

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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 LABORATORIO ACROPOLIS, INC.

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) 66-0635077

4. Debtor's address Principal place of business Mailing address, if different from principal place of business URB. VILLA BEATRIZ D-6 Manati, PR 00674 HC-3 BOX 30500 Hatillo, PR 00659 Manati County URB. VILLA BEATRIZ D-6 Manati, PR 00674

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor **LABORATORIO ACROPOLIS, INC.**  
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(53A))
- 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. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**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 \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 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 operations, 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?**

- No.
- Yes.

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?**

- No
- Yes.

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

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor **LABORATORIO ACROPOLIS, INC.**  
Name

Case number (if known)

**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 checked="" 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 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 checked="" 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 type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

Debtor LABORATORIO ACROPOLIS, INC. Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**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 June 9, 2016  
MM / DD / YYYY

**/s/ Rebeca Maldonado Bidot**  
Signature of authorized representative of debtor  
Title President

Rebeca Maldonado Bidot  
Printed name

**18. Signature of attorney**

**/s/ /S/ Gloria Justiniano Irizarry**  
Signature of attorney for debtor

Date June 9, 2016  
MM / DD / YYYY

/S/ Gloria Justiniano Irizarry  
Printed name

Firm name

**Calle A. Ramirez Silva #8  
Ensanche Martinez  
Mayaguez, PR 00680**  
Number, Street, City, State & ZIP Code

Contact phone 787 831-2577 Email address \_\_\_\_\_

207603  
Bar number and State

**Fill in this information to identify the case:**

Debtor name LABORATORIO ACROPOLIS, INC.

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 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
A.M.M.V.R., GROUP, INC. H/N/C IMMUNO REFERENCE LAB. PO BOX 195519 San Juan, PR 00919		LABORATORY SERVICES				\$91,218.53
Banco Popular De Puerto Rico PO Box 362708 San Juan, PR 00936-2708		COMMERCIAL LOAN				\$54,422.00
Banco Santander Of Puerto Rico PO Box 362589 San Juan, PR 00936-2589		COMMERCIAL LOAN				\$345,615.97
BETMAN COUTER PR INC. RIO CANAS INDUSTRIAL PARK RD. 1 INT. 175-LOT 33 Caguas, PR 00725		LABORATORY EQUIPMENT & SUPPLIES				\$4,396.28
CENTRAL MEDICAL WASTE HC-02 BOX 15611 Comerio, PR 00782		WASTE DISPOSAL SERVICES				\$995.00
Claro PO Box 360998 San Juan, PR 00936-8366		UTILITY SERVICES				\$1,163.00
CRIM PO Box 195387 San Juan, PR 00919-5807		PERSONAL PROPERTY TAXES				\$3,043.33

Debtor **LABORATORIO ACROPOLIS, INC.**  
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,	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
Department OF LABOR PRUDENCIO RIVERA MARTINEZ BLD SAN JUAN, PR 00918		UNEMPLOYMENT & DISABILTY INSURANCE				\$8,856.43
Department Of Treasury PO Box 9024140 Off. 424.B Bankruptcy Section San Juan, PR 00902-4140		940				\$1,912.80
IRS PO Box 7317 Philadelphia, PA 19101-7317		941-940 TAX RETURNS				\$34,195.81
JOHNSON & JOHNSON 475 ST. C SUITE #200 Guaynabo, PR 00969		SUPPLY MATERIALS				\$5,813.00
LABORATORIO TOLEDO 51 PALMA ST. Arecibo, PR 00612			Contingent Unliquidated Disputed			\$41,811.97
LABORATORIO TOLEDO 51 PALMA ST. Arecibo, PR 00612		SERVICES				\$23,769.30
LABORATORIOS LANDRON 50 C CALLE Jj Acosta Vega Baja, PR 00693		LABORATORY SERVES				\$4,000.00
MUNICIPALITY OF MANATI #10 QUINONES ST. Manati, PR 00674		MUNICIPAL TAXES				\$16,502.00
QUEST LABORATORIES 881 MUNOZ RIVERA AVE. San Juan, PR 00927		LABORATORY SERVICES				\$2,500.00
REPUBLIC SERVICE PO BOX 9001099 Louisville, KY 40290-1099		WASTE DISPOSAL				\$352.00

Debtor LABORATORIO ACROPOLIS, INC.  
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,	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
State Insurance Fund PO Box 365028 San Juan, PR 00936-5028		<b>HAS BEEN INCLUDED ONLY FOR NOTICE PURPOSES</b>				<b>\$1.00</b>

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re LABORATORIO ACROPOLIS, INC.

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 3 rows: For legal services, I have agreed to accept; Prior to the filing of this statement I have received; Balance Due. Columns include dollar sign and amount (0.00).

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

Other (specify): \$3,800 WAS RECIEVED AS RETAINER FROM THE DEBTOR

3. The source of compensation to be paid to me is:

Other (specify): \$200 HOURLY WILL BE BILLED

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]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

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.

June 9, 2016

Date

/s/ /S/ Gloria Justiniano Irizarry

/S/ Gloria Justiniano Irizarry 207603

Signature of Attorney

Calle A. Ramirez Silva #8

Ensanche Martinez

Mayaguez, PR 00680

787 831-2577 Fax: 787 805-7350

Name of law firm



United States Bankruptcy Court  
District of Puerto Rico

In re LABORATORIO ACROPOLIS, INC.

