

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 VEGA ALTA COMMUNITY HEALTH, 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) 66-0591650

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

CARR 2 KM 31 Vega Alta, PR 00692 Number, Street, City, State & ZIP Code

PO BOX 356 Catano, PR 00962 P.O. Box, Number, Street, City, State & ZIP Code

Vega Alta County

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 (excluding LLP) Other. Specify:

Debtor VEGA ALTA COMMUNITY HEALTH, 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 **VEGA ALTA COMMUNITY HEALTH, 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 |

VEGA ALTA MEDICAL HOSPITAL, INC.

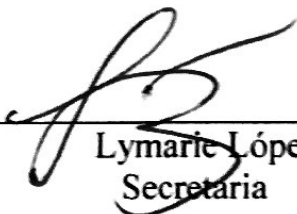
RESOLUCIÓN CORPORATIVA

Yo, Lymarie López, Secretaria de la Junta de Directores de **VEGA ALTA MEDICAL HOSPITAL, INC.**, por la presente certifico que en reunión de la Junta de Directores celebrada el 3 de octubre de 2016, en la cual hubo quórum, la siguiente resolución fue unánimemente aprobada:

“Resuélvase por la presente autorizar, al señor Luis M. González Bermúdez, Presidente-tesorero, a representar a la Corporación Vega Alta Medical Hospital, Inc., teniendo la autoridad para representar a la Corporación en cualquier asunto, solicitar, expedir, aceptar, emitir, aprobar, modificar, certificar, retirar y firmar cualquier documento en nombre de la Corporación incluyendo radicar la solicitud de reorganización bajo el capítulo 11 en la corte federal de quiebras. También se autoriza la contratación del Lcdo. Jaime Rodríguez Perez y el CPA Julio E. Borges Alvarado para que representen a la corporación en dicha solicitud ante la corte federal de quiebras.”

Yo, Lymarie López, Secretaria de la Corporación, certifico que la resolución transcrita ha sido aprobada por Junta de Directores y la misma no ha sido enmendada ni revocada, encontrándose la misma en pleno vigor.

En Vega Alta, Puerto Rico, hoy 3 de octubre de 2016.


Lymarie López
Secretaria



Debtor **VEGA ALTA COMMUNITY HEALTH, INC**
Name

Case number (if known)

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 **October 11, 2016**
MM / DD / YYYY

X /s/ LUIS M GONZALEZ BERMUDEZ
Signature of authorized representative of debtor

Title **PRESIDENT**

LUIS M GONZALEZ BERMUDEZ
Printed name

18. Signature of attorney

X /s/ Jaime Rodriguez Perez
Signature of attorney for debtor

Date **October 11, 2016**
MM / DD / YYYY

Jaime Rodriguez Perez
Printed name

Jaime Rodriguez Law Office, PSC
Firm name

**Urb Rexville Calle 38#bb-21
Bayamon, PR 00957**
Number, Street, City, State & ZIP Code

Contact phone **787-797-4174** Email address **bayamonlawoffice@yahoo.com**

221011
Bar number and State

Fill in this information to identify the case:

Debtor name VEGA ALTA COMMUNITY HEALTH, INC

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 October 11, 2016

X /s/ LUIS M GONZALEZ BERMUDEZ

Signature of individual signing on behalf of debtor

LUIS M GONZALEZ BERMUDEZ

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **VEGA ALTA COMMUNITY HEALTH, 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
ARMANDO PENA NEGRON PO BOX 3678 Vega Alta, PR 00692		LEGAL CASE				\$5,000.00
BECKMAN COULTER INC HC 1 Box 29030 Caguas, PR 00725		MONEY COLLECTION				\$5,000.00
BIONUCLEAR PO BOX 190639 San Juan, PR 00919-0639		SUPPLIER				\$7,575.66
CARDINAL HEALTH CARR 165 KM 2 BULDING 10 LOCAL A GUAYNABO, PR 00695-6211		SUPPLIER				\$30,709.31
DEPARTAMENTO DEL TRABAJO PO BOX 195540 San Juan, PR 00919-5540		DISABILITY INSURANCE				\$8,850.65
DEPARTAMENTO DEL TRABAJO PO BOX 19554 San Juan, PR 00919-5540		CONTRIBUTION TO UNEMPLOYMENT PR				\$36,123.56
DROGUERIA BETANCES AVE LUIS MUNOZ MARIN NUM 251 ESQ EL TROCHE Caguas, PR 00725		SUPPLIER				\$4,397.47

