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United States Bankruptcy Court
District of Puerto Rico, Ponce Division

IN RE:

Case No. _____

Clinica Santa Rosa, Inc.

Chapter 11

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

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

Date: November 13, 2016

Signature: /s/ FERNANDO ALARCON OCASIO
FERNANDO ALARCON OCASIO, PRESIDENT

Debtor

Date: _____

Signature: _____

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PO BOX 800
COTTO LAUREL, PR 00780

NORMA I. MORALES LEBRON
PO Box 522 BOX 522
Patillas, PR 00723-0522

NORTOL ENVIRONMENTAL &
PO Box 366457
San Juan, PR 00936-6457

NYDIA BURGOS
HC 2 Box 4189
Maunabo, PR 00707-9514

OLIVER EXTERMINATING
PO Box 1264
Caguas, PR 00726-1264

ONELIA FIGUEROA
PTE. JOBOS COMUNIDAD MIRAMAR CALLE ORQUI
GUAYAMA, PR 00787

OPTIVON
PO Box 11881
San Juan, PR 00922-1881

ORENGO & LUIS MAINTENANCE
SUITE 174
PO Box 71325
San Juan, PR 00936-8425

ORIENTAL BANK
PO Box 195115
San Juan, PR 00919-5115

OTO-METRICS PR, INC.
PO Box 12248
San Juan, PR 00914-0248

P. R.SOLUTIONS SUPPLY, INC.
PO Box 50460
Toa Baja, PR 00950-0460

PCCG, INC./ACTIONRAD SOLUTIONS
PO Box 10535
Bradenton, FL 34282-0535

PEDRO AIR CONDITIONING Y/O
CARR 3 SECTOR MELANIA
KM 140.3 INT FINAL
GUAYAMA, PR 00784

PHASOR ENGINEERING, INC.
PO Box 9012
Ponce, PR 00732-9012

PHILLIPS MEDICAL SYSTEM P.R INC
200 WINSTON CHURCHILL AVE STE 302
San Juan, PR 00926-6650

PRAXAIR PUERTO RICO B.V.
PO Box 307
Gurabo, PR 00778-0307

PREMED, LLC.
PO Box 474
Trujillo Alto, PR 00977-0474

PREMIER ANESTHESIA CONSULTANTS
BIEN-TE-VEO 14
URB MONTEHIEDRA
SAN JUAN, PR 00926

Professional Inventory Special
CALLE LA SORBONA 251
UNIVERSITY GARDENS
SAN JUAN, PR 00927

