

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	PUERTO RICO HOSPITAL SUPPLY, INC.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	66-0388425	
4. Debtor's address	<p>Principal place of business</p> <p>BARRIO MARTIN GONZALEZ CARR 860 KM 0.1 Carolina, PR 00986-0158 Number, Street, City, State &amp; ZIP Code</p> <p>Carolina County</p>	<p>Mailing address, if different from principal place of business</p> <p>CALL BOX 158 Carolina, PR 00986-0158 P.O. Box, Number, Street, City, State &amp; ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>Number, Street, City, State &amp; ZIP Code</p>
5. Debtor's website (URL)		
6. Type of debtor	<p><input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))</p> <p><input type="checkbox"/> Partnership (excluding LLP)</p> <p><input type="checkbox"/> Other. Specify: _____</p>	

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

7. Describe debtor's business

A. Check one

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	When
	Case number, if known

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

☒ No

☐ Yes.

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

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

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

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

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

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

- ☐ 1-49  
☐ 50-99  
☐ 100-199  
☒ 200-999

- ☐ 1,000-5,000  
☐ 5001-10,000  
☐ 10,001-25,000

- ☐ 25,001-50,000  
☐ 50,001-100,000  
☐ More than 100,000

**15. Estimated Assets**

- ☐ \$0 - \$50,000  
☐ \$50,001 - \$100,000  
☐ \$100,001 - \$500,000  
☐ \$500,001 - \$1 million

- ☐ \$1,000,001 - \$10 million  
☐ \$10,000,001 - \$50 million  
☒ \$50,000,001 - \$100 million  
☐ \$100,000,001 - \$500 million

- ☐ \$500,000,001 - \$1 billion  
☐ \$1,000,000,001 - \$10 billion  
☐ \$10,000,000,001 - \$50 billion  
☐ More than \$50 billion

**16. Estimated liabilities**

- ☐ \$0 - \$50,000  
☐ \$50,001 - \$100,000  
☐ \$100,001 - \$500,000  
☐ \$500,001 - \$1 million

- ☐ \$1,000,001 - \$10 million  
☒ \$10,000,001 - \$50 million  
☐ \$50,000,001 - \$100 million  
☐ \$100,000,001 - \$500 million

- ☐ \$500,000,001 - \$1 billion  
☐ \$1,000,000,001 - \$10 billion  
☐ \$10,000,000,001 - \$50 billion  
☐ More than \$50 billion

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

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

**17. Declaration and signature  
of authorized  
representative of debtor**

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

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

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

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

Executed on 02/26/2019  
MM / DD / YYYY

X [Signature]  
Signature of authorized representative of debtor  
Title **PRESIDENT**

**FELIX B. SANTOS**  
Printed name

**18. Signature of attorney**

X [Signature]  
Signature of attorney for debtor

Date 2/26/19  
MM / DD / YYYY

**ALEXIS FUENTES-HERNANDEZ**  
Printed name

**FUENTES LAW OFFICES**  
Firm name

**PO BOX 90227266**  
**San Juan, PR 00902-2726**  
Number, Street, City, State & ZIP Code

Contact phone **787-722-5215**

Email address **ALEX@FUENTESLAW.COM**

**USDC-PR 217201 PR**  
Bar number and State

Fill in this information to identify the case:

Debtor name **PUERTO RICO HOSPITAL SUPPLY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

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

☐ Check if this is an amended filing

Official Form 202

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

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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

02/26/2019

x

Signature of individual signing on behalf of debtor

**FELIX B. SANTOS**

Printed name

**PRESIDENT**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **PUERTO RICO HOSPITAL SUPPLY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known)

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

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

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

**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.

2.1 **BANCO SANTANDER DE PR**  
 Creditor's Name  
**PONCE DE LEON AVENUE**  
**FLOOR 7**  
**San Juan, PR 00917-1818**  
 Creditor's mailing address

Describe debtor's property that is subject to a lien  
**SECURED BY UCC FILINGS OVER INVENTORIES AND ACCOUNTS RECEIVABLE.**

Describe the lien  
**BANK LOANS**

Is the creditor an insider or related party?

- ☒ No  
☐ Yes  
 Is anyone else liable on this claim?

- ☒ No  
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:  
 Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Column A

Amount of claim

Do not deduct the value of collateral.

**\$24,793,912.51**

Column B

Value of collateral that supports this claim

**\$24,973,912.51**

3 Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$24,793,912.51**

**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.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity



Fill in this information to identify the case:

Debtor name **PUERTO RICO HOSPITAL SUPPLY, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

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

2.1 Priority creditor's name and mailing address

**DEPARTMENT OF TREASURY  
(INCOME TAX)  
PO BOX 9024140  
OFFICE 424B  
San Juan, PR 00902-4140**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**NOTICE ONLY**

Is the claim subject to offset?

- ☒ No  
☐ Yes

Total claim

Priority amount

**\$0.00 \$0.00**

2.2 Priority creditor's name and mailing address

**DEPARTMENT OF TREASURY  
(IVU)  
PO BOX 9024140  
OFFICE 424B  
San Juan, PR 00902-4140**

Date or dates debt was incurred

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

**NOTICE ONLY**

Is the claim subject to offset?

- ☒ No  
☐ Yes

**\$0.00 \$0.00**

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

2.3 Priority creditor's name and mailing address  
**INTERNAL REVENUE SERVICE  
CITY VIEW PLAZA II 48 CARR 165  
SUITE 200  
Guaynabo, PR 00968**

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

**\$0.00 \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**NOTICE ONLY**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

2.4 Priority creditor's name and mailing address  
**MUNICIPAL REVENUE  
COLLECTION CENTER  
PO BOX 195387  
San Juan, PR 00919-5387**

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

**\$915,593.55 \$0.00**

Date or dates debt was incurred  
**2017**

Basis for the claim:  
**PERSONAL PROPERTY TAXES**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

2.5 Priority creditor's name and mailing address  
**MUNICIPIO DE FAJARDO  
PO BOX 7346  
APARTADO 865  
Fajardo, PR 00738**

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

**\$0.00 \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**NOTICE ONLY**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

2.8 Priority creditor's name and mailing address  
**PR DEPARTMENT OF LABOR  
PO BOX 195540  
San Juan, PR 00919-5540**

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

**\$0.00 \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**NOTICE ONLY**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes



Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

2.7 Priority creditor's name and mailing address  
**STATE INSURANCE FUND CORPORATION**  
**PO BOX 365028**  
**San Juan, PR 00936-5028**

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

**\$0.00 \$0.00**

Date or dates debt was incurred

Basis for the claim:  
**NOTICE ONLY**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ 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

3.1 Nonpriority creditor's name and mailing address  
**3B MEDICAL, INC**  
**799 OVERLOOK DR**  
**Winter Haven, FL 33884**  
Date(s) debt was incurred  
Last 4 digits of account number

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

**\$10,788.65**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address  
**3M CORPORATE**  
**PO BOX 844127**  
**Dallas, TX 75284-4127**  
Date(s) debt was incurred  
Last 4 digits of account number

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

**\$3,729.60**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address  
**3M DE PR, INC.**  
**PO BOX 70286**  
**San Juan, PR 00936**  
Date(s) debt was incurred  
Last 4 digits of account number

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

**\$106,068.92**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address  
**A.A.A.**  
**PO BOX 766**  
**San Juan, PR 00916-7060**  
Date(s) debt was incurred  
Last 4 digits of account number **7854**

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

**\$539.83**

Basis for the claim: **UTILITIES - WATER**

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address  
**A.A.A.**  
**PO BOX 70101**  
**San Juan, PR 00936-8101**  
Date(s) debt was incurred  
Last 4 digits of account number

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

**\$272.36**

Basis for the claim: **UTILITIES - WATER**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

3.6	Nonpriority creditor's name and mailing address <b>A.E.E. PO BOX 363508 San Juan, PR 00936-3508</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>UTILITIES - ELECTRICITY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,862.69</b>
3.7	Nonpriority creditor's name and mailing address <b>AC TECHNICAL SERVICES CORP URB. COUNTRY CLUB 803 CALLE MOLUCAS (AVE ITURREGUI) San Juan, PR 00924</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>REPAIRS AND MAINTENANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,441.09</b>
3.8	Nonpriority creditor's name and mailing address <b>ACCU-SCOPE INC 73 MALL DR. Commack, NY 11725</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,109.40</b>
3.9	Nonpriority creditor's name and mailing address <b>ADLINK, INC PO BOX 362884 San Juan, PR 00936-2884</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>ADVERTISING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$303.69</b>
3.10	Nonpriority creditor's name and mailing address <b>ADP, INC PO BOX 842854 Boston, MA 02284-2854</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>PAYROLL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,261.29</b>
3.11	Nonpriority creditor's name and mailing address <b>ADVANCED FIRE PROTECTION PO BOX 3971 Carolina, PR 00984-3971</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>MAINTENANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,912.00</b>
3.12	Nonpriority creditor's name and mailing address <b>ADVANCED MEDICAL DESIGNS 1241 ATLANTA INDUSTRIAL DRIVE Marietta, GA 30066</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$106,245.60</b>

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

3.13 Nonpriority creditor's name and mailing address

**AGROPHARMA LABS  
PO BOX 1150  
Salinas, PR 00751**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$4,884.30**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.14 Nonpriority creditor's name and mailing address

**ALCOR SCIENTIFIC, INC  
20 THURBER BOULEVARD  
SMITHFIELD, RI 00291-7000**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$6,447.25**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.15 Nonpriority creditor's name and mailing address

**ALPHA SCIENTIFIC CORP  
PO BOX 725  
Southeastern, PA 19399**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$750.00**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.16 Nonpriority creditor's name and mailing address

**ALVARADO TAX & BUSINESS  
PO BOX 195598  
San Juan, PR 00919-5598**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$3,358.16**

Basis for the claim: **TAX CONSULTING SERVICES**

Is the claim subject to offset? ☒ No ☐ Yes

3.17 Nonpriority creditor's name and mailing address

**AMERICAN 3B SCIENTIFIC  
2189 FLINTONE DRIVE  
SUITE 0  
Tucker, GA 30084**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,250.00**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.18 Nonpriority creditor's name and mailing address

