

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 BREAST CANCER INSTITUTE, P.S.C.

2. All other names debtor used in the last 8 years DBA ADVANCED BREAST CENTER
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0626334

4. Debtor's address Principal place of business Mailing address, if different from principal place of business
PLAZA MILIANGIE CARR. 14 KM. 72.2 PO BOX 372350 CAYEY, PR 00736
Number, Street, City, State & ZIP Code P.O. Box, Number, Street, City, State & ZIP Code
Cayey Location of principal assets, if different from principal place of business
County 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 BREAST CANCER INSTITUTE, 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 <u>VIDAL ROSARIO LEON</u>	Relationship <u>PRESIDENT</u>
District <u>PUERTO RICO</u>	Case number, if known <u>17-06542</u>
When <u>10/18/17</u>	

Debtor **BREAST CANCER INSTITUTE, 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 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 BREAST CANCER INSTITUTE, P.S.C. 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

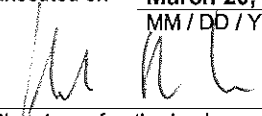
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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.

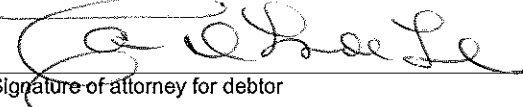
Executed on March 20, 2018
MM / DD / YYYY

X 
Signature of authorized representative of debtor

VIDAL ROSARIO LEON
Printed name

Title PRESIDENT

18. Signature of attorney

X 
Signature of attorney for debtor

Date March 20, 2018
MM / DD / YYYY

CARMEN D. CONDE TORRES 207312
Printed name

C. CONDE & ASSOC.
Firm name

254 SAN JOSE STREET
5TH FLOOR
SAN JUAN, PR 00901-1523
Number, Street, City, State & ZIP Code

Contact phone 787-729-2900 Email address condecarmen@condelaw.com

207312 PR
Bar number and State

CORPORATE RESOLUTION

I, VIDAL ROSARIO LEON, of legal age, married, Secretary of BREAST CANCER INSTITUTE, P.S.C. D/B/A ADVANCED BREAST CENTER and resident of San Juan, Puerto Rico DO HEREBY CERTIFY that:

1. At a meeting celebrated on March 5th, 2018, the Board of Directors of Breast Cancer Institute, P.S.C. D/B/A Advanced Breast Center agreed to file a bankruptcy petition under the provisions of Chapter 11 of the Bankruptcy Code.
2. That we have been informed and oriented of the meaning of Chapter 11 of the Bankruptcy Code.
3. That at the meeting of shareholders celebrated on the same date, the filing for bankruptcy under Chapter 11 of the Federal Bankruptcy Law was unanimously approved.
4. That it was also agreed that the services of Attorney Carmen D. Conde Torres would be retained for such purposes.
5. That it was also agreed that Dr. Vidal Rosario León, will be the person authorized to sign the Petition, Schedules and Statement of Financial Affairs and any other documents related to the bankruptcy proceedings.

To be evident, I ratify and sign this resolution today the 21st day of March, 2018.

BREAST CANCER INSTITUTE, P.S.C.
D/B/A Advanced Breast Center

By: _____


Vidal Rosario León, Secretary

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Puerto Rico

In re BREAST CANCER INSTITUTE, P.S.C. 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:

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 \$ 15,000.00
The undersigned shall bill against the retainer at an hourly rate of \$ 0.00
[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. \$ 1,717.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:
Debtor Other (specify):

4. The source of compensation to be paid to me is:
Debtor Other (specify):

5. 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.

6. 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. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
e. [Other provisions as needed]

ALL SERVICES WILL BE BILLED UPON A FEE PER HOUR:
\$300.00 PER HOUR FOR CARMEN D. CONDE TORRES PLUS COST AND EXPENSES;
\$275.00 PER HOUR FOR ASSOCIATES PLUS COST AND EXPENSES;
\$250.00 PER HOUR FOR JUNIOR ATTORNEY PLUS COST AND EXPENSES;
\$150.00 PER HOUR FOR ASSISTANCE SUCH AS PARALEGAL, IN HOUSE SPECIAL CLERICAL SERVICES OR ACCOUNTING ANALYST PLUS COST AND EXPENSES.

