEDRAS HEIGHTS

San Juan, PR 00926

NEW CENTURY FINANCE CORP
P.O. BOX 71455
San Juan, PR 00936-8555

OLIVER EXTERMINATING
P.O. BOX 363888
SAN JUAN, PR 00936-3888

OLYMPUS LATIN AMERICA, INC.
5301 BLUE LAGOON DRIVE
SUITE 290
Miami, FL 33126-2097

OSVALDO CASTRO, ESQ.
FARMACIA CASTRO, INC.
BO. PLAYA UN. J-31
Salinas, PR 00751

PELEGRINA MEDICAL, INC.
P.O. BOX 910
Saint Just, PR 00978-0910

PENCER DISTRIBUTORS
P.O. BOX 79358
Carolina, PR 00984-9358

PFIZER NC
P.O. BOX 71581
San Juan, PR 00936-8581

PITNEY BOWES PR, INC.
P.O. BOX 11662
San Juan, PR 00922-1662

PLAN DE SALUD HOSPITAL MENONITA
APARTADO 1379
Aibonito, PR 00705

POPULAR AUTO
P.O. BOX 15011
San Juan, PR 00902-8511

PR HOSPITAL SUPPLY
RD. 860, KM .01
BO. MARTIN GONZALEZ
Carolina, PR 00987

PR TELEPHONE CO.
P.O. BOX 70366
San Juan, PR 00936-8366

PRAXAIR
PO BOX 307
Gurabo, PR 00778

PRINT SOLUTIONS CORPORATION
P.O. BOX 10401
Ponce, PR 00732

PROFESSIONAL COMMUNICATIONS, INC.
RR 037 BOX 3010
San Juan, PR 00926

PROVISIONES LEGRAND
TRAFON GROUP
MERCADO CENTRAL-EDIF. C #1229
San Juan, PR 00920

PRTC
P.O. BOX 70366
San Juan, PR 00936-8366

PUERTO RICO PRINTERS UNLIMITED
P.O. BOX 7041
Ponce, PR 00732

QUALITY WATER SERVICE
P.O. BOX 9020096
San Juan, PR 00902-0096

RAUL MARTINEZ DOMINGUEZ
URB. CROWN HILLS
1753 CALLE GUANAMI
San Juan, PR 00926

REPUBLIC SERVICES
Document Page 22 of 24
P.O. BOX 9001099
Louisville, KY 40290

RICOH PUERTO RICO, INC.
P.O. BOX 71459
San Juan, PR 00936-8559

RIMACO, INC.
P.O. BOX 8895
FERNANDEZ JUNCOS STA.
San Juan, PR 00910-8895

SANTURCE X-RAYS
P.O. BOX 11749
San Juan, PR 00910

SHADDAI MEDICAL TRANSPORT
BO. CORAZON, BUZON 899-16
Guayama, PR 00784

SIMED
P.O. BOX 9023875
San Juan, PR 00902-3875

STATE CHEMICAL SALES
P.O. BOX 50025
San Juan, PR 00902

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

STERICYCLE, INC.-BFI
BFI MEDICAL WASTE, INC.
P.O. BOX 9663
Carolina, PR 00988-9683

STERIS
P.O. BOX 415
Vega Alta, PR 00692-0415

P.O. BOX 363207
San Juan, PR 00936-3207

SYSTRONICS
P.O. BOX 7205
Ponce, PR 00732-7205

THE YELLOW PAGES
1800 PEMBROOK DRIVE
SUITE 300
Orlando, FL 32810

THYSSENKRUPP ELEVATOR
P.O. BOX 933977
Atlanta, GA 31193-3977

TRIPLE S, INC.
PO BOX 363786
SAN JUAN, PR 00936-3786

UMECO, INC.
P.O. BOX 195536
San Juan, PR 00919-5536

UNIVERSAL EQUIPMENT SALES
P.O. BOX 194048
San Juan, PR 00919-4048

UNIVERSIDAD DE PR
P.O. BOX 365067
San Juan, PR 00936-5067

VICTOR M. HERNANDEZ, ESQ.
EDIFICIO CONCORDIA, OFF. 204
8129 CONCORDIA ST.
Ponce, PR 00717-1550

VITALIFE, INC.
1590 CAVALIERI ST.
San Juan, PR 00927-6129

WENDEL BONILLA VELEZ, ESO
Document Page 24 of 24

RODRIGUEZ BACHS, CSP

P.O. BOX 386006

San Juan, PR 00936-8006