**AMERICAN DIAGNOSTIC CORP  
55 COMMERCE DR.  
Hauppauge, NY 11788**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$892.11**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address

**AMSINO  
708 CORPORATE CENTER DR.  
Pomona, CA 91768**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$97,871.25**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

3.20	Nonpriority creditor's name and mailing address <b>ANSELL HEALTHCARE PRODUCTS DEPT CH 17373 Palatine, IL 60055-7373</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,625.00</b>
3.21	Nonpriority creditor's name and mailing address <b>ANSELL SANDEL MEDICAL 19736 DEARBORN STREET Chatsworth, CA 91311</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,060.88</b>
3.22	Nonpriority creditor's name and mailing address <b>AQUA-GULD X-PRESS CALLE ALDEA #1258 EDIFICIO UNICA SUITE 300 San Juan, PR 00907</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>FREIGHT</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,482.19</b>
3.23	Nonpriority creditor's name and mailing address <b>ASPEN SURGICAL PRODUCTS 3998 RELIABLE PARKWAY Chicago, IL 60686-0039</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,785.82</b>
3.24	Nonpriority creditor's name and mailing address <b>AT&amp;T MOBILITY PO BOX 6463 Carol Stream, IL 60197-6463</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>9109</b>	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 Basis for the claim: <b>TELEPHONE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,366.88</b>
3.25	Nonpriority creditor's name and mailing address <b>AT&amp;T MOBILITY PUERTO RICO PO BOX 70261 San Juan, PR 00936-8261</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>6124</b>	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 Basis for the claim: <b>TELEPHONE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,393.29</b>
3.26	Nonpriority creditor's name and mailing address <b>AVALON PAPERS, LLC PO BOX 3967 Oshkosh, WI 54903-3967</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.01</b>

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

**3.27** Nonpriority creditor's name and mailing address

**AVANOS MEDICAL, INC**  
**5405 WINDWARD PARKWAY**  
**SUITE 100 SOUTH**  
**Alpharetta, GA 30004**

Date(s) debt was incurred

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: INVENTORY

Is the claim subject to offset? ☒ No ☐ Yes

**\$68,149.40**

**3.28** Nonpriority creditor's name and mailing address

**B BRAUN**  
**824 TWELFTH AVE**  
**Bethlehem, PA 18018**

Date(s) debt was incurred

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: INVENTORY

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,038,031.64**

**3.29** Nonpriority creditor's name and mailing address

**BD DIAGNOSTICS**  
**21588 NETWORK PLACE**  
**Chicago, IL 60673-1215**

Date(s) debt was incurred

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: INVENTORY

Is the claim subject to offset? ☒ No ☐ Yes

**\$495,752.07**

**3.30** Nonpriority creditor's name and mailing address

**BD MEDICAL SURGICAL SYSTEMS**  
**PO BOX 70942**  
**Chicago, IL 60673-0942**

Date(s) debt was incurred

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: INVENTORY

Is the claim subject to offset? ☒ No ☐ Yes

**\$857,165.59**

**3.31** Nonpriority creditor's name and mailing address

**BD MICROBIOLOGY SYSTEM**  
**PO BOX 70942**  
**Chicago, IL 60673**

Date(s) debt was incurred

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: INVENTORY

Is the claim subject to offset? ☒ No ☐ Yes

**\$199,299.20**

**3.32** Nonpriority creditor's name and mailing address

**BEMIS COMPANY, INC**  
**2200 BADGER AVENUE**  
**Oshkosh, WI 54904**

Date(s) debt was incurred

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: INVENTORY

Is the claim subject to offset? ☒ No ☐ Yes

**\$6.10**

**3.33** Nonpriority creditor's name and mailing address

**BIOSYNERGY, INC**  
**1940 E DEVON AVE**  
**Elk Grove Village, IL 60007**

Date(s) debt was incurred

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: INVENTORY

Is the claim subject to offset? ☒ No ☐ Yes

**\$13,520.00**

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**

Case number (if known)

3.34	Nonpriority creditor's name and mailing address <b>BMF, INC</b> <b>PO BOX 277</b> <b>Caguas, PR 00725-0277</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$636.00</b>
3.35	Nonpriority creditor's name and mailing address <b>BOVIE MEDICAL CORPORATION</b> <b>5115 ULMERTON ROAD</b> <b>Clearwater, FL 33760</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$304.80</b>
3.36	Nonpriority creditor's name and mailing address <b>BRACCO DIAGNOSTICS INC</b> <b>PO BOX 978952</b> <b>Dallas, TX 75397-8952</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,060.73</b>
3.37	Nonpriority creditor's name and mailing address <b>BRIGSS HEALTHCARE</b> <b>4900 UNIVERSITY AVE</b> <b>SUITE 200</b> <b>West Des Moines, IA 50266</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,232.00</b>
3.38	Nonpriority creditor's name and mailing address <b>BSN MEDICAL, INC</b> <b>PO BOX 751766</b> <b>Charlotte, NC 28275-1766</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$158,449.67</b>
3.39	Nonpriority creditor's name and mailing address <b>CARDIAC SCIENCE CORPORATION</b> <b>PO BOX 776401</b> <b>Chicago, IL 60677-6401</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,235.00</b>
3.40	Nonpriority creditor's name and mailing address <b>CARDINAL HEALTH PR 120</b> <b>PO BOX 366211</b> <b>San Juan, PR 00936-6211</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,049.83</b>



Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**

Case number (if known)

3.41	Nonpriority creditor's name and mailing address <b>CARDINAL SCALE MFG CO</b> <b>203 EAST DAUGHTERY</b> <b>Webb City, MO 64870</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,990.60</b>
3.42	Nonpriority creditor's name and mailing address <b>CARDIOPULMONARY</b> <b>3002 N.W. 79 AVENUE</b> <b>Miami, FL 33166</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,410.00</b>
3.43	Nonpriority creditor's name and mailing address <b>CAREFUSION CORP</b> <b>25146 NETWORK PLACE</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred _____ Last 4 digits of account number <u><b>5408</b></u>	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,959.27</b>
3.44	Nonpriority creditor's name and mailing address <b>CARESTREAM HEALTH PUERTO RICO</b> <b>PO BOX 70231</b> <b>San Juan, PR 00936-8231</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$905,081.01</b>
3.45	Nonpriority creditor's name and mailing address <b>CARESTREAM HEALTH PUERTO RICO</b> <b>PO BOX 70231</b> <b>San Juan, PR 00936-8231</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,797.98</b>
3.46	Nonpriority creditor's name and mailing address <b>CARIBE RECYCLING CORP</b> <b>PMC 20 HC-01</b> <b>BOX 29030</b> <b>Caguas, PR 00725-8900</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,480.42</b>
3.47	Nonpriority creditor's name and mailing address <b>CARLOS R. BARALT, PSC</b> <b>PO BOX 195103</b> <b>San Juan, PR 00919-5103</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>PROFESSIONAL SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,243.00</b>

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

3.48 Nonpriority creditor's name and mailing address

**CARSTENS HEALTH IND, INC**  
**PO BOX 99110**  
**Chicago, IL 60693**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$4,212.97**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address

**CASELLAS ALCOVER & BURGOS**  
**PO BOX 364924**  
**San Juan, PR 00936-4924**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$284,909.81**

Basis for the claim: **PROFESSIONAL SERVICES**

Is the claim subject to offset? ☒ No ☐ Yes

3.50 Nonpriority creditor's name and mailing address

**CINCINNATI SUB-ZERO**  
**12011 MOSTELLER ROAD**  
**Cincinnati, OH 45241**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$50,277.50**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.51 Nonpriority creditor's name and mailing address

**COLEGIO ADM DE SERVICIOS**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$5,000.00**

Basis for the claim: **SPONSOR**

Is the claim subject to offset? ☒ No ☐ Yes

3.52 Nonpriority creditor's name and mailing address

**CONE INSTRUMENTS**  
**DEPT. 2485**  
**PO BOX 11407**  
**Birmingham, AL 35246-2465**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$217.14**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.53 Nonpriority creditor's name and mailing address

**CONMED CORPORATION**  
**CHURCH STREET STATION**  
**PO BOX 6814**  
**New York, NY 10249-6814**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$53,773.84**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.54 Nonpriority creditor's name and mailing address

**COOPER SURGICAL**  
**PO BOX 712280**  
**Cincinnati, OH 45271**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$13,838.20**

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

3.55	Nonpriority creditor's name and mailing address <b>DESIGN VERONIQUE</b> <b>999 MARINA WAY SOUTH</b> <b>Richmond, CA 94804</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$295.43</b>
3.56	Nonpriority creditor's name and mailing address <b>DJ ORTHOPEDICS/ENCORE</b> <b>PO BOX 650777</b> <b>Dallas, TX 75265-0777</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$203,248.14</b>
3.57	Nonpriority creditor's name and mailing address <b>DLL FINANCIAL SERVICES</b> <b>PO BOX 41602</b> <b>Philadelphia, PA 19101-1602</b> Date(s) debt was incurred Last 4 digits of account number <b>8708</b>	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 Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$288.75</b>
3.58	Nonpriority creditor's name and mailing address <b>DQS MEDIZINPRODUKTE GMBH</b> <b>AUGUST-SCHANZ STR 21</b> <b>60433 FRANKFURT A.M.</b> <b>FRANKFURT, DE</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>CERTIFICATIONS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,417.40</b>
3.59	Nonpriority creditor's name and mailing address <b>DUARTE WASTE</b> <b>PMB 1820 C/PARRIS 243</b> <b>San Juan, PR 00917-3632</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>GARBAGE DISPOSAL</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$836.26</b>
3.60	Nonpriority creditor's name and mailing address <b>DYNAREX CORPORATION</b> <b>10 GLENSHAW STREET</b> <b>Orangeburg, NY 10962</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69,837.88</b>
3.61	Nonpriority creditor's name and mailing address <b>ECU WORLDWIDE</b> <b>2401 N.W. 69TH STREET</b> <b>Miami, FL 33147</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>FREIGHT</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,339.93</b>