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

In re BREAST CANCER INSTITUTE, P.S.C.
Debtor(s)

Case No. _____

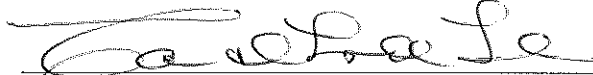
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

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.

March 20, 2018

Date



CARMEN D. CONDE TORRES 207312

Signature of Attorney

C. CONDE & ASSOC.

254 SAN JOSE STREET

5TH FLOOR

SAN JUAN, PR 00901-1523

787-729-2900 Fax: 787-729-2203

condecarmen@condelaw.com

Name of law firm

Fill in this information to identify the case:	
Debtor name	BREAST CANCER INSTITUTE, 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
HILDA LUPIANEZ CALLE HARBOUR VIEW PALMAS DEL MAR HUMACAO, PR 00791		LAW SUIT (MALPRACTICE)	Contingent Unliquidated Disputed			\$6,015,000.00
CRIM PO BOX 195387 SAN JUAN, PR 00919-5387		PERSONAL PROPERTY TAX				\$1,911,634.48
ELIZABETH FLORES BERMUDEZ C/O LCDO. MANUEL SAN JUAN PO BOX 9023587 SAN JUAN, PR 00902-3587		LAW SUIT (MALPRACTICE)	Contingent Unliquidated Disputed			\$1,350,000.00
BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708		ACCOUNT RECEIVABLES AND EQUIPMENT	Unliquidated	\$3,792,931.74	\$2,521,942.00	\$1,270,989.74
MARIA E. BARCELO C/O DENNIS SIMONPIETRI URB. STA. PAULA REGINA MEDINA 16-A GUAYNABO, PR 00969		LAW SUIT (MALPRACTICE)	Contingent Unliquidated Disputed			\$780,000.00
CARLOS RAMON SANTOS HC-71 BOX 7235 CAYEY, PR 00736		OFFICE RENT 2016 - \$25,056.25 2017-2018 - \$29,925.00				\$54,981.25

Debtor **BREAST CANCER INSTITUTE, 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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
PR BREAST CANCER PO BOX 1589 BAYAMON, PR 00960		PROF. SERVICE (RADIOLOGY)				\$50,000.00
PREPA PO BOX 363508 SAN JUAN, PR 00936-3508		ELECTRICITY BILL	Unliquidated Disputed			\$43,459.44
SMALL BUSSINES ADM. PO BOX 740192 ATLANTA, GA 30374-0192		SECURITY INTEREST				\$28,770.58
OUTSTANDING SOLUTIONS INT, LLC PO BOX 1343 GURABO, PR 00778		PROF. SERVICES	Unliquidated			\$28,575.00
DEPARTAMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902-4140		INCOME TAX RETURN	Unliquidated			\$27,000.00
JORGE PEREZ 390 AVE. DOMENECH HATO REY, PR 00918		PROF. SERVICE				\$25,000.00
PREPA PO BOX 363508 SAN JUAN, PR 00936-3508		ELECTRICITY BILL				\$22,992.50
WORLNET PO BOX 70201 SAN JUAN, PR 00936-8201		COMMUNICATION SERVICE (CAYEY OFFICE)				\$18,927.77
IRS CITIVIEW PLAZA NO II 48 CARR 165 SUITE 2000 GUAYNABO, PR 00968-8000		WITHOLDING	Unliquidated			\$17,689.17
GUERBET CARIBBEAN INC. AMELIA DIST. CENTER 45 DIANA ST. SUITE 202 GUAYNABO, PR 00968		VENDOR				\$10,450.00