Debtor VEGA ALTA COMMUNITY HEALTH, 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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
FACTUMED PMB 110 405 AVE ESMERALDA SUITE NUM 2 Guaynabo, PR 00969-4457		SUPPLIER				\$53,869.07
INTERNAL REVENUE SERVICE PO BOX 37941 Hartford, CT 06176-7941		941 2014, LAST TRIMESTER DECLARATION FORM FOR FEDERAL.				\$116,154.77
LUIS M GONZALEZ BERMUDEZ PO BOX 356 Catano, PR 00962		DEBT				\$232,030.00
LUISNELL CONCEPCION MARRERO PO BOX 3678 Vega Alta, PR 00692		DAMAGES				\$5,000.00
MEDICARE V 7500 SECURITY BLVD Boston, MA 02124-4000		SUPPLIER				\$61,353.34
MELISSA ALBINO & HECTOR ZAMBRA URB SANTA RITA CALLE 7 H 4 Vega Alta, PR 00692		DAMAGES				\$50,000.00
MILCA BAEZ ORTIZ URB ALTAMESA 1448 SAN IGNACIO San Juan, PR 00921		DAMAGES				\$50,000.00
MUNICIPIO DE VEGA ALTA PO BOX 1390 Vega Alta, PR 00692-1390		PATENT				\$386,605.01
PFIZER PHARM IIC PR PO BOX 71581 San Juan, PR 00936		SUPPLIER				\$5,694.00
PR DEPARTMENT OF THE TREASURY SECTION OF BANKRUPTCY 424 OFFICE PO BOX 9024140 San Juan, PR 00902-4140						\$225,960.86

Debtor VEGA ALTA COMMUNITY HEALTH, 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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
QUEST DIAGNOSTIC AVE MUNOZ RIVERA 881 San Juan, PR 00927		SUPPLIER				\$31,182.96
STATE INSURANCE FUND CORPORATION PO BOX 365028 San Juan, PR 00936-5028		STATE INSURANCE				\$121,401.27
UMECO INC PO BOX 21536 San Juan, PR 00928		SUPPLIER				\$11,792.60

Fill in this information to identify the case:

Debtor name VEGA ALTA COMMUNITY HEALTH, INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)	
1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>25,582.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>25,582.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>0.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>776,097.99</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>700,455.47</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>1,476,553.46</u>

Fill in this information to identify the case:

Debtor name VEGA ALTA COMMUNITY HEALTH, INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. BANCO POPULAR COMMERCIAL FLEXI ACCOUNT NUMBER: 053-129822 LOCATION: VEGA ALTA BRANCH.		9822	\$3,000.00
3.2. BANCO POPULAR COMMERCIAL FLEXI ACCOUNT NUMBER: 053-129849 LOCATION: VEGA ALTA BRANCH.	DEPOSIT	9849	\$2,000.00

4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,000.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes Fill in the information below.

Debtor VEGA ALTA COMMUNITY HEALTH, INC Case number (If known) _____
 Name

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
INVENTORY OF COMPUTERS I			
VA-FACTRACION1 \$782.00			
EMERGENCY----- \$782.00			
TRAGEVA2-----\$782.00			
VA-DOCTOR1-----\$782.00			
VA-DOCTOR2-----\$782.00			
FACT3-VA----- \$782.00			
VA-OBSERVATION \$782.00			
VA-RAYOSX----- \$782.00			
VA-HEMATOLOGY-\$782.00			
ADMIN2-VA----- \$782.00			
FACT2VA-THINK--\$782.00			
VA-REGLAB-----\$782.00			
VA-TMUESTRA--\$782.00			
D2Q6284-----\$350.00			
	\$10,516.00		\$10,516.00
INVENTORY OF COMPUTERS II			
LABINFO-----\$650.00			
IPA354-OPD-----\$350.00			
VA-REGOPD-----\$782.00			
VA-REGOPD2----- \$782.00			
ADMIN3-VA----- \$782.00			
FACT4-VA-----\$782.00			
VAC1-----\$782.00			
PEDIATRICS-----\$782.00			
	\$10,066.00		\$10,066.00