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**

Case number (if known)

3.62	<b>Nonpriority creditor's name and mailing address</b> EJ TRANSPORT EXT SANTA MARIA CALLE LIMONCILLO 17B San Juan, PR 00927 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: DIESEL</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,625.00</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> EL HORREO DE V SUAREZ PO BOX 364588 San Juan, PR 00936-4588 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: WATER SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,001.25</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> ENVISION TECHNOLOGIES PMB 345 100 GRAN BULEVAR PASEOS San Juan, PR 00926-5955 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: SYSTEMS MAINTENANCE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,039.50</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> ESB PUERTO RICO PO BOX 4825 Carolina, PR 00984-4825 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: REPAIRS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,523.80</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> EXIPO DESIGN CORUJO INDUSTRIAL PARK CALLE C #46 LOTE A-6 Bayamon, PR 00961 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: LEASE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$983.41</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> FACSIMILE PAPER CONN. CORP PO BOX 363122 San Juan, PR 00936-3122 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: OFFICE SUPPLIES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$868.44</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> FASHION SEAL UNIFORM PO BOX 748000 Cincinnati, OH 45274-8000 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: UNIFORMS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,799.52</b>

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3.69	Nonpriority creditor's name and mailing address <b>FEDERAL EXPRESS CORP</b> <b>PO BOX 371461</b> <b>Pittsburgh, PA 15250-7461</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>FREIGHT</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,887.86</b>
3.70	Nonpriority creditor's name and mailing address <b>FORDION PACKAGING LTD</b> <b>637 WYCOFF AVE. #335</b> <b>Wyckoff, NJ 07481</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,247.00</b>
3.71	Nonpriority creditor's name and mailing address <b>FPV &amp; GALINDEZ</b> <b>PO BOX 364152</b> <b>San Juan, PR 00936-4152</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>ACCOUNTING SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,232.89</b>
3.72	Nonpriority creditor's name and mailing address <b>FUSIONWORKS, INC</b> <b>#120 AVE CONDADO</b> <b>EDIFICIO PICO CENTER, SUITE 102</b> <b>SAN JUAN, PR 00972-7550</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62,762.70</b>
3.73	Nonpriority creditor's name and mailing address <b>GENDRON, INC</b> <b>DRAWER #1337</b> <b>PO BOX 5935</b> <b>Troy, MI 48007-5935</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,950.00</b>
3.74	Nonpriority creditor's name and mailing address <b>GENERAL PHYSIOTHERAPY, INC</b> <b>13222 LAKEFRONT DR</b> <b>Earth City, MO 63045-1504</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$676.00</b>
3.75	Nonpriority creditor's name and mailing address <b>GENSTAR TECHNOLOGIES</b> <b>4525 EDISON AVE.</b> <b>Chino, CA 91710</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,817.02</b>

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3.76	Nonpriority creditor's name and mailing address <b>GENTELL</b> <b>2701 BARTRAM RD</b> <b>Bristol, PA 19007</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,970.80</b>
3.77	Nonpriority creditor's name and mailing address <b>GF HEALTH PRODUCTS, INC</b> <b>PO BOX 47510</b> <b>Atlanta, GA 30362-0510</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,594.49</b>
3.78	Nonpriority creditor's name and mailing address <b>GLOBAL HEALTHCARE</b> <b>11350 OLD ROSWELL ROAD</b> <b>SUITE 700</b> <b>Marietta, GA 30090</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,055.50</b>
3.79	Nonpriority creditor's name and mailing address <b>GLOBAL MEDICAL PRODUCTS</b> <b>PO BOX 881982</b> <b>Port Saint Lucie, FL 34988</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.50</b>
3.80	Nonpriority creditor's name and mailing address <b>GLOBE SCIENTIFIC, INC</b> <b>PO BOX 1625</b> <b>Paramus, NJ 07653-1625</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,728.48</b>
3.81	Nonpriority creditor's name and mailing address <b>GONZALEZ TRADING, INC</b> <b>PO BOX 364884</b> <b>San Juan, PR 00936-4884</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,460.00</b>
3.82	Nonpriority creditor's name and mailing address <b>GRACIELA J. BELAVAL</b> <b>PO BOX 193785</b> <b>San Juan, PR 00919-3785</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>LEGAL SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,343.00</b>



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3.83	Nonpriority creditor's name and mailing address <b>GUSTOS COFFEE CO</b> <b>PO BOX 11277</b> <b>San Juan, PR 00922</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>OFFICE COFFEE SUPPLIES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$447.04</b>
3.84	Nonpriority creditor's name and mailing address <b>HALYARD SALES, LLC</b> <b>PO BOX 732583</b> <b>Dallas, TX 75373-2583</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$404,902.41</b>
3.85	Nonpriority creditor's name and mailing address <b>HALYARD SALES, LLC</b> <b>PO BOX 732583</b> <b>Dallas, TX 75373-2583</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,022.22</b>
3.86	Nonpriority creditor's name and mailing address <b>HEATHROW SCIENTIFIC, LLC</b> <b>620 LAKEVIEW PARKWAY</b> <b>Vernon Hills, IL 60061</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,520.00</b>
3.87	Nonpriority creditor's name and mailing address <b>HEAVY PARTS CENTER, INC</b> <b>PO BOX 3157</b> <b>Bayamon, PR 00960-3157</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>REPAIRS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,984.91</b>
3.88	Nonpriority creditor's name and mailing address <b>HNM MEDICAL</b> <b>20855 NE 16 AVENUE</b> <b>SUITE C 15</b> <b>Miami, FL 33179</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2.00</b>
3.89	Nonpriority creditor's name and mailing address <b>HOLLISTER, INC</b> <b>72035 EAGLE WAY</b> <b>Chicago, IL 60678-7250</b> Date(s) debt was incurred Last 4 digits of account number	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192,072.10</b>

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3.90	Nonpriority creditor's name and mailing address <b>HOSPITEL MFG CO</b> <b>PO BOX 7005</b> <b>Bloomfield, NJ 07003-7005</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.65</b>
3.91	Nonpriority creditor's name and mailing address <b>HYDROFERA, LLC</b> <b>340 PROGRESS DRIVE</b> <b>Manchester, CT 06042</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,945.00</b>
3.92	Nonpriority creditor's name and mailing address <b>IFCO RECYCLING, INC</b> <b>PO BOX 191744</b> <b>San Juan, PR 00919-1744</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>GARBAGE DISPOSAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,820.00</b>
3.93	Nonpriority creditor's name and mailing address <b>IMMUNOSTICS, INC</b> <b>38 INDUSTRIAL WAY EAST, STE 1</b> <b>Eatontown, NJ 07724</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$539.70</b>
3.94	Nonpriority creditor's name and mailing address <b>IMPERIAL FASTENER CO, INC</b> <b>PO BOX 578</b> <b>Pompano Beach, FL 33061</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
3.95	Nonpriority creditor's name and mailing address <b>INTEGRA LIFESCIENCES SALES</b> <b>PO BOX 404129</b> <b>Atlanta, GA 30384-4129</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107,091.61</b>
3.96	Nonpriority creditor's name and mailing address <b>INTEGRA LIFESCIENCES SALES</b> <b>PO BOX 404129</b> <b>Atlanta, GA 30384-4129</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,490.05</b>

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3.97	Nonpriority creditor's name and mailing address <b>INTEGRA LIFESCIENCES SALES</b> <b>PO BOX 409984</b> <b>Atlanta, GA 30384-9984</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,619.00</b>
3.98	Nonpriority creditor's name and mailing address <b>INTEGRA LIFESCIENCES SALES</b> <b>PO BOX 404129</b> <b>Atlanta, GA 30384-4129</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,136.00</b>
3.99	Nonpriority creditor's name and mailing address <b>INTEGRA LIFESCIENCES SALES</b> <b>PO BOX 404129</b> <b>Atlanta, GA 30384-4129</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$302.80</b>
3.100	Nonpriority creditor's name and mailing address <b>INTEGRA RADIONICS</b> <b>PO BOX 404129</b> <b>Atlanta, GA 30384-4129</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$815.00</b>
3.101	Nonpriority creditor's name and mailing address <b>INTEGRITY MEDICAL DEVICES</b> <b>360 FAIRVIEW AVENUE</b> <b>Hammonton, NJ 08037</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,401.00</b>
3.102	Nonpriority creditor's name and mailing address <b>INTERSTATE ALL BATTERY</b> <b>PO BOX 363051</b> <b>San Juan, PR 00936-3051</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>AUTOMOBILE PARTS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,473.61</b>
3.103	Nonpriority creditor's name and mailing address <b>J &amp; M DEPOT, INC</b> <b>PO BOX 29427</b> <b>San Juan, PR 00929-9427</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>CLEANING MATERIALS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$274.64</b>

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3.104	Nonpriority creditor's name and mailing address <b>J&amp;J MEDICAL CARIBBEAN</b> <b>475 CALLE C SUITE 200</b> <b>Guaynabo, PR 00969</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,394,269.19</b>
3.105	Nonpriority creditor's name and mailing address <b>J&amp;J MEDICAL CARIBBEAN</b> <b>475 CALLE C SUITE 200</b> <b>Guaynabo, PR 00969</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$412,317.83</b>
3.106	Nonpriority creditor's name and mailing address <b>J.P. TRUCK</b> <b>PO BOX 4811</b> <b>Carolina, PR 00984</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$242.72</b>
3.107	Nonpriority creditor's name and mailing address <b>JAIME MADURO U.S. CUSTOMS</b> <b>PO BOX 9022847</b> <b>San Juan, PR 00902-2947</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>PROFESSIONAL SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,379.66</b>
3.108	Nonpriority creditor's name and mailing address <b>JD HOONIGBERG INTERNATIONAL</b> <b>166 N PFINGSTEN ROAD</b> <b>SUITE 150</b> <b>Deerfield, IL 60015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,414.65</b>
3.109	Nonpriority creditor's name and mailing address <b>JOHNSON &amp; JOHNSON</b> <b>475 CALLE C SUITE 200</b> <b>Guaynabo, PR 00969</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,960.16</b>
3.110	Nonpriority creditor's name and mailing address <b>JOHNSON &amp; JOHNSON</b> <b>475 CALLE C SUITE 200</b> <b>Guaynabo, PR 00969</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$301,296.20</b>