Debtor BREAST CANCER INSTITUTE, 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
MUNICIPALITY OF CAYEY OFICINA DE ASUNTOS LEGALES APART# 371330 CAYEY, PR 00737-1330		MUNICIPAL TAX				\$7,693.09
C.F.S.E. PO BOX 365028 SAN JUAN, PR 00936-5028		INSURANCE POLICY NOV, 2017 - \$2,534.47 JAN, 2018 - \$2,369.91				\$4,904.38
ADSUAR MUÑIZ GOYCO PEREZ-OCHOA PSC TO BE PROVIDED		LEGAL SERVICE				\$3,859.50
DEPARTAMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902-4140		WITHOLDING				\$2,538.94

Fill in this information to identify the case:

Debtor name **BREAST CANCER INSTITUTE, 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 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>4,067,365.15</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>4,067,365.15</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>4,266,911.10</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>56,023.05</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>10,352,731.61</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>14,675,665.76</u>

Fill in this information to identify the case:

Debtor name BREAST CANCER INSTITUTE, 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 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
\$0.00

2. Cash on hand

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 DE PR	CHECKING ACCOUNT	4375	\$239.13
3.2. FIRST BANK	CHECKING ACCOUNT	4456	\$1,983.21
3.3. ORIENTAL BANK	CHECKING ACCOUNT	2199	\$2,649.02
3.4. BANCO POPULAR DE PR	DEPOSITS	0199	\$1.05
3.5. COOPERATIVA SAN JOSE	CHECKING ACCOUNT	1101	\$6.18

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.

\$4,878.59

Debtor BREAST CANCER INSTITUTE, P.S.C. Case number (if known) _____
 Name

- 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 FURNITURE AND FIXTURES	\$17,200.00	MARKET VALUE	\$17,200.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software OFFICE EQUIPMENT	\$13,244.00	MARKET VALUE	\$13,244.00

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. \$30,444.00

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.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. TRAILER	\$10,000.00	MARKET VALUE	\$10,000.00

48. Watercraft, trailers, motors, and related accessories *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

Debtor BREAST CANCER INSTITUTE, P.S.C. Case number (if known) _____
 Name

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)
EQUIPMENT \$2,429,454.00 **COST** \$2,429,454.00

51. Total of Part 8. \$2,439,454.00
 Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?
 No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?
 No
 Yes

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.

Current value of debtor's interest

71. Notes receivable
 Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)
 Description (for example, federal, state, local)

PREPAID INCOME TAX Tax year 2015 \$488,112.84

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

MARIA E. BARCELO, ET ALS.
 V.
VIDAL ROSARIO LEON, ET ALS. Unknown
 Nature of claim COUNTERCLAIM
 Amount requested \$0.00

Debtor BREAST CANCER INSTITUTE, P.S.C. Case number (if known) _____
Name

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

**BREAST CANCER INSTITUTE CORP.
D/B/A ADVANCED BREAST CENTER
V.**

REAL LEGACY ASSURANCE COMPANY

\$23,996.72

Nature of claim BREACH OF CONTRACT

Amount requested \$23,996.72

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

BUILDING IMPROVEMENTS

\$969,349.00

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$1,481,458.56

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No

Yes

Debtor **BREAST CANCER INSTITUTE, P.S.C.** 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>	\$4,878.59	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$13,250.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$97,880.00	
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>	\$30,444.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$2,439,454.00	
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>	+ \$1,481,458.56	
91. Total. Add lines 80 through 90 for each column	\$4,067,365.15	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$4,067,365.15

Fill in this information to identify the case:

Debtor name BREAST CANCER INSTITUTE, 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 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.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<p>2.1 BANCO POPULAR DE PR Creditor's Name</p> <p>PO BOX 362708 SAN JUAN, PR 00936-2708 Creditor's mailing address</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred 2010</p> <p>Last 4 digits of account number 9001,9002,9004</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien ACCOUNT RECEIVABLES AND EQUIPMENT</p> <hr/> <p>Describe the lien SECURITY INTEREST</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$3,792,931.74</p>	<p>\$2,521,942.00</p>

<p>2.2 SMALL BUSINESS Creditor's Name</p> <p>PO BOX 195664 SAN JUAN, PR 00919 Creditor's mailing address</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred 2009</p> <p>Last 4 digits of account number 6005</p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien EQUIPMENT</p> <hr/> <p>Describe the lien SECURITY INTEREST</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	<p>\$147,979.36</p>	<p>\$2,429,454.00</p>
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Debtor BREAST CANCER INSTITUTE, P.S.C. Case number (if know) _____
Name

