

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 OUTPATIENT ALTERNATIVES CORP.

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)

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

CENTRO MEDICO DE MAYAGUEZ CARR. #2 BARRIO SABALOS Mayaguez, PR 00680

Number, Street, City, State & ZIP Code

Mayaguez

County

15 Calle Luis F. Dessus Juana Diaz, PR 00795

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

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

CENTRO MEDICO DE MAYAGUEZ CARR. #2 BARRIO SABALOS Mayaguez, PR 00680

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 OUTPATIENT ALTERNATIVES CORP. Case number (if known) _____
Name

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 See Attachment	Relationship _____
District _____	When _____ Case number, if known _____

Debtor OUTPATIENT ALTERNATIVES CORP. Case number (if known) _____
 Name

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

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

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

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

No

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

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

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

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

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

Other _____

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

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

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

Funds will be available for distribution to unsecured creditors.

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

14. Estimated number of creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input 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 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 OUTPATIENT ALTERNATIVES CORP. Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

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

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

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

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

Executed on June 6, 2017
MM / DD / YYYY

X /s/ Javier Sosa Faria
Signature of authorized representative of debtor

Title President

Javier Sosa Faria
Printed name

18. Signature of attorney

X /s/ /s/ Gloria Justiniano Irizarry
Signature of attorney for debtor

Date June 6, 2017
MM / DD / YYYY

/s/ Gloria Justiniano Irizarry
Printed name

Firm name

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

Contact phone 787 831-2577 Email address _____

207603
Bar number and State

Debtor OUTPATIENT ALTERNATIVES CORP. 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>HYPERBARIC AND WOUND CARE CENTER OF PR</u>	Relationship to you	<u>AFFILIATE</u>
District	<u>SAN JUAN, PUERTO RICO</u>	When <u>6/06/17</u>	Case number, if known <u>17-04063</u>
Debtor	<u>JAVIER SOSA FARIA</u>	Relationship to you	<u>PRESIDENT/ EQUITY HOLDER</u>
District	<u>SAN JUAN PUERTO RICO</u>	When <u>5/16/17</u>	Case number, if known <u>17-03421</u>
Debtor	<u>WESTERN HIPERBARIC SERIVES, INC.</u>	Relationship to you	<u>AFFILIATE</u>
District	<u>SAN JUAN, PUERTO RICO</u>	When <u>6/06/17</u>	Case number, if known <u>17-04062</u>

Fill in this information to identify the case:

Debtor name OUTPATIENT ALTERNATIVES CORP.

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 June 6, 2017

X /s/ Javier Sosa Faria
Signature of individual signing on behalf of debtor

Javier Sosa Faria
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name OUTPATIENT ALTERNATIVES CORP.
 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
Department OF LABOR PRUDENCIO RIVERA MARTINEZ BLD SAN JUAN, PR 00918		UNEMPLOYMENT BENEFITS				\$372.43
Department Of Treasury PO Box 9024140 Off. 424.B Bankruptcy Section San Juan, PR 00902-4140		TAX RETURNS (940-941)				\$52,320.36
IRS PO Box 7317 Philadelphia, PA 19101-7317		941				\$93,369.20
MUNICIPALITY OF MAYAGUEZ PO BOX 447 Mayaguez, PR 00680		MUNICIPAL TAXES				\$14,238.66
Popular Auto PO Box 366818 San Juan, PR 00936-6818		AUTO LEASE AGREEMENT FOR 2008 M5 BMW				\$3,171.29

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re OUTPATIENT ALTERNATIVES CORP.

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; Prior to the filing of this statement I have received; Balance Due. All amounts are 0.00.

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

Other (specify): \$0 RETIANER

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

Other (specify): \$250 HOURLY WILL BE CHARGED

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

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

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

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

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

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

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

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 6, 2017

Date

/s/ /S/ Gloria Justiniano Irizarry

/S/ Gloria Justiniano Irizarry 207603

Signature of Attorney

Calle A. Ramirez Silva #8

Ensanche Martinez

Mayaguez, PR 00680

787 831-2577 Fax: 787 805-7350

Name of law firm

United States Bankruptcy Court
District of Puerto Rico

In re OUTPATIENT ALTERNATIVES CORP.

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
JAVIER SOSA FARIA Juana Diaz, PR 00795	COMMON STOCK		100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date June 6, 2017

Signature /s/ Javier Sosa Faria
Javier Sosa Faria

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 OUTPATIENT ALTERNATIVES CORP.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

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

Date: June 6, 2017

/s/ Javier Sosa Faria

Javier Sosa Faria/President

Signer/Title

OUTPATIENT ALTERNATIVES CORP.
15 CALLE LUIS F. DESSUS
JUANA DIAZ, PR 00795

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

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

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

IRS
PO BOX 7317
PHILADELPHIA, PA 19101-7317

MUNICIPALITY OF MAYAGUEZ
PO BOX 447
MAYAGUEZ, PR 00680

POPULAR AUTO
PO BOX 366818
SAN JUAN, PR 00936-6818

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

In re OUTPATIENT ALTERNATIVES CORP.

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 OUTPATIENT ALTERNATIVES CORP. 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:

JAVIER SOSA FARIA
Juana Diaz, PR 00795

None [*Check if applicable*]

June 6, 2017

Date

/s/ /S/ Gloria Justiniano Irizarry

/S/ Gloria Justiniano Irizarry 207603

Signature of Attorney or Litigant

Counsel for OUTPATIENT ALTERNATIVES CORP.

Calle A. Ramirez Silva #8
Ensanche Martinez
Mayaguez, PR 00680
787 831-2577 Fax:787 805-7350