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3.111	Nonpriority creditor's name and mailing address <b>JOHNSON &amp; JOHNSON WOUND</b> <b>475 CALLE C SUITE 200</b> <b>Guaynabo, PR 00969</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$324,673.71</b>
3.112	Nonpriority creditor's name and mailing address <b>JOSE COLON ELEVATOR</b> <b>202 WALL ST</b> <b>Guaynabo, PR 00966</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>MAINTENANCE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115.00</b>
3.113	Nonpriority creditor's name and mailing address <b>JOSON-CARE ENTERPRISE</b> <b>IF NO 280 CHENG DU RD.</b> <b>XI-TUN DISTRICT</b> <b>TAICHUNG CITY, TW</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,847.50</b>
3.114	Nonpriority creditor's name and mailing address <b>JT POSEY CO</b> <b>PO BOX 51017</b> <b>Los Angeles, CA 90051-5317</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112.56</b>
3.115	Nonpriority creditor's name and mailing address <b>KLYO MEDICAL SYSTEMS, INC</b> <b>1464 NW 82ND AVENUE</b> <b>Miami, FL 33126</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,051.50</b>
3.116	Nonpriority creditor's name and mailing address <b>KROMA</b> <b>PO BOX 367304</b> <b>San Juan, PR 00936-7040</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>ADVERTISING</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,700.00</b>
3.117	Nonpriority creditor's name and mailing address <b>LANDSCAPE CONTRACTORS</b> <b>PO BOX 2557</b> <b>Toa Baja, PR 00951</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>LANDSCAPING</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,962.56</b>

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3.118	Nonpriority creditor's name and mailing address <b>LIBERTY CABLEVISION OF PUERTO RICO</b> <b>PO BOX 71496</b> <b>San Juan, PR 00936-8596</b> Date(s) debt was Incurred _ Last 4 digits of account number <b>6827</b>	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 Basis for the claim: <b>INTERNET SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,122.88</b>
3.119	Nonpriority creditor's name and mailing address <b>LLUCH FIRE &amp; SAFETY INTL.</b> <b>PO BOX 1016</b> <b>Sabana Seca, PR 00952-1016</b> Date(s) debt was Incurred _ Last 4 digits of account number _	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 Basis for the claim: <b>INSPECTION</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$364.00</b>
3.120	Nonpriority creditor's name and mailing address <b>LUCAS PRODUCTS</b> <b>PO BOX 6570</b> <b>Toledo, OH 43612</b> Date(s) debt was Incurred _ Last 4 digits of account number _	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$121.20</b>
3.121	Nonpriority creditor's name and mailing address <b>LUXTEC/INTEGRA</b> <b>JARIT SURGICAL INSTRUMENTS</b> <b>PO BOX 409984</b> <b>Atlanta, GA 30384-9984</b> Date(s) debt was Incurred _ Last 4 digits of account number _	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,911.15</b>
3.122	Nonpriority creditor's name and mailing address <b>MADA INC</b> <b>625 WASHINGTON AVENUE</b> <b>Carlstadt, NJ 07072</b> Date(s) debt was Incurred _ Last 4 digits of account number _	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,736.79</b>
3.123	Nonpriority creditor's name and mailing address <b>MAGIC TRANSPORT</b> <b>PO BOX 360729</b> <b>San Juan, PR 00936-0729</b> Date(s) debt was Incurred _ Last 4 digits of account number _	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 Basis for the claim: <b>FREIGHT</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,993.36</b>
3.124	Nonpriority creditor's name and mailing address <b>MAGMEDIX, INC</b> <b>160 AUTHORITY DRIVE</b> <b>Fitchburg, MA 01420</b> Date(s) debt was Incurred _ Last 4 digits of account number _	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$842.40</b>



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3.125	Nonpriority creditor's name and mailing address <b>MARQUES-GUILLERMETTY, CPA</b> <b>PO BOX 366067</b> <b>San Juan, PR 00936</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>ACCOUNTING SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,402.00</b>
3.126	Nonpriority creditor's name and mailing address <b>MEDICAL INTERNATIONAL</b> <b>1900 PEWAUKEE ROAD</b> <b>SUITE 0</b> <b>Waukesha, WI 53188</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,700.87</b>
3.127	Nonpriority creditor's name and mailing address <b>MEDICAL TECHNIQUE, INC</b> <b>8060 E. RESEARCH COURT</b> <b>Tucson, AZ 85710</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,449.70</b>
3.128	Nonpriority creditor's name and mailing address <b>MEDLINE INDUSTRIES, INC</b> <b>DEPT CH 14400</b> <b>Palatine, IL 60055-4400</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,924.64</b>
3.129	Nonpriority creditor's name and mailing address <b>MEDPURPOSE, INC.</b> <b>3883 ROGERS BRIDGE ROAD NW</b> <b>SUITE 501</b> <b>Duluth, GA 30097</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,775.00</b>
3.130	Nonpriority creditor's name and mailing address <b>MENACO CORP</b> <b>PO BOX 70183</b> <b>San Juan, PR 00936</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,768.07</b>
3.131	Nonpriority creditor's name and mailing address <b>MERIDIAN BIOSCIENCE CORP</b> <b>PO BOX 630224</b> <b>Cincinnati, OH 45263-0224</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85,252.30</b>

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3.132	Nonpriority creditor's name and mailing address <b>METRO INTERNATIONAL CORP</b> <b>75 REMITTANCE DRIVE</b> <b>DEPT. 3044</b> <b>Chicago, IL 60675-3044</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$82.20</b>
3.133	Nonpriority creditor's name and mailing address <b>MICRO DIRECT</b> <b>PO BOX 239</b> <b>Auburn, ME 04212-0239</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.00</b>
3.134	Nonpriority creditor's name and mailing address <b>MODERN TECH ASSOCIATES</b> <b>CALLE WESER #144</b> <b>URB. RIO PIEDRAS HEIGHTS</b> <b>San Juan, PR 00928</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$239.44</b>
3.135	Nonpriority creditor's name and mailing address <b>MORTECH MANUFACTURING</b> <b>411 N AEROJET AVENUE</b> <b>Azusa, CA 91702</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,408.20</b>
3.136	Nonpriority creditor's name and mailing address <b>MULTI-SYSTEMS, INC</b> <b>PO BOX 191938</b> <b>San Juan, PR 00919-1938</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>STORAGE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$245.30</b>
3.137	Nonpriority creditor's name and mailing address <b>MUNICIPAL REVENUE COLLECTION CENTER</b> <b>PO BOX 195387</b> <b>San Juan, PR 00919-5387</b> Date(s) debt was incurred <b>2017</b> Last 4 digits of account number _____	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 Basis for the claim: <b>PERSONAL PROPERTY TAXES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,048,093.04</b>
3.138	Nonpriority creditor's name and mailing address <b>NATIONAL LIFT TRUCK SERVICE</b> <b>CALLE DIANA LOT 22</b> <b>AMELIA INDUSTRIAL PARK</b> <b>Guaynabo, PR 00968</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>MACHINERY RENTAL</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>

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3.139	Nonpriority creditor's name and mailing address <b>NEMF WORLD TRANSPORT INC</b> <b>PO BOX 3919</b> <b>Carolina, PR 00984-3919</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>FREIGHT</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,340.24</b>
3.140	Nonpriority creditor's name and mailing address <b>NEOMED, INC</b> <b>100 LONDONDENY CT</b> <b>SUITE 112</b> <b>Woodstock, GA 30188</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,827.80</b>
3.141	Nonpriority creditor's name and mailing address <b>NEPTUNO MEDIA</b> <b>PO BOX 191995</b> <b>San Juan, PR 00919-1995</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,027.44</b>
3.142	Nonpriority creditor's name and mailing address <b>NEW CLEANING SERVICE, INC.</b> <b>PO BOX 8177</b> <b>Bayamon, PR 00960-8177</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>CLEANING</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$624.40</b>
3.143	Nonpriority creditor's name and mailing address <b>NIPRO MEDICAL OF PUERTO RICO</b> <b>PO BOX 810263</b> <b>Carolina, PR 00981</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,335.00</b>
3.144	Nonpriority creditor's name and mailing address <b>NORTHERN ACRYLICS, INC.</b> <b>2321 WEST SUPERIOR STREET</b> <b>Duluth, MN 55806</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,481.25</b>
3.145	Nonpriority creditor's name and mailing address <b>NOVA TERRA, INC</b> <b>PO BOX 142137</b> <b>Arecibo, PR 00614-2137</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>GARBAGE DISPOSAL</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$457.60</b>

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3.146	Nonpriority creditor's name and mailing address <b>O&amp;M HALYARD, INC</b> <b>9120 LOCKWOOD BOULEVARD</b> <b>Mechanicsville, VA 23116</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,064.98</b>
3.147	Nonpriority creditor's name and mailing address <b>OCASIO GATE O MATIC</b> <b>HC 61 BOX 4594</b> <b>Trujillo Alto, PR 00976</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>MAINTENANCE</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,584.78</b>
3.148	Nonpriority creditor's name and mailing address <b>OCEAN FREIGHT LINK</b> <b>3350 S.W. 148 AVE</b> <b>SUITE 110</b> <b>Hollywood, FL 33027-3237</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>FREIGHT</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,087.97</b>
3.149	Nonpriority creditor's name and mailing address <b>OFFICE-IT</b> <b>PMB 245 SUITE 102</b> <b>405 AVE. ESMERALDA</b> <b>Guaynabo, PR 00969</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>SUPPLIER</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,122.79</b>
3.150	Nonpriority creditor's name and mailing address <b>OLIVER EXTERMINATING</b> <b>PO BOX 1264</b> <b>Caguas, PR 00726-1264</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>EXTERMINATION SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$569.92</b>
3.151	Nonpriority creditor's name and mailing address <b>OMNIMED, INC</b> <b>800 GLEN AVENUE</b> <b>Moorestown, NJ 08057-1122</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$134.00</b>
3.152	Nonpriority creditor's name and mailing address <b>ONEILL &amp; GILMORE LAW</b> <b>252 AVENUE PONCE DE LEON</b> <b>CITIBANK TOWERSM SUITE 1701</b> <b>San Juan, PR 00918</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>LEGAL SERVICES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,848.46</b>