Debtor VEGA ALTA COMMUNITY HEALTH, INC Case number (If known) _____
Name

VAC-VA-----\$782.00
RXPOS-THINK---\$782.00
PHARMACY-PC-\$830.00
PHARMACY-PC-\$830.00
RX30-PC-----\$950.00
LIFEFORCE-1---\$200.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$20,582.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
 No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
- Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
- Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
- Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Debtor VEGA ALTA COMMUNITY HEALTH, INC Case number (if known) _____
 Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$5,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$20,582.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$25,582.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$25,582.00

Fill in this information to identify the case:

Debtor name VEGA ALTA COMMUNITY HEALTH, INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name VEGA ALTA COMMUNITY HEALTH, INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	Priority creditor's name and mailing address DEPARTAMENTO DEL TRABAJO PO BOX 19554 San Juan, PR 00919-5540 Date or dates debt was incurred 2015 TO 2016 Last 4 digits of account number 0000 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CONTRIBUTION TO UNEMPLOYMENT PR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,123.56	\$36,123.56
2.2	Priority creditor's name and mailing address DEPARTAMENTO DEL TRABAJO PO BOX 195540 San Juan, PR 00919-5540 Date or dates debt was incurred 2015 TO 2016 Last 4 digits of account number 0000 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DISABILITY INSURANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,850.65	\$8,850.65

Debtor **VEGA ALTA COMMUNITY HEALTH, INC** Case number (if known)

2.3	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE PO BOX 37941 Hartford, CT 06176-7941	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$116,154.77	\$0.00
Date or dates debt was incurred DECEMBER 2014		Basis for the claim: 941 2014, LAST TRIMESTER. \$41,340.28 941 2015, FIRST TRIMESTER. \$38,856.90 941 2015, SECOND TRIMESTER. \$7,451.90 941 2015, THIRD TRIMESTER. \$22,924.72 941 2015, FOURTH TRIMESTER. \$36.63 941 2016, FIRST TRIMESTER. \$5,544.34		
Last 4 digits of account number 1650 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address INTERNAL REVENUE SERVICE PO BOX 37941 Hartford, CT 06176-7941	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,403.14	\$0.00
Date or dates debt was incurred DECEMBER 2014		Basis for the claim: 940 2014, LAST TRIMESTER. \$256.38 940 2015, FIRST TRIMESTER, \$1,009.36 940 2015, LAST TRIMESTER, \$996.13 940 2016, FIRST TRIMESTER, \$141.27		
Last 4 digits of account number 1650 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address MUNICIPIO DE VEGA ALTA PO BOX 1390 Vega Alta, PR 00692-1390	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$386,605.01	\$386,605.01
Date or dates debt was incurred 2015 TO 2016		Basis for the claim: PATENT		
Last 4 digits of account number 1650 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address PR DEPARTMENT OF THE TREASURY SECTION OF BANKRUPTCY 424 OFFICE PO BOX 9024140 San Juan, PR 00902-4140	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$225,960.86	\$0.00
Date or dates debt was incurred TAXES		Basis for the claim:		
Last 4 digits of account number 1650 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **VEGA ALTA COMMUNITY HEALTH, INC** Case number (if known) _____
 Name _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ARMANDO PENA NEGRON PO BOX 3678 Vega Alta, PR 00692 Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u>	\$5,000.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LEGAL CASE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address BECKMAN COULTER INC HC 1 Box 29030 Caguas, PR 00725 Date(s) debt was incurred <u>OCTOBER 2015</u> Last 4 digits of account number <u>2972</u>	\$5,000.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MONEY COLLECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address BIONUCLEAR PO BOX 190639 San Juan, PR 00919-0639 Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u>	\$7,575.66 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address CARDINAL HEALTH CARR 165 KM 2 BULDING 10 LOCAL A GUAYNABO, PR 00695-6211 Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u>	\$30,709.31 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address DROGUERIA BETANCES AVE LUIS MUNOZ MARIN NUM 251 ESQ EL TROCHE Caguas, PR 00725 Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u>	\$4,397.47 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address FACTUMED PMB 110 405 AVE ESMERALDA SUITE NUM 2 Guaynabo, PR 00969-4457 Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u>	\$53,869.07 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address GENTECH BIOMEDICAL PO BOX 192438 San Juan, PR 00919-2438 Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u>	\$630.00 As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SUPPLIER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **VEGA ALTA COMMUNITY HEALTH, INC** Case number (if known) _____
 Name _____