PROGRESSIVE SALES & SERVICE
AVE. ROOSEVELT
1163 PUERTO NUEVO
San Juan, PR 00920

PUERTO RICO BIOMEDICAL
PO Box 4755
Carolina, PR 00984-4755

PUERTO RICO TELEPHONE
PO BOX 71401
San Juan, PR 00936

PUERTO RICO TELEPHONE
PO BOX 71535
San Juan, PR 00936-8635

PUERTO RICO TELEPHONE
PUERTO RICO TELEPHONE
PO BOX 71535
San Juan, PR 00936-8635

PUERTORICO TELEPHONE
PO Box 8635
San Juan, PR 00910-0635

R H REALTY MANAGEMENT
URB PASEO DEL PARQUE
10 CALLE TIVOLI
SAN JUAN, PR 00926

RADIOLOGY SUPPORTING SERVICES
URB PASEO DEL PARQUE
CALLE TIVOLI 10
SAN JUAN, PR 00926

RAMON COLON AGUIRRE
PO Box 128 BOX 128
Arroyo, PR 00714-0128

REGIONAL ADJUSTMENT BUREAU
PO Box 34111
Memphis, TN 38184-0111

REINALDO ALBINO
PO Box 10008
Guayama, PR 00785-4008

REINALDO ALBINO MILIAN
HC 65
Patillas, PR 00723-9377

REPUBLIC SERVICES
PO Box 7104
Ponce, PR 00732-7104

REYES CONTRACTOR GROUP INC.
URB CERRO GORDO HILLS
22 RAUL JULIA
VEGA ALTA, PR 00692

RIMACO, INC
PO Box 8895
San Juan, PR 00910-0895

RMC ORTHOPEDIC & SURGICAL, INC.
AGM BUILDING
42 CARR 20 SUITE 102
GUAYNABO, PR 00966-3325

ROBERTO A. SALICETI
PO Box 3080
Guayama, PR 00785-3080

ROBERTO GARCIA RIVERA
HC 2 Box 4751
Guayama, PR 00784-7551

ROLANDO RIVERA
HC 1 Box 18311
Coamo, PR 00769-9800

ROLANDO SANTIAGO TORRES
PO Box 195659
San Juan, PR 00919-5659

ROLMARIE COLON GARCIA
BO LOS POLLOS
SECTOR PARCELAS NUEVAS 105
PATILLAS, PR 00723

ROSIMAR APONTE GIBOYEAU
PO Box 474
Arroyo, PR 00714-0474

S A B I A M E D
PO Box 6150
Caguas, PR 00726-6150

SALICOOP
PO Box 1169 box 1169
Salinas, PR 00751-1169

SAMUEL SANCHEZ COLON
HC 1
Arroyo, PR 00714-9801

SANDRA G. COTTO MONTAÑEZ
URB VILLA MAR CALLE CASPIO
A 18
GUAYAMA, PR 00784

SANTURCE X RAY & MEDICAL SUPPL
PO Box 11749
San Juan, PR 00910-2849

SARA J. MARTINEZ PROSPERE
HC 64
Patillas, PR 00723-9802

SATURINO MORALES
PO Box 195659
San Juan, PR 00919-5659

SECRETARIO DE HACIENDA
PO Box 9024140
San Juan, PR 00902-4140

SERV CORP
405 AVENIDA ESMERALDA PMB 241
Guaynabo, PR 00969

SISTEMA DE SALUD MENONITA
PO Box 372800
Cayey, PR 00737-2800

SISTEMA DE SALUD METROPOLITANO
101 AVE SAN PATRICIO
SUITE 960
GUAYNABO, PR 00968

SIXMARY RODRIGUEZ
URB JARDINES DE SALINAS 101
CALLE JULIO MARTINEZ
SALINAS, PR 00751

SOUTHERN PATOLOGY
234-A SABANETA INDUSTRIAL PARK
PONCE, PR 00716

SPOT ON HOLD
PO Box 1836
Mayaguez, PR 00681-1836

STERICYCLE, INC.
PO Box 6582
Carol Stream, IL 60197-6582

STRYKER SUSTAINABILITY
STRYKER SUSTAINABILITY
10232 S 51st St
Phoenix, AZ 85044-5205

SYSTEMONE
PO Box 10567
San Juan, PR 00922-0567

SYSTRONICS, INC
PO Box 7205
Ponce, PR 00732-7205

TARIMAX DE PUERTO RICO, INC
PO Box 793
Patillas, PR 00723-0793

TONER & INKJET EXPRESS
AVE. FAGOT
A10 SUITE 2
PONCE, PR 00717

ULEES
Calle Héctor Salamán
354 Urb Ext
Hato Rey, PR 00918-2111

UMECOINC
PO Box 21536
San Juan, PR 00928-1536

UNICARE CORPORATION
PO Box 1051
Sabana Seca, PR 00952-1051

USDA Rural Development
U.S. Department of Agriculture
1400 Independence Ave SW
Washington, DC 20250-0002

USDA Rural Development
U.S. Department of Agriculture
1400 Independence Ave SW
Washington, DC 20250-0002

V I T A L I F E I N C.
FEDERICO COSTAS ST
M-1046 #2 TRES MONJITAS
SAN JUAN, PR 00918

WAL-SMART, INC
54 VALLE SUR
MAYAGUEZ, PR 00680

WALTER J. RODRIGUEZ APONTE
CAMPITOS BRENES #1
ARROYO, PR 00714

WMED SOLUTIONS
URB VISTALAGO
CALLE LAGO LA PLATA #60
GURABO, PR 00778

XEROX
PO Box 299075
Lewisville, TX 75029-9075

YAZMIN MORALES
PO Box 195659
San Juan, PR 00919-5659

YESSENIA ORTIZ ORTIZ
URB HACIENDA GUAMANI
125 CALLE HIGUILLO
GUAYAMA, PR 00784

ZAIDA L. ESTRADA
URB CIUDAD UNIVERSITARIA
C GORRION G-14
GUAYAMA, PR 00784

ZERO MEDICAL WASTE CORP.
425 CARR 693 PMB 135
DORADO, PR 00646

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO, PONCE DIVISION

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 Clinica Santa Rosa, 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) 66-0260851

4. Debtor's address Principal place of business Mailing address, if different from principal place of business
3 Salida hacia Arroyo Guayama, PR 00784 PO Box 10008 Guayama, PR 00785-4008
Number, Street, City, State & ZIP Code P.O. Box, Number, Street, City, State & ZIP Code
Guayama Location of principal assets, if different from principal place of business
County 3 Salida hacia Arroyo Guayama, PR 00784
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 **Clinica Santa Rosa, 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 Clinica Santa Rosa, Inc. Case number (if known) _____
 Name

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
 Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds. *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input 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 checked="" type="checkbox"/> 200-999		

15. Estimated Assets

<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

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" 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 Clinica Santa Rosa, 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 November 13, 2016
MM / DD / YYYY