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3.153	Nonpriority creditor's name and mailing address <b>ONEILL &amp; GILMORE LAW</b> <b>252 AVENUE PONCE DE LEON</b> <b>CITIBANK TOWERSM SUITE 1701</b> <b>San Juan, PR 00918</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>LEGAL SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,464.71</b>
3.154	Nonpriority creditor's name and mailing address <b>OPTIVON, INC</b> <b>PO BOX 11881</b> <b>San Juan, PR 00922-1881</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,076.56</b>
3.155	Nonpriority creditor's name and mailing address <b>ORACLE CARIBBEAN PUERTO RICO</b> <b>PO BOX 71436</b> <b>San Juan, PR 00936-8436</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>SOFTWARE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$66,123.92</b>
3.156	Nonpriority creditor's name and mailing address <b>ORACLE ELEVATOR COMPANY</b> <b>PO BOX 793</b> <b>Saint Just, PR 00978</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>MAINTENANCE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$434.86</b>
3.157	Nonpriority creditor's name and mailing address <b>ORIENTAL TRUST OPERATIONS</b> <b>PO BOX 191429</b> <b>San Juan, PR 00919-1429</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,474.77</b>
3.158	Nonpriority creditor's name and mailing address <b>PAPER LAB</b> <b>URB. COLLEGE PARK</b> <b>1827 CALLE ALCALA</b> <b>San Juan, PR 00921-4342</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.50</b>
3.159	Nonpriority creditor's name and mailing address <b>PARI RESPIRATORY EQUIPMENT</b> <b>2412 PARI WAY</b> <b>Midlothian, VA 23112</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.00</b>

Debtor <b>PUERTO RICO HOSPITAL SUPPLY, INC.</b>		Case number (if known) _____	
<small>Name</small>			
3.160	Nonpriority creditor's name and mailing address <b>PARKER LABS, INC</b> <b>286 ELDRIGE ROAD</b> <b>Fairfield, NJ 07004</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>INVENTORY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$234.52</b>
3.161	Nonpriority creditor's name and mailing address <b>PELEGRINA MEDICAL, INC</b> <b>PO BOX 910</b> <b>Saint Just, PR 00978-0910</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>INVENTORY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$690.00</b>
3.162	Nonpriority creditor's name and mailing address <b>PELSTAR LLC/ HEALTH O METER</b> <b>9500 W. 56TH ST</b> <b>La Grange, IL 60525</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>INVENTORY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$260.00</b>
3.163	Nonpriority creditor's name and mailing address <b>PITNEY BOWES</b> <b>PO BOX 11662</b> <b>San Juan, PR 00922-1662</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>POSTAL SERVICES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$455.34</b>
3.164	Nonpriority creditor's name and mailing address <b>POPULAR AUTO</b> <b>PO BOX 15011</b> <b>OLD SAN JUAN STATION</b> <b>San Juan, PR 00902-8511</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>LEASE OF TRUCKS</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,249.54</b>
3.165	Nonpriority creditor's name and mailing address <b>PR DUST CONTROL</b> <b>PO BOX 360546</b> <b>San Juan, PR 00936-0546</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>CLEANING</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.49</b>
3.166	Nonpriority creditor's name and mailing address <b>PRAXAIR PR, INC</b> <b>PO BOX 307</b> <b>Gurabo, PR 00778</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>SERVICES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.91</b>



Debtor <b>PUERTO RICO HOSPITAL SUPPLY, INC.</b>		Case number (if known) _____
Name _____		
3.167	Nonpriority creditor's name and mailing address <b>PRECISION DYNAMICS CORP</b> <b>PO BOX 71549</b> <b>Chicago, IL 60694-1995</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <b>\$4,616.52</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address <b>PRECISION DYNAMICS CORP</b> <b>PO BOX 71549</b> <b>Chicago, IL 60694-1995</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <b>\$5,639.60</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address <b>PRECISION MEDICAL INC</b> <b>300 HELD DR</b> <b>Northampton, PA 18067</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <b>\$162.50</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address <b>PREMED, LLC</b> <b>PO BOX 474</b> <b>Trujillo Alto, PR 00977</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <b>\$8,900.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address <b>PRINTER REPAIR DEPOT, LLC</b> <b>PO BOX 364846</b> <b>San Juan, PR 00936-4846</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <b>\$931.03</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>REPAIRS</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address <b>PRO-FAB, INC.</b> <b>BOSQUE FARMS BLVD.</b> <b>Bosque Farms, NM 87068</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <b>\$30,348.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.173	Nonpriority creditor's name and mailing address <b>PUERTO RICO DUST CONTROL</b> <b>PO BOX 362048</b> <b>San Juan, PR 00936-2048</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <b>\$316.47</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>SUPPLIER</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>PUERTO RICO HOSPITAL SUPPLY, INC.</b>		Case number (if known) _____
<small>Name</small>		
3.174	Nonpriority creditor's name and mailing address <b>PULMONARY SERVICES GROUP</b> <b>PO BOX 19870</b> <b>San Juan, PR 00910-1870</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>INVENTORY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$26.25</b>
3.175	Nonpriority creditor's name and mailing address <b>QUALITY WATER SERVICE</b> <b>PO BOX 9020096</b> <b>San Juan, PR 00902</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>WATER SERVICES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$287.04</b>
3.176	Nonpriority creditor's name and mailing address <b>R.A.W. SECURITY SERVICES</b> <b>PMB 214-A</b> <b>PO BOX 607071</b> <b>Bayamon, PR 00956</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>SECURITY SERVICES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$7,262.01</b>
3.177	Nonpriority creditor's name and mailing address <b>REAL BUSINESS</b> <b>1605 AVE. PONCE DE LEON</b> <b>EDIF. SAN MARTIN SUITE 506</b> <b>San Juan, PR 00909</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>SERVICES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$29,107.43</b>
3.178	Nonpriority creditor's name and mailing address <b>RESPIRONICS, INC</b> <b>PO BOX 405740</b> <b>Atlanta, GA 30384-5740</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>INVENTORY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$239.25</b>
3.179	Nonpriority creditor's name and mailing address <b>REY ELECTRICAL SERVICES</b> <b>HC 73 BOX 5766</b> <b>Naranjito, PR 00719</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>REPAIRS AND MAINTENANCE</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$526.77</b>
3.180	Nonpriority creditor's name and mailing address <b>RICOH, PR</b> <b>BOX 71459</b> <b>San Juan, PR 00936-8559</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>OFFICE EQUIPMENT</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>\$6,901.29</b>

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3.181	Nonpriority creditor's name and mailing address <b>RUSSIN, VECCHI &amp; HEREDIA EL RECONDO 2 MONTE MIRADOR ENSANCHE BELLA VISTA 3ER PISO SANTO DOMINGO, DO</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$165.00</b>
3.182	Nonpriority creditor's name and mailing address <b>SAKURA FINETEK USA, INC 1750 W 214TH STREET Torrance, CA 90501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,194.00</b>
3.183	Nonpriority creditor's name and mailing address <b>SALTER LABS 8399 SOLUTIONS CENTER Chicago, IL 60677-8003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,123.00</b>
3.184	Nonpriority creditor's name and mailing address <b>SCHUERCH CORPORATION 452 RANDOLPH ST. Abington, MA 02351</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,689.00</b>
3.185	Nonpriority creditor's name and mailing address <b>SECA CORP. 13601 BENSON AVE. Chino, CA 91710</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$301.80</b>
3.186	Nonpriority creditor's name and mailing address <b>SMART SECURITY SERVICES PO BOX 2110 Bayamon, PR 00960</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>MAINTENANCE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.36</b>
3.187	Nonpriority creditor's name and mailing address <b>SMART SECURITY SERVICES PO BOX 50986 LEVITTOWN STATION Toa Baja, PR 00950-0986</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	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 Basis for the claim: <b>MAINTENANCE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$575.61</b>

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3.188	Nonpriority creditor's name and mailing address <b>SMITH MEDICAL</b> <b>PO BOX 7247</b> <b>Philadelphia, PA 19170-7784</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,035.44</b>
3.189	Nonpriority creditor's name and mailing address <b>SMITHS MEDICAL ASD, INC</b> <b>PO BOX 7247</b> <b>Philadelphia, PA 19170-7784</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,178.20</b>
3.190	Nonpriority creditor's name and mailing address <b>SMITHS MEDICAL CO</b> <b>PO BOX 7247</b> <b>Philadelphia, PA 19170-7784</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,469.00</b>
3.191	Nonpriority creditor's name and mailing address <b>SPOT ON HOLD</b> <b>PO BOX 1836</b> <b>Mayaguez, PR 00681</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>ADVERTISING</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$349.95</b>
3.192	Nonpriority creditor's name and mailing address <b>SPS MEDICAL</b> <b>6789 W. HENRIETTA ROAD</b> <b>Rush, NY 14543</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,372.50</b>
3.193	Nonpriority creditor's name and mailing address <b>SS TECHOS, INC</b> <b>PO BOX 2022</b> <b>Trujillo Alto, PR 00977</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>REPAIRS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$102,083.12</b>
3.194	Nonpriority creditor's name and mailing address <b>STERICYCLE, INC</b> <b>PO BOX 6582</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>GARBAGE DISPOSAL</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,240.66</b>