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
<b>LUIS ANTONIO GONZALEZ ROBLES</b> PO BOX 3368 Manati, PR 00674	<b>COMMON STOCK</b>		<b>16.66% EQUITY HOLDER</b>
<b>LUIS ANTONIO MARTINEZ GONZALEZ</b> PMB 200 PO BOX 30500 Manati, PR 00674	<b>COMMON STOCK</b>		<b>33% EQUITY HOLDER</b>
<b>LUIS, ANA &amp; MYRHAM, GONZALEZ CORTES</b> PO BOX 3368 Manati, PR 00674	<b>COMMON STOCK</b>		<b>16.67% EQUITY HOLDER</b> <b>THEY ARE THE HEIRS OF</b> <b>MARIA CORTES RODRIGUEZ</b>
<b>REBECA MALDONADO BIDOT</b> HC-3 BOX 50616 Hatillo, PR 00659	<b>COMMON STOCK</b>		<b>33% EQUITY HOLDER</b>

**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 June 9, 2016

Signature /s/ Rebeca Maldonado Bidot  
**Rebeca Maldonado Bidot**

*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.*

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

In re LABORATORIO ACROPOLIS, INC.

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: June 9, 2016

/s/ Rebeca Maldonado Bidot

**Rebeca Maldonado Bidot/President**

Signer/Title

LABORATORIO ACROPOLIS, INC.  
HC-3 BOX 30500  
HATILLO, PR 00659

CLARO  
PO BOX 360998  
SAN JUAN, PR 00936-8366

LABORATORIOS LANDRON  
50 C CALLE JJ ACOSTA  
VEGA BAJA, PR 00693

/S/ GLORIA JUSTINIANO IRIZARRY  
CALLE A. RAMIREZ SILVA #8  
ENSANCHE MARTINEZ  
MAYAGUEZ, PR 00680

CRIM  
PO BOX 195387  
SAN JUAN, PR 00919-5807

LCDO. CARLOS A. SALGADO BR  
CAS ATTORNEYS & COUNSELS  
PO BOX 575  
ARECIBO, PR 00613

A.M.M.V.R., GROUP, INC.  
H/N/C IMMUNO REFERENCE LAB.  
PO BOX 195519  
SAN JUAN, PR 00919

DAVID MARTINEZ FELICIANO  
CAMUY, PR 00627

LUIS ANTONIO GONZALEZ ROBL  
PO BOX 3368  
MANATI, PR 00674

BANCO POPULAR DE PUERTO RICO  
PO BOX 362708  
SAN JUAN, PR 00936-2708

DEPARTMENT OF LABOR  
PRUDENCIO RIVERA MARTINEZ BLD  
SAN JUAN, PR 00918

LUIS ANTONIO GONZALEZ ROBL  
THE ESTATE OF MARIA D. CORTEZ  
PO BOX 3368  
MANATI, PR 00674

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

DEPARTMENT OF TREASURY  
PO BOX 9024140 OFF. 424.B  
BANKRUPTCY SECTION  
SAN JUAN, PR 00902-4140

LUIS ANTONIO GONZALEZ ROBL  
PO BOX 3368  
MANATI, PR 00674

BETMAN COUTER PR INC.  
RIO CANAS INDUSTRIAL PARK  
RD. 1 INT. 175-LOT 33  
CAGUAS, PR 00725

IRS  
PO BOX 7317  
PHILADELPHIA, PA 19101-7317

LUIS ANTONIO MARTINEZ GONZ  
PMB 200  
PO BOX 30500  
MANATI, PR 00674

BUFETE BELLVER ESPINOSA  
COND. EL CENTRO I, SUITE 801  
SAN JUAN, PR 00918

JOHNSON & JOHNSON  
475 ST. C SUITE #200  
GUAYNABO, PR 00969

LUIS ANTONIO MARTINEZ GONZ  
PMB 200  
PO BOX 30500  
MANATI, PR 00674

CAS ATTORNEYS & COUNSELS AT WORKS  
PO BOX 575  
ARECIBO, PR 00613

LABORATORIO TOLEDO  
51 PALMA ST.  
ARECIBO, PR 00612

MUNICIPALITY OF MANATI  
#10 QUINONES ST.  
MANATI, PR 00674

CENTRAL MEDICAL WASTE  
HC-02 BOX 15611  
COMERIO, PR 00782

LABORATORIO TOLEDO  
51 PALMA ST.  
ARECIBO, PR 00612

QUEST LABORATORIES  
881 MUNOZ RIVERA AVE.  
SAN JUAN, PR 00927

REBECA MALDONADO BIDOT  
HC-3 BOX 50616  
HATILLO, PR 00659

REBECA MALDONADO BIDOT  
HC03 BOX 50616  
HATILLO, PR 00659

REPUBLIC SERVICE  
PO BOX 9001099  
LOUISVILLE, KY 40290-1099

STATE INSURANCE FUND  
PO BOX 365028  
SAN JUAN, PR 00936-5028

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

In re LABORATORIO ACROPOLIS, INC.

Debtor(s)

Case No.

Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for LABORATORIO ACROPOLIS, INC. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

June 9, 2016

Date

/s/ /S/ Gloria Justiniano Irizarry

/S/ Gloria Justiniano Irizarry 207603

Signature of Attorney or Litigant

Counsel for LABORATORIO ACROPOLIS, INC.

**Calle A. Ramirez Silva #8**

**Ensanche Martinez**

**Mayaguez, PR 00680**

**787 831-2577 Fax:787 805-7350**