- No Contingent
 Yes. Specify each creditor, including this creditor and its relative priority. Unliquidated
 Disputed

1. SMALL BUSINESS
 2. SMALL BUSINESS

<p>2.3 SMALL BUSINESS <small>Creditor's Name</small></p> <p>PO BOX 195664 SAN JUAN, PR 00919 <small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred 2008</p> <p>Last 4 digits of account number 6010</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. Specified on line 2.2</p>	<p>Describe debtor's property that is subject to a lien EQUIPMENT</p> <hr/> <p>Describe the lien SECURITY INTEREST</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$326,000.00</p> <p>\$2,429,454.00</p>
---	--	---

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$4,266,911.10**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

<small>Name and address</small>	<small>On which line in Part 1 did you enter the related creditor?</small>	<small>Last 4 digits of account number for this entity</small>

Fill in this information to identify the case:

Debtor name BREAST CANCER INSTITUTE, 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 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 DE HACIENDA 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 checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$27,000.00</u> <u>\$27,000.00</u>
	Date or dates debt was incurred 2015	Basis for the claim: INCOME TAX RETURN	
	Last 4 digits of account number 6334 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	
2.2	Priority creditor's name and mailing address DEPARTAMENTO DE HACIENDA 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	<u>\$2,538.94</u> <u>\$2,538.94</u>
	Date or dates debt was incurred 07/2017 - 12/2017	Basis for the claim: WITHOLDING	
	Last 4 digits of account number 6334 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 Name	Case number (if known)		
BREAST CANCER INSTITUTE, P.S.C.			
2.3	Priority creditor's name and mailing address DEPT. DEL TRABAJO Y REC. HUMANOS PO BOX 191020 SAN JUAN, PR 00919-1020	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	\$934.98 \$934.98
	Date or dates debt was incurred 2017	Basis for the claim: UNEMPLOYMENT	
	Last 4 digits of account number 6334 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 DEPT. DEL TRABAJO Y REC. HUMANOS PO BOX 191020 SAN JUAN, PR 00919-1020	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	\$166.87 \$166.87
	Date or dates debt was incurred 2017	Basis for the claim: DISABILITY	
	Last 4 digits of account number 6334 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	
2.5	Priority creditor's name and mailing address IRS CITIVIEW PLAZA NO II 48 CARR 165 SUITE 2000 GUAYNABO, PR 00968-8000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17,689.17 \$17,689.17
	Date or dates debt was incurred 2015, 2017	Basis for the claim: WITHOLDING	
	Last 4 digits of account number 6334 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 MUNICIPALITY OF CAYEY OFICINA DE ASUNTOS LEGALES APART# 371330 CAYEY, PR 00737-1330	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	\$7,693.09 \$7,693.09
	Date or dates debt was incurred 2015	Basis for the claim: MUNICIPAL TAX	
	Last 4 digits of account number 6334 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	

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

Debtor Name	Case number (if known)
BREAST CANCER INSTITUTE, P.S.C.	
3.1 Nonpriority creditor's name and mailing address ADSUAR MUÑIZ GOYCO PEREZ-OCHOA PSC TO BE PROVIDED Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,859.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LEGAL SERVICE</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 C.F.S.E. PO BOX 365028 SAN JUAN, PR 00936-5028 Date(s) debt was incurred <u>2017-2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,904.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INSURANCE POLICY</u> <u>NOV, 2017 - \$2,534.47</u> <u>JAN, 2018 - \$2,369.91</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 CARLOS RAMON SANTOS HC-71 BOX 7235 CAYEY, PR 00736 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>R063</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,981.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>OFFICE RENT</u> <u>2016 - \$25,056.25</u> <u>2017-2018 - \$29,925.00</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 CRIM PO BOX 195387 SAN JUAN, PR 00919-5387 Date(s) debt was incurred <u>2004-2015</u> Last 4 digits of account number <u>6334</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,911,634.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PERSONAL PROPERTY TAX</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 DATA CORE, LLC URB. ANTILLANA CALLE PLAZA ST. THOMAS AN65 TRUJILLO ALTO, PR 00976 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$780.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DATA SERVICE</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 ELIZABETH FLORES BERMUDEZ C/O LCDO. MANUEL SAN JUAN PO BOX 9023587 SAN JUAN, PR 00902-3587 Date(s) debt was incurred <u>2010</u> Last 4 digits of account number <u>0199</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,350,000.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>LAW SUIT</u> <u>(MALPRACTICE)</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 FDA C/O TRANSWORLD SYSTEMS, INC. PO BOX 15082 WILMINGTON, DE 19850 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>8377</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,210.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>EQUIPMENT INSPECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor BREAST CANCER INSTITUTE, P.S.C. Case number (if known) _____
Name