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3.195	Nonpriority creditor's name and mailing address <b>SURGICAL SPECIALTIES</b> <b>PO BOX 419407</b> <b>Boston, MA 02241-9407</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,412.32</b>
3.196	Nonpriority creditor's name and mailing address <b>SURGICAL SPECIALTIES PR</b> <b>PO BOX 823444</b> <b>Philadelphia, PA 19182-3444</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$237.36</b>
3.197	Nonpriority creditor's name and mailing address <b>SYSTEM ONE, INC</b> <b>BOX 10567</b> <b>San Juan, PR 00922</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>DATA CARD</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$62.10</b>
3.198	Nonpriority creditor's name and mailing address <b>SYSTRONICS, INC</b> <b>PO BOX 194030</b> <b>CA 91940-3000</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>PRINTERS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,067.53</b>
3.199	Nonpriority creditor's name and mailing address <b>TECHNO-AIDE, LLC</b> <b>PO BOX 305172</b> <b>DEPT 96</b> <b>Nashville, TN 37230</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,940.20</b>
3.200	Nonpriority creditor's name and mailing address <b>TELEFLEX MEDICAL</b> <b>PO BOX 601608</b> <b>Charlotte, NC 28260-1608</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,146.82</b>
3.201	Nonpriority creditor's name and mailing address <b>TELEFLEX MEDICAL</b> <b>PO BOX 601608</b> <b>Charlotte, NC 28260-1608</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,123.83</b>

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3.202	Nonpriority creditor's name and mailing address <b>TELEFLEX MEDICAL/CV</b> <b>PO BOX 601608</b> <b>Charlotte, NC 28260-1608</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,857.00</b>
3.203	Nonpriority creditor's name and mailing address <b>TETRA MEDICAL SUPPLY CORP.</b> <b>6364 WEST GROSS POINT ROAD</b> <b>Niles, IL 60714</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,072.60</b>
3.204	Nonpriority creditor's name and mailing address <b>THERMI FISHER SCIENTIFIC</b> <b>8364 VALLEY PIKE</b> <b>Middletown, VA 22645</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,199.58</b>
3.205	Nonpriority creditor's name and mailing address <b>TIDI PRODUCTS, LLC</b> <b>PO BOX 776290</b> <b>Chicago, IL 60677-6290</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,286.92</b>
3.206	Nonpriority creditor's name and mailing address <b>TORCOS, INC</b> <b>PO BOX 29708</b> <b>San Juan, PR 00929-0708</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>CLEANING MATERIALS</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$651.78</b>
3.207	Nonpriority creditor's name and mailing address <b>TRI-TEX ENTERPRISES</b> <b>4909 LAKAWANA STREET</b> <b>Dallas, TX 75247</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,612.20</b>
3.208	Nonpriority creditor's name and mailing address <b>TRIPLE S-SALUD</b> <b>PO BOX 71648</b> <b>San Juan, PR 00936-8648</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>HEALTH INSURANCE</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,072.49</b>



Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
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3.209	Nonpriority creditor's name and mailing address <b>TRUMPF MEDIZIN SUSTEME GMBH</b> <b>PO BOX 68</b> <b>Farmington, CT 06034-0068</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,682.32</b>
3.210	Nonpriority creditor's name and mailing address <b>ULINE</b> <b>PO BOX 88741</b> <b>Chicago, IL 60680-1741</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>MATERIALS AND EQUIPMENT</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$217.60</b>
3.211	Nonpriority creditor's name and mailing address <b>UNITED INSURANCE FINANCE</b> <b>PO BOX 6356</b> <b>San Juan, PR 00914-6356</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INSURANCE</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,378.14</b>
3.212	Nonpriority creditor's name and mailing address <b>UNITED PARCEL SERVICE</b> <b>PO BOX 71594</b> <b>San Juan, PR 00936-8694</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>FREIGHT</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124.82</b>
3.213	Nonpriority creditor's name and mailing address <b>UPM GROUP</b> <b>PO BOX 192052</b> <b>San Juan, PR 00919-5052</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>SYSTEM MAINTENANCE</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,820.95</b>
3.214	Nonpriority creditor's name and mailing address <b>UPR SCHOOL OF MEDICINE</b> <b>PO BOX 365067</b> <b>San Juan, PR 00936-5067</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>ACTIVITIES</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
3.215	Nonpriority creditor's name and mailing address <b>VEGA MEDICAL, INC</b> <b>PO BOX 1937</b> <b>Vega Baja, PR 00694-1937</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <u><b>INVENTORY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$428.75</b>

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3.216	Nonpriority creditor's name and mailing address <b>VYAIR MEDICAL, INC</b> <b>29429 NETWORK PLACE</b> <b>Chicago, IL 60673-1294</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,241.20</b>
3.217	Nonpriority creditor's name and mailing address <b>YIGON</b> <b>PO BOX 787426</b> <b>Philadelphia, PA 19178-7426</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,684.00</b>
3.218	Nonpriority creditor's name and mailing address <b>WATERLOO HEALTHCARE</b> <b>PO BOX 53555</b> <b>Phoenix, AZ 85072-3555</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$333.70</b>
3.219	Nonpriority creditor's name and mailing address <b>WELLS JOHNSON COMPANY</b> <b>8000 S. KOLB ROAD</b> <b>Tucson, AZ 85756</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,460.00</b>
3.220	Nonpriority creditor's name and mailing address <b>WESTMED, INC</b> <b>PO BOX 29661</b> <b>Phoenix, AZ 85038-9661</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,275.74</b>
3.221	Nonpriority creditor's name and mailing address <b>WEXLER SURGICAL, INC.</b> <b>11333 CHIMNEY ROCK RD.</b> <b>SUITE 110</b> <b>Houston, TX 77035</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>INVENTORY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$530.00</b>
3.222	Nonpriority creditor's name and mailing address <b>WILFREDO PICORELLI</b> <b>AVENIDA ROBERTO CLEMENTE</b> <b>#D-1</b> <b>Carolina, PR 00985</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	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 Basis for the claim: <b>LEGAL SERVICES</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**

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<p>3.223 Nonpriority creditor's name and mailing address  <b>WINCO, INC</b>  <b>5516 SW FIRST LANE</b>  <b>Ocala, FL 34474</b>          Date(s) debt was incurred _____          Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed          Basis for the claim: <b>INVENTORY</b>          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$5,951.34</b></p>
<p>3.224 Nonpriority creditor's name and mailing address  <b>WOLF X-RAY CORP</b>  <b>100 WEST INDUSTRY COURT</b>  <b>Deer Park, NY 11729</b>          Date(s) debt was incurred _____          Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed          Basis for the claim: <b>INVENTORY</b>          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$3,504.40</b></p>
<p>3.225 Nonpriority creditor's name and mailing address  <b>YOKOGAWA CORP OF AMERICA</b>  <b>2 DART ROAD</b>  <b>Newnan, GA 30265</b>          Date(s) debt was incurred _____          Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed          Basis for the claim: <b>SERVICES</b>          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$2,670.00</b></p>
<p>3.228 Nonpriority creditor's name and mailing address  <b>YOLANDA BENITEZ, COTTO</b>  <b>CITY TOWERS SUITE 802</b>  <b>San Juan, PR 00918</b>          Date(s) debt was incurred _____          Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed          Basis for the claim: <b>LEGAL SERVICES</b>          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>\$57,926.03</b></p>

**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

Total of claim amounts	
5a.	\$ 915,593.55
5b. +	\$ 12,788,993.57
5c.	\$ 13,704,587.12

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

Debtor name **PUERTO RICO HOSPITAL SUPPLY, INC.**  
 United States Bankruptcy Court for the **DISTRICT OF PUERTO RICO**

Case number (if known):

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
3M DE PR, INC. PO BOX 70286 San Juan, PR 00936		INVENTORY				\$106,068.92
ADVANCED MEDICAL DESIGNS 1241 ATLANTA INDUSTRIAL DRIVE Marietta, GA 30066		INVENTORY				\$105,245.60
B BRAUN 824 TWELFTH AVE Bethlehem, PA 18018		INVENTORY				\$1,038,031.64
BD DIAGNOSTICS 21588 NETWORK PLACE Chicago, IL 60673-1215		INVENTORY				\$495,752.07
BD MEDICAL SURGICAL SYSTEMS PO BOX 70942 Chicago, IL 60673-0942		INVENTORY				\$857,165.59
BD MICROBIOLOGY SYSTEM PO BOX 70942 Chicago, IL 60673		INVENTORY				\$199,299.20
BSN MEDICAL, INC PO BOX 751766 Charlotte, NC 28275-1766		INVENTORY				\$158,449.67
CARESTREAM HEALTH PUERTO RICO PO BOX 70231 San Juan, PR 00936-8231		INVENTORY				\$905,081.01

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim 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
CASELLAS ALCOVER & BURGOS PO BOX 364924 San Juan, PR 00936-4924		PROFESSIONAL SERVICES				\$284,909.81
DJ ORTHOPEDICS/ENC ORE PO BOX 650777 Dallas, TX 75265-0777		INVENTORY				\$203,248.14
HALYARD SALES, LLC PO BOX 732583 Dallas, TX 75373-2583		INVENTORY				\$404,902.41
HOLLISTER, INC 72035 EAGLE WAY Chicago, IL 60678-7250		INVENTORY				\$192,072.10
INTEGRA LIFESCIENCES SALES PO BOX 404129 Atlanta, GA 30384-4129		INVENTORY				\$107,091.61
J&J MEDICAL CARIBBEAN 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$412,317.83
J&J MEDICAL CARIBBEAN 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$2,394,269.19
JOHNSON & JOHNSON 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$301,296.20
JOHNSON & JOHNSON WOUND 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$324,673.71

Debtor **PUERTO RICO HOSPITAL SUPPLY, INC.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim 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
MUNICIPAL REVENUE COLLECTION CENTER PO BOX 195387 San Juan, PR 00919-5387		PERSONAL PROPERTY TAXES				\$2,048,093.04
MUNICIPAL REVENUE COLLECTION CENTER PO BOX 195387 San Juan, PR 00919-5387		PERSONAL PROPERTY TAXES				\$915,593.55
SS TECHOS, INC PO BOX 2022 Trujillo Alto, PR 00977		REPAIRS				\$102,083.12



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

In re PUERTO RICO HOSPITAL SUPPLY, INC.

