

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known)

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name ARR MEDICAL GROUP, PSC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0766499

4. Debtor's address Principal place of business

TORRE SAN FRANCISCO
369 CALLE DE DIEGO
SUITE 609
SAN JUAN, PR 00923-3004

Number, Street, City, State & ZIP Code

SAN JUAN

County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership

Other. Specify:

Debtor ARR MEDICAL GROUP, PSC
Name

Case number (if known) _____

7. Describe debtor's business A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing? Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
 - 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 after that).
 - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 - A plan is being filed with this petition.
 - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
 - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor ARR MEDICAL GROUP, PSC Case number (if known) _____
Name

11. Why is the case filed in this district? *Check all that apply:*
- Debtor has had its domicile, 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.
 - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- No
 - Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
 - It needs to be physically secured or protected from the weather.
 - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 - Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- No
 - Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*
- Funds will be available for distribution to unsecured creditors.
 - After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|-----------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|-------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Fill in this information to identify your case:

United States Bankruptcy Court for the:
 DISTRICT OF PUERTO RICO

Case number (if known) _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this an amended filing

Official Form 201
Voluntary Petition for Non-Individuals Filing for Bankruptcy

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Request for Relief, Declaration, and Signature

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor


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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

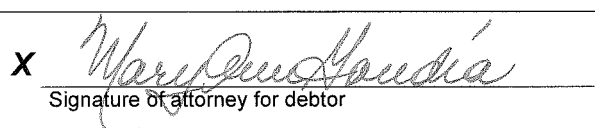
I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 20, 2016
MM / DD / YYYY

X 

ARIEL ROSADO ROSA
Printed name

Title PRESIDENT

18. Signature of attorney X 

Signature of attorney for debtor

Date January 20, 2016
MM / DD / YYYY

MARY ANN GANDIA FABIAN
Printed name

GANDIA-FABIAN LAW OFFICE
Firm name

PO BOX 270251
SAN JUAN, PR 00928
Number, Street, City, State & ZIP Code

Contact phone 787-390-7111 Email address gandialaw@gmail.com

202610
Bar number and State

CORPORATE RESOLUTION OF ARR MEDICAL GROUP PSC

I, **ARIEL ROSADO ROSA**, President and Secretary of **ARR MEDICAL GROUP PSC**, duly elected, qualified, and acting President and Secretary of **ARR MEDICAL GROUP PSC**, do hereby certify that the following resolutions were duly adopted by the Board of Directors of such corporation on **DECEMBER 30, 2015** and such resolution has not been amended or revoked and is in full force and effect, to wit:

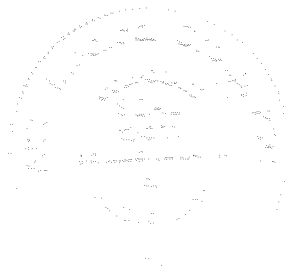
“RESOLVED, that Ariel Rosado Rosa, **PRESIDENT**, be and hereby is authorized to execute and file a Chapter 11 petition under Title 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the District of Puerto Rico.

Further Resolved that **ARR MEDICAL GROUP PSC**, be and hereby is authorized to retain Mary Ann Gandia-Fabián, Esq. of Gandia Fabian Law Office, to represent it in connection with such proceedings.

Resolved that the President of **ARR MEDICAL GROUP PSC**, is hereby authorized to execute and file on behalf of the Corporation, a Chapter 11 of Title 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the District of Puerto Rico.

Further Resolved, that Attorney Mary Ann Gandia-Fabian of Gandia-Fabian Law Office is hereby retained to act on behalf of the Corporation in connection with such proceedings”.

Witness my hand and seal of such Corporation on this December 30, 2015.




Secretary

Fill in this information to identify the case:

Debtor name ARR MEDICAL GROUP, PSC
 United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
BANCO SANTANDER PUERTO RICO PO BOX 362589 SAN JUAN, PR 00936-2589		OFFICE 201 TORRE SAN FRANCISCO 369 CALLE DE DIEGO SUITE 201 SAN JUAN, PR 00923-3004				\$195,347.55
BPPR PO BOX 362708 SAN JUAN, PR 00936-2708		LINE OF CREDIT				\$25,000.00
BPPR PO BOX 362708 SAN JUAN, PR 00936-2708		COMMERCIAL LOAN				\$19,333.31
IRS PO BOX 7346 PHILADELPHIA, PA 19101-7346		TAXES				\$4,405.50
POPULAR AUTO LLC. 1901 AVE JESUS T. PINERO SUITE 210 SAN JUAN, PR 00920-5608		LEXUS LX570 2011		\$74,512.77	\$40,400.00	\$34,112.77
POPULAR AUTO LLC. 1901 AVE JESUS T. PINERO SUITE 210 SAN JUAN, PR 00920-5608		PORSCHE BOXSTER 2013		\$65,314.50	\$33,050.00	\$32,264.50

