

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 ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.

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) 66-0697675

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

METRO MEDICAL CENTER 1995 CARR #2 SUITE 1306 BAYAMON, PR 00959 Number, Street, City, State & ZIP Code

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

Bayamon County

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

METRO MEDICAL CENTER 1995 CARR #2 SUITE 306 BAYAMON, PR 00959 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 ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.  
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 <b>See Attachment</b>	Relationship _____
District _____	When _____ Case number, if known _____

Debtor ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.  
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 type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities

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

Debtor **ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.**  
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 January 18, 2017  
MM / DD / YYYY

**X /s/ SYLVIA M. GARCIA ORTIZ**  
Signature of authorized representative of debtor  
  
Title PRESIDENT

**SYLVIA M. GARCIA ORTIZ**  
Printed name

**18. Signature of attorney**

**X /s/ NILDA M. GONZALEZ CORDERO**  
Signature of attorney for debtor

Date January 18, 2017  
MM / DD / YYYY

**NILDA M. GONZALEZ CORDERO**  
Printed name

**GONZALEZ CORDERO LAW OFFICES**  
Firm name

**PO BOX 3389**  
**Guaynabo, PR 00970**  
Number, Street, City, State & ZIP Code

Contact phone 787-721-3437 Email address ngonzalezc@ngclawpr.com

**213705**  
Bar number and State

Debtor ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C. Case number (if known) \_\_\_\_\_  
Name

**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

**FORM 201. VOLUNTARY PETITION**  
**Pending Bankruptcy Cases Attachment**

Debtor	<u>SYLVIA MILAGROS GARCIA ORTIZ</u>	Relationship to you	<u>PRESIDENT</u>
District	<u>DISTRICT OF PUERTO RICO</u>	When <u>1/18/17</u>	Case number, if known <u>17-00208</u>
Debtor	<u>VIA NIZA, INC.</u>	Relationship to you	_____
District	<u>DISTRICT OF PUERTO RICO</u>	When <u>1/18/17</u>	Case number, if known <u>17-</u>

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

In re ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.

Debtor(s)

Case No. 17-

Chapter 11

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **SYLVIA M. GARCIA ORTIZ**, declare under penalty of perjury that I am the **SECRETARY** of **ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 2 day of August, 2016.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **SYLVIA M. GARCIA ORTIZ, PRESIDENT** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **SYLVIA M. GARCIA ORTIZ, PRESIDENT** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **SYLVIA M. GARCIA ORTIZ, PRESIDENT** of this Corporation is authorized and directed to employ **NILDA M. GONZALEZ CORDERO**, attorney and the law firm of **GONZALEZ CORDERO LAW OFFICES** to represent the corporation in such bankruptcy case."

Date January 18, 2017

Signed /s/ SYLVIA M. GARCIA ORTIZ  
**SYLVIA M. GARCIA ORTIZ**

Resolution of Board of Directors  
of  
**ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.**

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter **11** of Title 11 of the United States Code;

Be It Therefore Resolved, that **SYLVIA M. GARCIA ORTIZ, SECRETARY** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **SYLVIA M. GARCIA ORTIZ, PRESIDENT** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **SYLVIA M. GARCIA ORTIZ, PRESIDENT** of this Corporation is authorized and directed to employ **NILDA M. GONZALEZ CORDERO**, attorney and the law firm of **GONZALEZ CORDERO LAW OFFICES** to represent the corporation in such bankruptcy case.

Date January 18, 2017

Signed /s/ SYLVIA M. GARCIA ORTIZ  
**SYLVIA M. GARCIA ORTIZ**

Date January 18, 2017

Signed \_\_\_\_\_

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

Debtor name ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

**Declaration and signature**

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

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

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

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

Executed on January 18, 2017

X /s/ SYLVIA M. GARCIA ORTIZ  
Signature of individual signing on behalf of debtor