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

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

Date:

02/26/2019

Felix B. Santos President

**FELIX B. SANTOS/PRESIDENT**  
Signer/Title

PUERTO RICO HOSPITAL SUPPLY, INCACCU-SCOPE INC  
CALL BOX 158  
CAROLINA, PR 00986-0158

73 MALL DR.  
COMMACK, NY 11725

AMERICAN 3B SCIENTIFIC  
2189 FLINTONE DRIVE  
SUITE 0  
TUCKER, GA 30084

ALEXIS FUENTES-HERNANDEZ  
FUENTES LAW OFFICES  
PO BOX 90227266  
SAN JUAN, PR 00902-2726

ADLINK, INC  
PO BOX 362884  
SAN JUAN, PR 00936-2884

AMERICAN DIAGNOSTIC CORP  
55 COMMERCE DR.  
HAUPPAUGE, NY 11788

3B MEDICAL, INC  
799 OVERLOOK DR  
WINTER HAVEN, FL 33884

ADP, INC  
PO BOX 842854  
BOSTON, MA 02284-2854

AMSINO  
708 CORPORATE CENTER DR.  
POMONA, CA 91768

3M CORPORATE  
PO BOX 844127  
DALLAS, TX 75284-4127

ADVANCED FIRE PROTECTION  
PO BOX 3971  
CAROLINA, PR 00984-3971

ANSELL HEALTHCARE PRODUCT  
DEPT CH 17373  
PALATINE, IL 60055-7373

3M DE PR, INC.  
PO BOX 70286  
SAN JUAN, PR 00936

ADVANCED MEDICAL DESIGNS  
1241 ATLANTA INDUSTRIAL DRIVE  
MARIETTA, GA 30066

ANSELL SANDEL MEDICAL  
19736 DEARBORN STREET  
CHATSWORTH, CA 91311

A.A.A.  
PO BOX 766  
SAN JUAN, PR 00916-7060

AGROPHARMA LABS  
PO BOX 1150  
SALINAS, PR 00751

AQUA-GULD X-PRESS  
CALLE ALDEA #1258  
EDIFICIO UNICA SUITE 300  
SAN JUAN, PR 00907

A.A.A.  
PO BOX 70101  
SAN JUAN, PR 00936-8101

ALCOR SCIENTIC, INC  
20 THURBER BOULEVARD  
SMITHFIELD, RI 00291-7000

ASPEN SURGICAL PRODUCTS  
3998 RELIABLE PARKWAY  
CHICAGO, IL 60686-0039

A.E.E.  
PO BOX 363508  
SAN JUAN, PR 00936-3508

ALPHA SCIENTIFIC CORP  
PO BOX 725  
SOUTHEASTERN, PA 19399

AT&T MOBILITY  
PO BOX 6463  
CAROL STREAM, IL 60197-6463

AC TECHNICAL SERVICES CORP  
URB. COUNTRY CLUB  
803 CALLE MOLUCAS (AVE ITURREGUI)SAN JUAN, PR 00919-5598  
SAN JUAN, PR 00924