3.8 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$10,450.00
GUERBET CARIBBEAN INC.
AMELIA DIST. CENTER
45 DIANA ST. SUITE 202
GUAYNABO, PR 00968
 Date(s) debt was incurred 2017
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: VENDOR
 Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$6,015,000.00
HILDA LUPIANEZ
CALLE HARBOUR VIEW
PALMAS DEL MAR
HUMACAO, PR 00791
 Date(s) debt was incurred 2009
 Last 4 digits of account number 0019
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: LAW SUIT
(MALPRACTICE)
 Is the claim subject to offset? No Yes

3.10 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$25,000.00
JORGE PEREZ
390 AVE. DOMENECH
HATO REY, PR 00918
 Date(s) debt was incurred 2017
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: PROF. SERVICE
 Is the claim subject to offset? No Yes

3.11 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$869.95
LANDAUER, INC.
2 SCIENCE ROAD
GLENWOOD, IL 60425-1586
 Date(s) debt was incurred 2017
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: PHOTOCOPIER MAINTENACE
 Is the claim subject to offset? No Yes

3.12 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$780,000.00
MARIA E. BARCELO
C/O DENNIS SIMONPIETRI
URB. STA. PAULA REGINA MEDINA 16-A
GUAYNABO, PR 00969
 Date(s) debt was incurred 2016
 Last 4 digits of account number 0052
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: LAW SUIT
(MALPRACTICE)
 Is the claim subject to offset? No Yes

3.13 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$28,575.00
OUTSTANDING SOLUTIONS INT, LLC
PO BOX 1343
GURABO, PR 00778
 Date(s) debt was incurred 2017
 Last 4 digits of account number BRE
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: PROF. SERVICES
 Is the claim subject to offset? No Yes

3.14 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$50,000.00
PR BREAST CANCER
PO BOX 1589
BAYAMON, PR 00960
 Date(s) debt was incurred 2017
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: PROF. SERVICE
(RADIOLOGY)
 Is the claim subject to offset? No Yes

Debtor BREAST CANCER INSTITUTE, P.S.C. Case number (if known) _____

3.15 Nonpriority creditor's name and mailing address PRASA
PO BOX 7066
SAN JUAN, PR 00916-7066
 Date(s) debt was incurred 2017
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed

Basis for the claim: WATER BILL

Is the claim subject to offset? No Yes

\$316.14

3.16 Nonpriority creditor's name and mailing address PREPA
PO BOX 363508
SAN JUAN, PR 00936-3508
 Date(s) debt was incurred 2017
 Last 4 digits of account number 1000

As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed

Basis for the claim: ELECTRICITY BILL

Is the claim subject to offset? No Yes

\$22,992.50

3.17 Nonpriority creditor's name and mailing address PREPA
PO BOX 363508
SAN JUAN, PR 00936-3508
 Date(s) debt was incurred 2017
 Last 4 digits of account number 1000

As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed

Basis for the claim: ELECTRICITY BILL

Is the claim subject to offset? No Yes

\$43,459.44

3.18 Nonpriority creditor's name and mailing address SMALL BUSSINES ADM.
PO BOX 740192
ATLANTA, GA 30374-0192
 Date(s) debt was incurred _____
 Last 4 digits of account number 6010