SYLVIA M. GARCIA ORTIZ  
Printed name

PRESIDENT  
Position or relationship to debtor



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

Debtor name ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.  
 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
Departamento del Trabajo PO BOX 195540 San Juan, PR 00919-5540		Unemployment and Disability				\$2,761.60
Diaz Bergnes, Jacobo, Gonzalez LLC PO Box 361401 San Juan, PR 00936		Accounting services				\$1,636.00
Internal Revenue Service City View Plaza II 48 Carr 165, Suite 2000 Guaynabo, PR 00968-8000		Unemployment and Disability				\$31,697.63
Medical Waste Transport, Inc. Apartado 2039 Aibonito, PR 00705		Waste services				\$664.15
Municipio de Bayamon Departamento de Finanzas PO BOX 1588 Bayamon, PR 00960		Municipal licences				\$58,046.45
National Copier PO Box 3928 Bayamons Gardens Bayamon, PR 00958		Rent of copy machine				\$7,127.14
Perez Exterminating Service Urb. Brisas de Mar Chiquita Calle Carey #127 Manati, PR 00674-9427		Exterminating services				\$225.00

Debtor **ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Treasury Department PO Box 9024140 San Juan, PR 00902-4140		Patronal				\$1,346.83
Treasury Department PO Box 9024140 San Juan, PR 00902-4140		IVU Taxes				\$3,109.69
UMECO, Inc. PO Box 199536 San Juan, PR 00919-5536		Medical office supplies				\$2,608.37
UPM Group Building Solutions 100 Calle Amazonas, Esquina Parana San Juan, PR 00926		Air maintenance				\$4,596.44
Via Niza, Inc. Bayamon Medical Plaza Suite 904 Bayamon, PR 00959		Rent arrears				\$80,000.00

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.

Debtor(s)

Case No. 17-

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 3 rows: For legal services, I have agreed to accept \$ 250.00 p/h; Prior to the filing of this statement I have received \$ 7,000.00; Balance Due \$ 0.00

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

[X] Debtor [ ] Other (specify):

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

[X] Debtor [ ] Other (specify):

4. [X] 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.

January 18, 2017

Date

/s/ NILDA M. GONZALEZ CORDERO

NILDA M. GONZALEZ CORDERO

Signature of Attorney

GONZALEZ CORDERO LAW OFFICES

PO BOX 3389

Guaynabo, PR 00970

787-721-3437

ngonzalezc@ngclawpr.com

Name of law firm

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

In re ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

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

Date: January 18, 2017

/s/ SYLVIA M. GARCIA ORTIZ

**SYLVIA M. GARCIA ORTIZ/PRESIDENT**

Signer/Title

ONCOLOGY INSTITUTE OF PUERTO RICO  
METRO MEDICAL CENTER  
1995 CARR #2 SUITE 1306  
BAYAMON, PR 00959

~~COPIES~~ EXTERMINATING SERVICE  
URB. BRISAS DE MAR CHIQUITA  
CALLE CAREY #127  
MANATI, PR 00674-9427

NILDA M. GONZALEZ CORDERO  
GONZALEZ CORDERO LAW OFFICES  
PO BOX 3389  
GUAYNABO, PR 00970

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

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

UMECO, INC.  
PO BOX 199536  
SAN JUAN, PR 00919-5536

DEPARTMENT OF JUSTICE  
PO BOX 9020192  
SAN JUAN, PR 00902-0192

UPM GROUP BUILDING SOLUTIONS  
100 CALLE AMAZONAS, ESQUINA PARANA  
SAN JUAN, PR 00926

DIAZ BERGNES, JACOBO, GONZALEZ  
PO BOX 361401  
SAN JUAN, PR 00936

~~VIA~~ NIZA, INC.  
BAYAMON MEDICAL PLAZA  
SUITE 904  
BAYAMON, PR 00959

INTERNAL REVENUE SERVICE  
CITY VIEW PLAZA II  
48 CARR 165, SUITE 2000  
GUAYNABO, PR 00968-8000

MEDICAL WASTE TRANSPORT, INC.  
APARTADO 2039  
AIBONITO, PR 00705

MUNICIPIO DE BAYAMON  
DEPARTAMENTO DE FINANZAS  
PO BOX 1588  
BAYAMON, PR 00960

NATIONAL COPIER  
PO BOX 3928  
BAYAMONS GARDENS  
BAYAMON, PR 00958

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

In re ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.

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 ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C. 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*]

January 18, 2017

Date

/s/ NILDA M. GONZALEZ CORDERO

**NILDA M. GONZALEZ CORDERO**

Signature of Attorney or Litigant

Counsel for ONCOLOGY INSTITUTE OF PUERTO RICO, P.S.C.

**GONZALEZ CORDERO LAW OFFICES**

**PO BOX 3389**

**Guaynabo, PR 00970**

**787-721-3437**

**ngonzalezc@ngclawpr.com**