3.8 Nonpriority creditor's name and mailing address **GOMEZ REFRIG. SALES & SERVICES** **PO BOX 249** **GUYNABO, PR 00870-2487** **As of the petition filing date, the claim is:** *Check all that apply.* **\$145.38**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** SUPPLIER
 Last 4 digits of account number 1650 Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address **JOEL MORALES ORTIZ** **SOL B-19 GOLDEN HILLS** **Dorado, PR 00646** **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,000.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** LEGAL CASE
 Last 4 digits of account number 1650 Is the claim subject to offset? No Yes

3.10 Nonpriority creditor's name and mailing address **LABORATORIES WAREHOUSE INC** **PO BOX 125** **Lajas, PR 00667** **As of the petition filing date, the claim is:** *Check all that apply.* **\$825.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** SUPPLIER
 Last 4 digits of account number 1650 Is the claim subject to offset? No Yes

3.11 Nonpriority creditor's name and mailing address **LANDAUER INC** **2 SCIENCE ROAD** **Glenwood, IL 60425-1586** **As of the petition filing date, the claim is:** *Check all that apply.* **\$394.82**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** SUPPLIER
 Last 4 digits of account number 1650 Is the claim subject to offset? No Yes

3.12 Nonpriority creditor's name and mailing address **LUIS M GONZALEZ BERMUDEZ** **PO BOX 356** **Catano, PR 00962** **As of the petition filing date, the claim is:** *Check all that apply.* **\$232,030.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** DEBT
 Last 4 digits of account number XXX-XX Is the claim subject to offset? No Yes

3.13 Nonpriority creditor's name and mailing address **LUISNELL CONCEPCION MARRERO** **PO BOX 3678** **Vega Alta, PR 00692** **As of the petition filing date, the claim is:** *Check all that apply.* **\$5,000.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** DAMAGES
 Last 4 digits of account number 4397 Is the claim subject to offset? No Yes

3.14 Nonpriority creditor's name and mailing address **MEDICAL LABORATORY EVALUATION** **25 Massachusetts Ave NW #700** **Washington, DC 20001-7401** **As of the petition filing date, the claim is:** *Check all that apply.* **\$403.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** SUPPLIER
 Last 4 digits of account number 1650 Is the claim subject to offset? No Yes

Debtor **VEGA ALTA COMMUNITY HEALTH, INC** Case number (if known) _____
 Name _____

3.15 Nonpriority creditor's name and mailing address **MEDICAL WASTE TRANSPOR INC** **APARTADO 2039** **Aibonito, PR 00705** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,779.54**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number **1650**
Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

3.16 Nonpriority creditor's name and mailing address **MEDICARE V** **7500 SECURITY BLVD** **Boston, MA 02124-4000** **As of the petition filing date, the claim is:** *Check all that apply.* **\$61,353.34**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number **1650**
Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

3.17 Nonpriority creditor's name and mailing address **MEDIXS CORP** **PO BOX 363** **Mercedita, PR 00715** **As of the petition filing date, the claim is:** *Check all that apply.* **\$450.88**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number **1650**
Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

3.18 Nonpriority creditor's name and mailing address **MELISSA ALBINO & HECTOR ZAMBRA** **URB SANTA RITA** **CALLE 7 H 4** **Vega Alta, PR 00692** **As of the petition filing date, the claim is:** *Check all that apply.* **\$50,000.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred OCTOBER 2011
 Last 4 digits of account number **0868**
Basis for the claim: DAMAGES
 Is the claim subject to offset? No Yes