Debtor ARR MEDICAL GROUP, PSC
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
TREASURY DEPARTMENT OF PR PO BOX 9024140 SAN JUAN, PR 00902-4140		TAXES				\$7,467.72

Fill in this information to identify the case:

Debtor name ARR MEDICAL GROUP, PSC
United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO
Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 20, 2016

X /s/ ARIEL ROSADO ROSA
Signature of individual signing on behalf of debtor

ARIEL ROSADO ROSA
Printed name

PRESIDENT
Position or relationship to debtor

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

In re ARR MEDICAL GROUP, PSC

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
ARIEL ROSADO ROSA URBANIZACION SABANERA DE DORADO 206 CAMINO DE LOS AUSUBOS DORADO, PR 00646		100%	OWNER

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

In re ARR MEDICAL GROUP, PSC
Debtor(s)

Case No. _____
Chapter 11

**LIST OF EQUITY SECURITY HOLDERS
DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 20, 2016

Signature 
ARIEL ROSADO ROSA

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

TORRE SAN FRANCISCO
369 CALLE DE DIEGO
SUITE 609
SAN JUAN, PR 00923-3004

MARY ANN GANDIA FABIAN
GANDIA-FABIAN LAW OFFICE
PO BOX 270251
SAN JUAN, PR 00928

ARIEL ROSADO ROSA
URBANIZACION SABANERA DE DORADO
206 CAMINO DE LOS AUSUBOS
DORADO, PR 00646

BANCO SANTANDER PUERTO RICO
PO BOX 362589
SAN JUAN, PR 00936-2589

BPPR
PO BOX 362708
SAN JUAN, PR 00936-2708

CRIM
PO BOX 195387
SAN JUAN, PR 00919-5387

DEPARTMENT OF JUSTICE
FEDERAL LITIGATION DIVISION
SAN JUAN, PR 00902-0192

DEPARTMENT OF LABOR
AND HUMAN RESOURCES
PO BOX 191020
SAN JUAN, PR 00919-1020

IRS
PO BOX 7346
PHILADELPHIA, PA 19101-7346

MUNICIPIO DE SAN JUAN
PO BOX 9024100
SAN JUAN, PR 00902-4100

PINERO, JESUS T. PINERO
SUITE 210
SAN JUAN, PR 00920-5608

STATE INSURANCE FUND
PO BOX 42006
SAN JUAN, PR 00940-2006

TREASURY DEPARTMENT OF PR
PO BOX 9024140
SAN JUAN, PR 00902-4140

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

In re ARR MEDICAL GROUP, PSC

Debtor(s)

Case No.

Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 20, 2016



ARIEL ROSADO ROSA/PRESIDENT
Signer/Title

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re ARR MEDICAL GROUP, PSC

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 2 columns: Description and Amount. Rows include: For legal services, I have agreed to accept; Prior to the filing of this statement I have received; Balance Due. Amount for prior services is 7,500.00.

2. The source of the compensation paid to me was:

Debtor [] Other (specify): ARIEL ROSADO ROSA []

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. [Other provisions as needed]

\$275.00 P/H FOR MARY ANN GANDIA FABIAN, PLUS COSTS AND EXPENSES;
\$175.00 P/H FOR JUNIOR ATTORNEYS, PLUS COSTS AND EXPENSES;
\$75.00 P/H FOR LEGAL ASSISTANCE SUCH AS PARALEGAL; IN HOUSE SPECIAL CLERICAL SERVICES OR ACCOUNTING ANALYST, PLUS COST AND EXPENSES;
THE HOURLY RATE IS SUBJECT TO CHANGE WITH THE PASSAGE OF TIME UPON PRIOR NOTICE.

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

PARTIES HAVE AGREED THAT THE ATTORNEY MAY NOT REPRESENT THE DEBTOR IN ADVERSARY PROCEEDINGS AND APPEALS.

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.

January 20, 2016

Date

/s/ MARY ANN GANDIA FABIAN

MARY ANN GANDIA FABIAN

Signature of Attorney

GANDIA-FABIAN LAW OFFICE

PO BOX 270251

SAN JUAN, PR 00928

787-390-7111

gandialaw@gmail.com

Name of law firm