As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed

Basis for the claim: SECURITY INTEREST

Is the claim subject to offset? No Yes

\$28,770.58

3.19 Nonpriority creditor's name and mailing address WORLNET
PO BOX 70201
SAN JUAN, PR 00936-8201
 Date(s) debt was incurred 2017
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed

Basis for the claim: COMMUNICATION SERVICE (CAYEY OFFICE)

Is the claim subject to offset? No Yes

\$18,927.77

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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	--	---

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.	<table border="0"> <tr> <td colspan="2">Total of claim amounts</td> </tr> <tr> <td>5a.</td> <td>\$ <u>56,023.05</u></td> </tr> <tr> <td>5b. +</td> <td>\$ <u>10,352,731.61</u></td> </tr> <tr> <td>5c.</td> <td>\$ <u>10,408,754.66</u></td> </tr> </table>	Total of claim amounts		5a.	\$ <u>56,023.05</u>	5b. +	\$ <u>10,352,731.61</u>	5c.	\$ <u>10,408,754.66</u>
Total of claim amounts									
5a.	\$ <u>56,023.05</u>								
5b. +	\$ <u>10,352,731.61</u>								
5c.	\$ <u>10,408,754.66</u>								

Fill in this information to identify the case:

Debtor name BREAST CANCER INSTITUTE, 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 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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* (Official Form 206A/B). *Property*

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 **OFFICE RENT**

State the term remaining **MONTH TO MONTH**

List the contract number of any government contract _____

**CARLOS RAMON SANTOS
HC-71 BOX 7235
CAYEY, PR 00736**

2.2. State what the contract or lease is for and the nature of the debtor's interest **PROVIDER SERVICE AGREEMENT**

State the term remaining _____

List the contract number of any government contract _____

**MOLINA HEALTHCARE OF PR, INC.
PO BOX 364988
SAN JUAN, PR 00936-4988**

Fill in this information to identify the case:

Debtor name BREAST CANCER INSTITUTE, 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 206H
Schedule H: Your Codebtors**

12/15

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*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	VIDAL ROSARIO LEON	404 AVE. DE LA CONSTITUCION APT. 2407 SAN JUAN, PR 00901	SMALL BUSINESS	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	VIDAL ROSARIO LEON	404 AVE. DE LA CONSTITUCION APT. 2407 SAN JUAN, PR 00901	BANCO POPULAR DE PR	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	VIDAL ROSARIO LEON	404 AVE. DE LA CONSTITUCION APT. 2407 SAN JUAN, PR 00901	SMALL BUSINESS	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name BREAST CANCER INSTITUTE, 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.

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.

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 March 20, 2018

Signature of individual signing on behalf of debtor

VIDAL ROSARIO LEON
Printed name

PRESIDENT
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name BREAST CANCER INSTITUTE, 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 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 1/01/2018 to Filing Date

Operating a business
 Other _____

\$32,961.93

For prior year:
From 1/01/2017 to 12/31/2017

Operating a business
 Other _____

\$1,279,130.27

For year before that:
From 1/01/2016 to 12/31/2016

Operating a business
 Other _____

\$1,843,176.00

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

Debtor **BREAST CANCER INSTITUTE, P.S.C.**

Case number (if known)

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. PREPA PO BOX 3670151 SAN JUAN, PR 00936-0151		\$29,559.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. WORLD NET COMMUNICATIONS, INC. PO BOX 70201 SAN JUAN, PR 00936-8201	03/13/2018	\$14,905.11	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708	TO BE PROVIDED	Unknown	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>AUTOMATIC WITHDRAW (SECURED DEBT)</u>

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 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
4.1. SEE ALSO ITEM 30		\$0.00	

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.