3.19 Nonpriority creditor's name and mailing address **MIGUEL PANZARDI** **As of the petition filing date, the claim is:** *Check all that apply.* **\$485.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number **1650**
Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **MILCA BAEZ ORTIZ** **URB ALTAMESA** **1448 SAN IGNACIO** **San Juan, PR 00921** **As of the petition filing date, the claim is:** *Check all that apply.* **\$50,000.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number **0804**
Basis for the claim: DAMAGES
 Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **ONTIME SOFT INC** **PMB 204** **PO BOX 6017** **Carolina, PR 00984-6017** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,150.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number **1650**
Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

Debtor VEGA ALTA COMMUNITY HEALTH, INC Case number (if known) _____

Name

3.22	<p>Nonpriority creditor's name and mailing address ORLANDO AVILES PANTOJAS REC FRANCISCO VEGA SANCHEZ EDIF NUM 11 APT 67 Vega Alta, PR 00692</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>LEGAL CASE</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$3,000.00</u>
3.23	<p>Nonpriority creditor's name and mailing address PFIZER PHARM IIC PR PO BOX 71581 San Juan, PR 00936</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>SUPPLIER</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$5,694.00</u>
3.24	<p>Nonpriority creditor's name and mailing address PUERTO RICO HOSPITAL JARDINES DE CAROLINA AVE ROSENDO VELA COSTA LOTE NUM. 4 Morovis, PR 00687</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>SUPPLIER</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$971.03</u>
3.25	<p>Nonpriority creditor's name and mailing address QUEST DIAGNOSTIC AVE MUNOZ RIVERA 881 San Juan, PR 00927</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>SUPPLIER</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$31,182.96</u>
3.26	<p>Nonpriority creditor's name and mailing address RAD ONE PMB 409 AVE ASHFORD 1357 San Juan, PR 00907</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>SUPPLIER</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$718.12</u>
3.27	<p>Nonpriority creditor's name and mailing address RAIMUNDI COMPUTER REPAIR MAIL BOX 4000.00 CALLE ESTACION Vega Alta, PR 00692</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>SUPPLIER</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$3,105.09</u>
3.28	<p>Nonpriority creditor's name and mailing address RANDOX PMB 590 PO BOX 29029 San Juan, PR 00907</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number <u>1650</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>SUPPLIER</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$1,154.00</u>

Debtor **VEGA ALTA COMMUNITY HEALTH, INC** Case number (if known) _____
Name

3.29 Nonpriority creditor's name and mailing address **SANTURCE X RAY** **PO BOX 11749** **San Juan, PR 00910-2849** **\$1,806.74**
 Date(s) debt was incurred _____
 Last 4 digits of account number 1650
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address **STATE INSURANCE FUND CORPORATION** **PO BOX 365028** **San Juan, PR 00936-5028** **\$121,401.27**
 Date(s) debt was incurred INSURANCE 2015 AND 2016
 Last 4 digits of account number 1067
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: STATE INSURANCE
 Is the claim subject to offset? No Yes

3.31 Nonpriority creditor's name and mailing address **TRANSACTION DATA SYSTEMS** **1555 Boren Drive** **Ocoee, FL 34761** **\$807.39**
 Date(s) debt was incurred _____
 Last 4 digits of account number 1650
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

3.32 Nonpriority creditor's name and mailing address **UMECO INC** **PO BOX 21536** **San Juan, PR 00928** **\$11,792.60**
 Date(s) debt was incurred _____
 Last 4 digits of account number 1650
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

3.33 Nonpriority creditor's name and mailing address **URBAN NETWORK** **PO BOX 190838** **San Juan, PR 00919** **\$699.00**
 Date(s) debt was incurred _____
 Last 4 digits of account number 1650
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

3.34 Nonpriority creditor's name and mailing address **VP NET** **PO Box 193780** **San Juan, PR 00919-3780** **\$3,924.80**
 Date(s) debt was incurred _____
 Last 4 digits of account number 1650
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: SUPPLIER
 Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
 If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 LCDO CHARLES M BRIERE BELLO PO BOX 10360 Ponce, PR 00732-0360	Line <u>3.18</u>	—
	<input type="checkbox"/> Not listed. Explain _____	