X /s/ FERNANDO ALARCON OCASIO
Signature of authorized representative of debtor

Title PRESIDENT

FERNANDO ALARCON OCASIO
Printed name

18. Signature of attorney

X /s/ Antonio I. Hernandez
Signature of attorney for debtor

Date November 13, 2016
MM / DD / YYYY

Antonio I. Hernandez
Printed name

Hernandez Law Office
Firm name

PO Box 8509
San Juan, PR 00910-0509
Number, Street, City, State & ZIP Code

Contact phone (787) 250-0575 Email address ahernandezlaw@yahoo.com

USDC 201602
Bar number and State

Fill in this information to identify the case:

Debtor name Clinica Santa Rosa, Inc.
United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION
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 November 13, 2016

X /s/ FERNANDO ALARCON OCASIO

Signature of individual signing on behalf of debtor

FERNANDO ALARCON OCASIO

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Clinica Santa Rosa, Inc.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION

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
USDA RURAL DEVELOPMENT U.S. Department of Agriculture 1400 Independence Ave SW Washington, DC 20250-0002		Bank loan		\$7,794,016.00	\$3,200,000.00	\$4,594,016.00
ORIENTAL BANK PO Box 195115 San Juan, PR 00919-5115		Bank loan		\$3,265,073.56	\$700,000.00	\$2,565,074.00
USDA Rural Development U.S. Department of Agriculture 1400 Independence Ave SW Washington, DC 20250-0002				\$2,560,717.00	\$1,438,664.00	\$1,122,053.00
AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 2162141 PO Box 363508 San Juan, PR 00936-3508						\$1,910,466.31

Debtor Clinica Santa Rosa, 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, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 2948041 PO Box 363508 San Juan, PR 00936-3508						\$1,510,424.11
USDA Rural Development U.S. Department of Agriculture 1400 Independence Ave SW Washington, DC 20250-0002				\$716,994.00	\$402,822.00	\$314,172.00
CPS PUERTO RICO, INC CPS PUERTO RICO, INC 6409 N Quail Hollow Rd Memphis, TN 38120-1414						\$540,248.45
NATIONAL BUILDING MAINTENANCE 855 AVE HOSTOS PONCE, PR 00716-1105						\$360,272.30
SISTEMA DE SALUD METROPOLITANO 101 AVE SAN PATRICIO SUITE 960 GUAYNABO, PR 00968						\$297,440.00
S A B I A M E D PO Box 6150 Caguas, PR 00726-6150						\$236,873.84
SISTEMA DE SALUD MENONITA PO Box 372800 Cayey, PR 00737-2800						\$226,888.66

Debtor Clinica Santa Rosa, 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, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
FIRSTMEDICAL HEALTH PLAN, INC FIRST MEDICAL HEALTH PLAN, INC PO Box 70264 San Juan, PR 00936-8264						\$185,103.57
HOSP.EPISCOPAL SAN LUCAS						\$143,068.15
BORSCHOW HOSPITAL ACC 4120 BORSCHOW HOSPITAL ACC 4120 PO Box 366211 San Juan, PR 00936-6211						\$137,974.81
BAXTERSALES CORP BAXTER SALES CORP PO BOX 36-70280 San Juan, PR 00936-4707						\$132,965.84
PUERTO RICO HOSPITAL						\$126,816.63
PREMIER ANESTHESIA CONSULTANTS BIEN-TE-VEO 14 URB MONTEHIEDRA SAN JUAN, PR 00926						\$97,350.00
JOM SECURITY SERVICES, INC. PO Box 507 Guayama, PR 00785-0507						\$97,130.90
DEG ANESHESIA GROUP, PSC DEG ANESHESIA GROUP, PSC 401A Yauco, PR 00698						\$92,500.00

Debtor Clinica Santa Rosa, 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, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 9372141 PO Box 363508 San Juan, PR 00936-3508						\$92,471.29

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico, Ponce Division

In re Clinica Santa Rosa, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

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:

FLAT FEE

For legal services, I have agreed to accept \$
Prior to the filing of this statement I have received \$
Balance Due \$

RETAINER

For legal services, I have agreed to accept and received a retainer of \$ 35,000.00
The undersigned shall bill against the retainer at an hourly rate of \$ 250.00
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

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

Debtor Other (specify):

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

Debtor Other (specify):

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

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

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

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

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

In re Clinica Santa Rosa, Inc.
Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
(Continuation Sheet)

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.

November 13, 2016

Date

/s/ Antonio I. Hernandez

Antonio I. Hernandez

Signature of Attorney

Hernandez Law Office

PO Box 8509

San Juan, PR 00910-0509

(787) 250-0575 Fax: (787) 766-0570

ahernandezlaw@yahoo.com

Name of law firm