Debtor **BREAST CANCER INSTITUTE, P.S.C.**

Case number (if known)

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. MARIA E. BARCELO, ET ALS. V. VIDAL ROSARIO LEON, ET ALS. GDP 2016-0052	MALPRACTICE	TRIBUNAL DE GUAYAMA PO BOX 300 GUAYAMA, PR 00785-0300	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. ELIZABETH FLORES BERMUDEZ, ET ALS. V. VIDAL ROSARIO LEON, ET ALS. GDP 2010-0199	MALPRACTICE	TRIBUNAL DE GUAYAMA PO BOX 300 GUAYAMA, PR 00785-0300	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. HILDA LUPIAÑEZ Y EDWIN COLON V. VIDAL ROSARIO LEON, ET ALS. BDP 2009-0019	MALPRACTICE	TRIBUNAL DE GUAYAMA PO BOX 300 GUAYAMA, PR 00785-0300	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input 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
MRI CENTER FREQUENCY BATTERIES AND OTHER EQUIPMENT (THEFT)	\$26,432.25	02/2017	\$60,000.00

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

Debtor **BREAST CANCER INSTITUTE, P.S.C.**

Case number (if known) _____

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.	C. CONDE & ASSOC. 254 SAN JOSE ST San Juan, PR 00901		3/5/2018	\$15,000.00
	Email or website address _____			
	Who made the payment, if not debtor? _____			

11.2.	C. CONDE & ASSOC. 254 SAN JOSE ST San Juan, PR 00901		3/5/2018	\$1,717.00
	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.

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:

Debtor **BREAST CANCER INSTITUTE, P.S.C.**

Case number (if known) _____

- 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
15.1. BREAST CANCER INSTITUTE PSC PO BOX 372350 CAYEY, PR 00736	RADIOLOGY Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. PLAZA MILIANGIE CARR. 14 KM. 72.2 CAYEY, PR 00736	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

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.

SOCIAL SECURITY NUMBER, DATE OF BIRTH, ADDRESS AND TELEPHONE NUMBER

Does the debtor have a privacy policy about that information?

- No
 Yes

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

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.

Debtor BREAST CANCER INSTITUTE, P.S.C. Case number (if known) _____

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?

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

Debtor **BREAST CANCER INSTITUTE, P.S.C.**

Case number (if known)

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
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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. EFREN ROSARIO CALLE HERETER SECTOR MANOMANCA BLOQUE RINCON GURABO, PR 00778	2016-2017

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. JOSE TIRADO RODRIGUEZ, CPA PO BOX 3557 GUAYNABO, PR 00970	2015

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. EFREN ROSARIO CALLE HERETER SECTOR MANOMACA BLOQUE RINCON GURABO, PR 00778	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address
26d.1. BANCO POPULAR DE PR PO BOX 362708 SAN JUAN, PR 00936-2708
26d.2. PR FARM CREDIT, ACA PO BOX 363649 SAN JUAN, PR 00936-3649

27. Inventories

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

Debtor **BREAST CANCER INSTITUTE, P.S.C.**

Case number (if known) _____

- 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
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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
VIDAL ROSARIO LEON	PO BOX 1390 AIBONITO, PR 00705-1390	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
30.1 MARIA BEATRIZ BAGATSING 404 AVE. DE LA CONSTITUCION APT. 2407 SAN JUAN, PR 00901	\$43,612.90	03/17 - 12/17	SALARY AND CAR COMPENSATION
Relationship to debtor WIFE TO PRESIDENT			
30.2 VIDAL ROSARIO PO BOX 372350 CAYEY, PR 00736	\$31,357.90	10/2017 TO 02/2018	SALARY
Relationship to debtor PRESIDENT/OWNER			

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

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 BREAST CANCER INSTITUTE, P.S.C. Case number (if known) _____

Name of the pension fund

Employer Identification number of the parent corporation

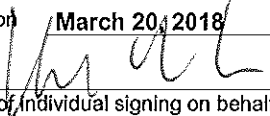
Part 14: Signature and Declaration

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 March 20, 2018



VIDAL ROSARIO LEON

Signature of individual signing on behalf of the debtor

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

United States Bankruptcy Court
District of Puerto Rico

In re BREAST CANCER INSTITUTE, P.S.C. 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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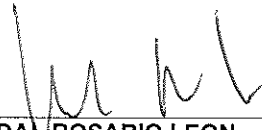
-NONE-

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 March 20, 2018

Signature


VIDAL ROSARIO LEON

*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 BREAST CANCER INSTITUTE, P.S.C.