Debtor Name	Case number (if known)	
VEGA ALTA COMMUNITY HEALTH, INC		
Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.2 LCDO. RAYMOND M PEREZ BRAYFIELD URB ALTAMESA 1448 SAN IGNACIO San Juan, PR 00921	Line 3.20 <input type="checkbox"/> Not listed. Explain _____	—
4.3 MENDEZ RIVERA LAW OFFICES PSC 700 CARRETERA NUM 2 SUITE 101 Vega Alta, PR 00692	Line 3.13 <input type="checkbox"/> Not listed. Explain _____	—
4.4 MICHELLE RODRIGUEZ MIRANDA PO BOX 364028 San Juan, PR 00936-4028	Line 3.2 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

	Total of claim amounts
5a. \$	776,097.99
5b. + \$	700,455.47
5c. \$	1,476,553.46

Fill in this information to identify the case:

Debtor name VEGA ALTA COMMUNITY HEALTH, INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

LEASE FOR THE ADMINISTRATION OF EMERGENCY ROOM. THE ADMINISTRATION AND OPERATION OF THESE FACILITIES ARE BEING ASSIGNED FREE OF COST EFFECTIVE DURING THE TERM OF THIS AGREEMENT. THE TERM CONTRACT WILL BE FOR FIVE YEARS. FROM AUGUST 2014 TO JUNE 2019.

State the term remaining

List the contract number of any government contract

**DEPARTAMENTO DE SALUD
PO BOX 70184
San Juan, PR 00936-8184**

Fill in this information to identify the case:

Debtor name VEGA ALTA COMMUNITY HEALTH, INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____ Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____ Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name VEGA ALTA COMMUNITY HEALTH, INC
 United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO
 Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. 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).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2016** to **Filing Date**

Operating a business
 Other _____

\$500,000.00

For prior year:
From **1/01/2015** to **12/31/2015**

Operating a business
 Other _____

\$1,005,461.00

For year before that:
From **1/01/2014** to **12/31/2014**

Operating a business
 Other _____

\$3,306,062.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **VEGA ALTA COMMUNITY HEALTH, INC**

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. MELISSA ALBINO MALDONADO, HECTOR ZAMBRANA SANTOS VS VEGA ALTA COMMUNITY HEALTH INC; COLUMBIA CASUALTY COMPANY; ASEGURADO A; JOHN DOE, ASEGURADO B; RICHARD DOE, ASEGURADO C DDP11-0868	DAMAGES	BAYAMON SUPERIOR COURTHOUSE Bayamon, PR 00960	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. MILCA BAEZ ORTIZ RAMOS VS VEGA ALTA COMMUNITY HEALTH INC; DOCTORS CENTER HOSPITAL; DOCTORES A,B,C,D; CORPORACION X,Y,Z; ASEGURADORAS I,II,III. DDP11-0804	DAMAGES	BAYAMON SUPERIOR COURTHOUSE Bayamon, PR 00960	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3. BECKMAN COULTER, INC VS VEGA ALTA COMMUNITY HEALT INC. D CD2015-2972	MONEY COLLECTION	BAYAMON SUPERIOR COURTHOUSE Bayamon, PR 00960	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **VEGA ALTA COMMUNITY HEALTH, INC** Case number (if known) _____

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4. LUISNELL CONCEPCION MARRERO VS VEGA ALTA COMMUNITY HEALT INC. HMA14397	DAMAGES	BAYAMON SUPERIOR COURTHOUSE Bayamon, PR 00960	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. JAIME RODRIGUEZ PEREZ URB REXVILLE BB 21 CALLE 38 Bayamon, PR 00957	SERVICES	03/28/2016	\$7,000.00

Email or website address _____

Who made the payment, if not debtor? _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor **VEGA ALTA COMMUNITY HEALTH, INC**

Case number (if known) _____

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor **VEGA ALTA COMMUNITY HEALTH, INC**

Case number (if known) _____

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.

Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

Debtor **VEGA ALTA COMMUNITY HEALTH, INC**

Case number (if known) _____

- No.
 Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
 Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

25.1. **VEGA ALTA COMMUNITY
HEALTH INC
PO BOX 419
Vega Alta, PR 00692**

MEDICAL SERVICESEIN: **66-0591650**From-To **11/15/2001**

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address

Date of service

From-To

26a.1. **CPA JULIO E BORGES ALVARADO
BOX 361002
San Juan, PR 00936**

**FROM 2008 TO
PRESENT DATE**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- None

Name and address

Date of service

From-To

26b.1. **CPA JULIO E BORGES ALVARADO
BOX 361002
San Juan, PR 00936**

**DECEMBER 31ST,
2014**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **CPA JULIO E BORGES ALVARADO
BOX 361002
San Juan, PR 00936**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial

Debtor **VEGA ALTA COMMUNITY HEALTH, INC**

Case number (if known) _____

statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	VEGA ALTA COMMUNITY HEALTH	MAY 30, 2016	COST VALUE

Name and address of the person who has possession of inventory records

VEGA ALTA COMMUNITY HEALTH
PO BOX 419
Vega Alta, PR 00692

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
DR LUIS M GONZALEZ BERMUDEZ	PO BOX 419 Vega Alta, PR 00692	PRESIDENT	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Debtor **VEGA ALTA COMMUNITY HEALTH, INC**

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 **October 11, 2016**

/s/ LUIS M GONZALEZ BERMUDEZ

Signature of individual signing on behalf of the debtor

LUIS M GONZALEZ BERMUDEZ

Printed name

Position or relationship to debtor **PRESIDENT**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No

Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re VEGA ALTA COMMUNITY HEALTH, 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 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$ 6,000.00), Prior to the filing of this statement I have received (\$ 6,000.00), and Balance Due (\$ 0.00).

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

Debtor (checked) Other (specify):

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

Debtor (checked) 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]

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.

October 11, 2016

Date

/s/ Jaime Rodriguez Perez

Jaime Rodriguez Perez 221011

Signature of Attorney

Jaime Rodriguez Law Office, PSC

Urb Rexville Calle 38#bb-21

Bayamon, PR 00957

787-797-4174 Fax: 787-730-5454

bayamonlawoffice@yahoo.com

Name of law firm

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

In re VEGA ALTA COMMUNITY HEALTH, 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
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-NONE-

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 October 11, 2016 Signature /s/ LUIS M GONZALEZ BERMUDEZ
LUIS M GONZALEZ BERMUDEZ

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 VEGA ALTA COMMUNITY HEALTH, 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: October 11, 2016