Debtor(s)

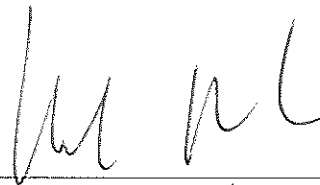
Case No.
Chapter

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: March 20, 2018



VIDAL ROSARIO LEON/PRESIDENT
Signer/Title

BREAST CANCER INSTITUTE, P.S.C.
PO BOX 372350
CAYEY, PR 00736

DEPT. DEL TRABAJO Y REC. HUMANOS
PO BOX 191020
SAN JUAN, PR 00919-1020

MUNICIPALITY OF CAYEY
OFICINA DE ASUNTOS LEGALES
APART# 371330
CAYEY, PR 00737-1330

CARMEN D. CONDE TORRES
C. CONDE & ASSOC.
254 SAN JOSE STREET
5TH FLOOR
SAN JUAN, PR 00901-1523

ELIZABETH FLORES BERMUDEZ
C/O LCDO. MANUEL SAN JUAN
PO BOX 9023587
SAN JUAN, PR 00902-3587

OUTSTANDING SOLUTIONS INT, L
PO BOX 1343
GURABO, PR 00778

ADSUAR MUÑIZ GOYCO
PEREZ-OCHOA PSC
TO BE PROVIDED

FDA
C/O TRANSWORLD SYSTEMS, INC.
PO BOX 15082
WILMINGTON, DE 19850

PR BREAST CANCER
PO BOX 1589
BAYAMON, PR 00960

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

GUERBET CARIBBEAN INC.
AMELIA DIST. CENTER
45 DIANA ST. SUITE 202
GUAYNABO, PR 00968

PRASA
PO BOX 7066
SAN JUAN, PR 00916-7066

C.F.S.E.
PO BOX 365028
SAN JUAN, PR 00936-5028

HILDA LUPIANEZ
CALLE HARBOUR VIEW
PALMAS DEL MAR
HUMACAO, PR 00791

PREPA
PO BOX 363508
SAN JUAN, PR 00936-3508

CARLOS RAMON SANTOS
HC-71 BOX 7235
CAYEY, PR 00736

IRS
CITIVIEW PLAZA NO II
48 CARR 165 SUITE 2000
GUAYNABO, PR 00968-8000

SMALL BUSINESS
PO BOX 195664
SAN JUAN, PR 00919

CRIM
PO BOX 195387
SAN JUAN, PR 00919-5387

JORGE PEREZ
390 AVE. DOMENECH
HATO REY, PR 00918

SMALL BUSSINES ADM.
PO BOX 740192
ATLANTA, GA 30374-0192

DATA CORE, LLC
URB. ANTILLANA
CALLE PLAZA ST. THOMAS AN65
TRUJILLO ALTO, PR 00976

LANDAUER, INC.
2 SCIENCE ROAD
GLENWOOD, IL 60425-1586

VIDAL ROSARIO LEON
404 AVE. DE LA CONSTITUCION
APT. 2407
SAN JUAN, PR 00901

DEPARTAMENTO DE HACIENDA
PO BOX 9024140
SAN JUAN, PR 00902-4140

MARIA E. BARCELO
C/O DENNIS SIMONPIETRI
URB. STA. PAULA REGINA MEDINA 165A
GUAYNABO, PR 00969

WORLNET
PO BOX 70201
SAN JUAN, PR 00936-8201

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

In re BREAST CANCER INSTITUTE, 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 BREAST CANCER INSTITUTE, 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*]

March 20, 2018

Date


CARMEN D. CONDE TORRES 207312

Signature of Attorney or Litigant

Counsel for BREAST CANCER INSTITUTE, P.S.C.

C. CONDE & ASSOC.

254 SAN JOSE STREET

5TH FLOOR

SAN JUAN, PR 00901-1523

787-729-2900 Fax:787-729-2203

condecarmen@condelaw.com