/s/ LUIS M GONZALEZ BERMUDEZ
LUIS M GONZALEZ BERMUDEZ/PRESIDENT
Signer/Title

VEGA ALTA COMMUNITY HEALTH, INC
PO BOX 356
CATANO, PR 00962

DROGUERIA BETANCES
AVE LUIS MUNOZ MARIN
NUM 251 ESQ EL TROCHE
CAGUAS, PR 00725

LCDO CHARLES M BRIERE BEL
PO BOX 10360
PONCE, PR 00732-0360

JAIME RODRIGUEZ PEREZ
JAIME RODRIGUEZ LAW OFFICE, PSC
URB REXVILLE CALLE 38#BB-21
BAYAMON, PR 00957

FACTUMED
PMB 110 405 AVE ESMERALDA
SUITE NUM 2
GUAYNABO, PR 00969-4457

LCDO. RAYMOND M PEREZ BRA
URB ALTAMESA
1448 SAN IGNACIO
SAN JUAN, PR 00921

ARMANDO PENA NEGRON
PO BOX 3678
VEGA ALTA, PR 00692

GENTECH BIOMEDICAL
PO BOX 192438
SAN JUAN, PR 00919-2438

LUIS M GONZALEZ BERMUDEZ
PO BOX 356
CATANO, PR 00962

BECKMAN COULTER INC
HC 1 BOX 29030
CAGUAS, PR 00725

GOMEZ REFRIG. SALES & SERVICES
PO BOX 249
GUYNABO, PR 00870-2487

LUISNELL CONCEPCION MARRE
PO BOX 3678
VEGA ALTA, PR 00692

BIONUCLEAR
PO BOX 190639
SAN JUAN, PR 00919-0639

INTERNAL REVENUE SERVICE
PO BOX 37941
HARTFORD, CT 06176-7941

MEDICAL LABORATORY EVALUA
25 MASSACHUSETTS AVE NW #7
WASHINGTON, DC 20001-7401

CARDINAL HEALTH
CARR 165 KM 2 BULDING 10
LOCAL A
GUAYNABO, PR 00695-6211

INTERNAL REVENUE SERVICE
PO BOX 37941
HARTFORD, CT 06176-7941

MEDICAL WASTE TRANSPOR IN
APARTADO 2039
AIBONITO, PR 00705

DEPARTAMENTO DE SALUD
PO BOX 70184
SAN JUAN, PR 00936-8184

JOEL MORALES ORTIZ
SOL B-19 GOLDEN HILLS
DORADO, PR 00646

MEDICARE V
7500 SECURITY BLVD
BOSTON, MA 02124-4000

DEPARTAMENTO DEL TRABAJO
PO BOX 19554
SAN JUAN, PR 00919-5540

LABORATORIES WAREHOUSE INC
PO BOX 125
LAJAS, PR 00667

MEDIIXS CORP
PO BOX 363
MERCEDITA, PR 00715

DEPARTAMENTO DEL TRABAJO
PO BOX 195540
SAN JUAN, PR 00919-5540

LANDAUER INC
2 SCIENCE ROAD
GLENWOOD, IL 60425-1586

MELISSA ALBINO & HECTOR ZA
URB SANTA RITA
CALLE 7 H 4
VEGA ALTA, PR 00692

MENDEZ RIVERA LAW OFFICES PSC
700 CARRETERA NUM 2 SUITE 101
VEGA ALTA, PR 00692

PUERTO RICO HOSPITAL
JARDINES DE CAROLINA AVE ROSENDO
VELA COSTA LOTE NUM. 4
MOROVIS, PR 00687

URBAN NETWORK
PO BOX 190838
SAN JUAN, PR 00919

MICHELLE RODRIGUEZ MIRANDA
PO BOX 364028
SAN JUAN, PR 00936-4028

QUEST DIAGNOSTIC
AVE MUNOZ RIVERA 881
SAN JUAN, PR 00927

VP NET
PO BOX 193780
SAN JUAN, PR 00919-3780

MIGUEL PANZARDI

RAD ONE
PMB 409 AVE ASHFORD 1357
SAN JUAN, PR 00907

MILCA BAEZ ORTIZ
URB ALTAMESA
1448 SAN IGNACIO
SAN JUAN, PR 00921

RAIMUNDI COMPUTER REPAIR
MAIL BOX 4000.00
CALLE ESTACION
VEGA ALTA, PR 00692

MUNICIPIO DE VEGA ALTA
PO BOX 1390
VEGA ALTA, PR 00692-1390

RANDOX
PMB 590 PO BOX 29029
SAN JUAN, PR 00907

ONTIME SOFT INC
PMB 204
PO BOX 6017
CAROLINA, PR 00984-6017

SANTURCE X RAY
PO BOX 11749
SAN JUAN, PR 00910-2849

ORLANDO AVILES PANTOJAS
REC FRANCISCO VEGA SANCHEZ
EDIF NUM 11 APT 67
VEGA ALTA, PR 00692

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

PFIZER PHARM IIC PR
PO BOX 71581
SAN JUAN, PR 00936

TRANSACTION DATA SYSTEMS
1555 BOREN DRIVE
OCOOE, FL 34761

PR DEPARTMENT OF THE TREASURY UMECO INC
SECTION OF BANKRUPTCY 424 OFFICE
PO BOX 9024140
SAN JUAN, PR 00902-4140

PO BOX 21536
SAN JUAN, PR 00928

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

In re VEGA ALTA COMMUNITY HEALTH, 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 VEGA ALTA COMMUNITY HEALTH, 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*]

October 11, 2016

Date

/s/ Jaime Rodriguez Perez

Jaime Rodriguez Perez 221011

Signature of Attorney or Litigant

Counsel for VEGA ALTA COMMUNITY HEALTH, INC

Jaime Rodriguez Law Office, PSC

Urb Rexville Calle 38#bb-21

Bayamon, PR 00957

787-797-4174 Fax:787-730-5454

bayamonlawoffice@yahoo.com