ALVARADO TAX & BUSINESS  
PO BOX 195598

AT&T MOBILITY PUERTO RICO  
PO BOX 70261  
SAN JUAN, PR 00936-8261

AVALON PAPERS, LLC  
PO BOX 3967  
OSHKOSH, WI 54903-3967

BMF, INC  
PO BOX 277  
CAGUAS, PR 00725-0277

CAREFUSION CORP  
25146 NETWORK PLACE  
CHICAGO, IL 60673

AVANOS MEDICAL, INC  
5405 WINDWARD PARKWAY  
SUITE 100 SOUTH  
ALPHARETTA, GA 30004

BOVIE MEDICAL CORPORATION  
5115 ULMERTON ROAD  
CLEARWATER, FL 33760

CARESTREAM HEALTH PUERTOR  
PO BOX 70231  
SAN JUAN, PR 00936-8231

B BRAUN  
824 TWELFTH AVE  
BETHLEHEM, PA 18018

BRACCO DIAGNOSTICS INC  
PO BOX 978952  
DALLAS, TX 75397-8952

CARIBE RECYCLING CORP  
PMC 20 HC-01  
BOX 29030  
CAGUAS, PR 00725-8900

BANCO SANTANDER DE PR  
PONCE DE LEON AVENUE  
FLOOR 7  
SAN JUAN, PR 00917-1818

BRIGSS HEALTHCARE  
4900 UNIVERSITY AVE  
SUITE 200  
WEST DES MOINES, IA 50266

CARLOS R. BARALT, PSC  
PO BOX 195103  
SAN JUAN, PR 00919-5103

BD DIAGNOSTICS  
21588 NETWORK PLACE  
CHICAGO, IL 60673-1215

BSN MEDICAL, INC  
PO BOX 751766  
CHARLOTTE, NC 28275-1766

CARSTENS HEALTH IND, INC  
PO BOX 99110  
CHICAGO, IL 60693

BD MEDICAL SURGICAL SYSTEMS  
PO BOX 70942  
CHICAGO, IL 60673-0942

CARDIAC SCIENCE CORPORATION  
PO BOX 776401  
CHICAGO, IL 60677-6401

CASELLAS ALCOVER & BURGOS  
PO BOX 364924  
SAN JUAN, PR 00936-4924

BD MICROBIOLOGY SYSTEM  
PO BOX 70942  
CHICAGO, IL 60673

CARDINAL HEALTH PR 120  
PO BOX 366211  
SAN JUAN, PR 00936-6211

CINCINNATI SUB-ZERO  
12011 MOSTELLER ROAD  
CINCINNATI, OH 45241

BEMIS COMPANY, INC  
2200 BADGER AVENUE  
OSHKOSH, WI 54904

CARDINAL SCALE MFG CO  
203 EAST DAUGHTERY  
WEBB CITY, MO 64870

COLEGIO ADM DE SERVICIOS

BIOSYNERGY, INC  
1940 E DEVON AVE  
ELK GROVE VILLAGE, IL 60007

CARDIOPULMONARY  
3002 N.W. 79 AVENUE  
MIAMI, FL 33166

CONE INSTRUMENTS  
DEPT. 2465  
PO BOX 11407  
BIRMINGHAM, AL 35246-2465

CONMED CORPORATION  
CHURCH STREET STATION  
PO BOX 6814  
NEW YORK, NY 10249-6814

DYNAREX CORPORATION  
10 GLENSHAW STREET  
ORANGEBURG, NY 10962

FEDERAL EXPRESS CORP  
PO BOX 371461  
PITTSBURGH, PA 15250-7461

COOPER SURGICAL  
PO BOX 712280  
CINCINNATI, OH 45271

ECU WORLDWIDE  
2401 N.W. 69TH STREET  
MIAMI, FL 33147

FORDION PACKAGING LTD  
637 WYCOFF AVE. #335  
WYCKOFF, NJ 07481

DEPARTMENT OF TREASURY (INCOME TAX)  
PO BOX 9024140  
OFFICE 424B  
SAN JUAN, PR 00902-4140

ETAXP TRANSPORT  
EXT SANTA MARIA  
CALLE LIMONCILLO 17B  
SAN JUAN, PR 00927

FPV & GALINDEZ  
PO BOX 364152  
SAN JUAN, PR 00936-4152

DEPARTMENT OF TREASURY (IVU)  
PO BOX 9024140  
OFFICE 424B  
SAN JUAN, PR 00902-4140

EL HORREO DE V SUAREZ  
PO BOX 364588  
SAN JUAN, PR 00936-4588

FUSIONWORKS, INC  
#120 AVE CONDADO  
EDIFICIO PICO CENTER, SUITE 1  
SAN JUAN, PR 00972-7550

DESIGN VERONIQUE  
999 MARINA WAY SOUTH  
RICHMOND, CA 94804

ENVISION TECHNOLOGIES  
PMB 345  
100 GRAN BULEVAR PASEOS  
SAN JUAN, PR 00926-5955

GENDRON, INC  
DRAWER #1337  
PO BOX 5935  
TROY, MI 48007-5935

DJ ORTHOPEDICS/ENCORE  
PO BOX 650777  
DALLAS, TX 75265-0777

ESB PUERTO RICO  
PO BOX 4825  
CAROLINA, PR 00984-4825

GENERAL PHYSIOTHERAPY, INC  
13222 LAKEFRONT DR  
EARTH CITY, MO 63045-1504

DLL FINANCIAL SERVICES  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

EXIPO DESIGN  
CORUJO INDUSTRIAL PARK  
CALLE C #46 LOTE A-6  
BAYAMON, PR 00961

GENSTAR TECHNOLOGIES  
4525 EDISON AVE.  
CHINO, CA 91710

DQS MEDIZINPRODUKTE GMBH  
AUGUST-SCHANZ STR 21  
60433 FRANKFURT A.M.  
FRANKFURT, DE

FACSIMILE PAPER CONN. CORP  
PO BOX 363122  
SAN JUAN, PR 00936-3122

GENTELL  
2701 BARTRAM RD  
BRISTOL, PA 19007

DUARTE WASTE  
PMB 1820 C/PARRIS 243  
SAN JUAN, PR 00917-3632

FASHION SEAL UNIFORM  
PO BOX 748000  
CINCINNATI, OH 45274-8000

GF HEALTH PRODUCTS, INC  
PO BOX 47510  
ATLANTA, GA 30362-0510

GLOBAL HEALTHCARE  
11350 OLD ROSWELL ROAD  
SUITE 700  
MARIETTA, GA 30090

HNM MEDICAL  
20855 NE 16 AVENUE  
SUITE C 15  
MIAMI, FL 33179

INTEGRA RADIONICS  
PO BOX 404129  
ATLANTA, GA 30384-4129

GLOBAL MEDICAL PRODUCTS  
PO BOX 881982  
PORT SAINT LUCIE, FL 34988

HOLLISTER, INC  
72035 EAGLE WAY  
CHICAGO, IL 60678-7250

INTEGRITY MEDICAL DEVICES  
360 FAIRVIEW AVENUE  
HAMMONTON, NJ 08037

GLOBE SCIENTIFIC, INC  
PO BOX 1625  
PARAMUS, NJ 07653-1625

HOSPITEL MFG CO  
PO BOX 7005  
BLOOMFIELD, NJ 07003-7005

INTERNAL REVENUE SERVICE  
CITY VIEW PLAZA II 48 CARR 16  
SUITE 200  
GUAYNABO, PR 00968

GONZALEZ TRADING, INC  
PO BOX 364884  
SAN JUAN, PR 00936-4884

HYDROFERA, LLC  
340 PROGRESS DRIVE  
MANCHESTER, CT 06042

INTERSTATE ALL BATTERY  
PO BOX 363051  
SAN JUAN, PR 00936-3051

GRACIELA J. BELAVAL  
PO BOX 193785  
SAN JUAN, PR 00919-3785

IFCO RECYCLING, INC  
PO BOX 191744  
SAN JUAN, PR 00919-1744

J & M DEPOT, INC  
PO BOX 29427  
SAN JUAN, PR 00929-9427

GUSTOS COFFEE CO  
PO BOX 11277  
SAN JUAN, PR 00922

IMMUNOSTICS, INC  
38 INDUSTRIAL WAY EAST, STE 1  
EATONTOWN, NJ 07724

J&J MEDICAL CARIBBEAN  
475 CALLE C SUITE 200  
GUAYNABO, PR 00969

HALYARD SALES, LLC  
PO BOX 732583  
DALLAS, TX 75373-2583

IMPERIAL FASTENER CO, INC  
PO BOX 578  
POMPANO BEACH, FL 33061

J.P. TRUCK  
PO BOX 4811  
CAROLINA, PR 00984

HEATHROW SCIENTIFIC, LLC  
620 LAKEVIEW PARKWAY  
VERNON HILLS, IL 60061

INTEGRA LIFESCIENCES SALES  
PO BOX 404129  
ATLANTA, GA 30384-4129

JAIME MADURO U.S. CUSTOMS  
PO BOX 9022947  
SAN JUAN, PR 00902-2947

HEAVY PARTS CENTER, INC  
PO BOX 3157  
BAYAMON, PR 00960-3157

INTEGRA LIFESCIENCES SALES  
PO BOX 409984  
ATLANTA, GA 30384-9984

JD HOONIGBERG INTERNATIONAL  
155 N PFINGSTEN ROAD  
SUITE 150  
DEERFIELD, IL 60015

JOHNSON & JOHNSON  
475 CALLE C SUITE 200  
GUAYNABO, PR 00969

LLUCH FIRE & SAFETY INTL.  
PO BOX 1016  
SABANA SECA, PR 00952-1016

MEDLINE INDUSTRIES, INC  
DEPT CH 14400  
PALATINE, IL 60055-4400

JOHNSON & JOHNSON WOUND  
475 CALLE C SUITE 200  
GUAYNABO, PR 00969

LUCAS PRODUCTS  
PO BOX 6570  
TOLEDO, OH 43612

MEDPURPOSE, INC.  
3883 ROGERS BRIDGE ROAD NW  
SUITE 501  
DULUTH, GA 30097

JOSE COLON ELEVATOR  
202 WALL ST  
GUAYNABO, PR 00966

LUXTEC/INTEGRA  
JARIT SURGICAL INSTRUMENTS  
PO BOX 409984  
ATLANTA, GA 30384-9984

MENACO CORP  
PO BOX 70183  
SAN JUAN, PR 00936

JOSON-CARE ENTERPRISE  
IF NO 280 CHENG DU RD.  
XI-TUN DISTRICT  
TAICHUNG CITY, TW

MADA INC  
625 WASHINGTON AVENUE  
CARLSTADT, NJ 07072

MERIDIAN BIOSCIENCE CORP  
PO BOX 630224  
CINCINNATI, OH 45263-0224

JT POSEY CO  
PO BOX 51017  
LOS ANGELES, CA 90051-5317

MAGIC TRANSPORT  
PO BOX 360729  
SAN JUAN, PR 00936-0729

METRO INTERNATIONAL CORP  
75 REMITTANCE DRIVE  
DEPT. 3044  
CHICAGO, IL 60675-3044

KLYO MEDICAL SYSTEMS, INC  
1464 NW 82ND AVENUE  
MIAMI, FL 33126

MAGMEDIX, INC  
160 AUTHORITY DRIVE  
FITCHBURG, MA 01420

MICRO DIRECT  
PO BOX 239  
AUBURN, ME 04212-0239

KROMA  
PO BOX 367304  
SAN JUAN, PR 00936-7040

MARQUES-GUILLERMETTY, CPA  
PO BOX 366067  
SAN JUAN, PR 00936

MODERN TECH ASSOCIATES  
CALLE WESER #144  
URB. RIO PIEDRAS HEIGHTS  
SAN JUAN, PR 00926

LANDSCAPE CONTRACTORS  
PO BOX 2557  
TOA BAJA, PR 00951

MEDICAL INTERNATIONAL  
1900 PEWAUKEE ROAD  
SUITE 0  
WAUKESHA, WI 53188

MORTECH MANUFACTURING  
411 N AEROJET AVENUE  
AZUSA, CA 91702

LIBERTY CABLEVISION OF PUERTO RICO  
PO BOX 71496  
SAN JUAN, PR 00936-8596

MEDICAL TECHNIQUE, INC  
8060 E. RESEARCH COURT  
TUCSON, AZ 85710

MULTI-SYSTEMS, INC  
PO BOX 191938  
SAN JUAN, PR 00919-1938



MUNICIPAL REVENUE COLLECTION CENTER PO BOX 195387 SAN JUAN, PR 00919-5387	CEA TERRA, INC PO BOX 142137 ARECIBO, PR 00614-2137	ORACLE CARIBBEAN PUERTO R PO BOX 71436 SAN JUAN, PR 00936-8436
MUNICIPIO DE FAJARDO PO BOX 7346 APARTADO 865 FAJARDO, PR 00738	O&M HALYARD, INC 9120 LOCKWOOD BOULEVARD MECHANICSVILLE, VA 23116	ORACLE ELEVATOR COMPANY PO BOX 793 SAINT JUST, PR 00978
NATIONAL LIFT TRUCK SERVICE CALLE DIANA LOT 22 AMELIA INDUSTRIAL PARK GUAYNABO, PR 00968	OCASIO GATE O MATIC HC 61 BOX 4594 TRUJILLO ALTO, PR 00976	ORIENTAL TRUST OPERATIONS PO BOX 191429 SAN JUAN, PR 00919-1429
NEMF WORLD TRANSPORT INC PO BOX 3919 CAROLINA, PR 00984-3919	OCEAN FREIGHT LINK 3350 S.W. 148 AVE SUITE 110 HOLLYWOOD, FL 33027-3237	PAPER LAB URB. COLLEGE PARK 1827 CALLE ALCALA SAN JUAN, PR 00921-4342
NEOMED, INC 100 LONDONDENY CT SUITE 112 WOODSTOCK, GA 30188	OFFICE-IT PMB 245 SUITE 102 405 AVE. ESMERALDA GUAYNABO, PR 00969	PARI RESPIRATORY EQUIPMENT 2412 PARI WAY MIDLOTHIAN, VA 23112
NEPTUNO MEDIA PO BOX 191995 SAN JUAN, PR 00919-1995	OLIVER EXTERMINATING PO BOX 1264 CAGUAS, PR 00726-1264	PARKER LABS, INC 286 ELDRIGE ROAD FAIRFIELD, NJ 07004
NEW CLEANING SERVICE, INC. PO BOX 8177 BAYAMON, PR 00960-8177	OMNIMED, INC 800 GLEN AVENUE MOORESTOWN, NJ 08057-1122	PELEGRINA MEDICAL, INC PO BOX 910 SAINT JUST, PR 00978-0910
NIPRO MEDICAL OF PUERTO RICO PO BOX 810263 CAROLINA, PR 00981	ONEILL & GILMORE LAW 252 AVENUE PONCE DE LEON CITIBANK TOWERSM SUITE 1701 SAN JUAN, PR 00918	PELSTAR LLC/ HEALTH O METE 9500 W. 55TH ST LA GRANGE, IL 60525
NORTHERN ACRYLICS, INC. 2321 WEST SUPERIOR STREET DULUTH, MN 55806	OPTIVON, INC PO BOX 11881 SAN JUAN, PR 00922-1881	PITNEY BOWES PO BOX 11662 SAN JUAN, PR 00922-1662

POPULAR AUTO  
PO BOX 15011  
OLD SAN JUAN STATION  
SAN JUAN, PR 00902-8511

PUERTO RICO DUST CONTROL  
PO BOX 362048  
SAN JUAN, PR 00936-2048

SAKURA FINETEK USA, INC  
1750 W 214TH STREET  
TORRANCE, CA 90501

PR DEPARMENT OF LABOR  
PO BOX 195540  
SAN JUAN, PR 00919-5540

PULMONARY SERVICES GROUP  
PO BOX 19870  
SAN JUAN, PR 00910-1870

SALTER LABS  
8399 SOLUTIONS CENTER  
CHICAGO, IL 60677-8003

PR DUST CONTROL  
PO BOX 360546  
SAN JUAN, PR 00936-0546

QUALITY WATER SERVICE  
PO BOX 902096  
SAN JUAN, PR 00902

SCHUERCH CORPORATION  
452 RANDOLPH ST.  
ABINGTON, MA 02351

PRAXAIR PR, INC  
PO BOX 307  
GURABO, PR 00778

R.A.W. SECURITY SERVICES  
PMB 214-A  
PO BOX 607071  
BAYAMON, PR 00956

SECA CORP.  
13601 BENSON AVE.  
CHINO, CA 91710

PRECISION DYNAMICS CORP  
PO BOX 71549  
CHICAGO, IL 60694-1995

REAL BUSINNESS  
1605 AVE. PONCE DE LEON  
EDIF. SAN MARTIN SUITE 506  
SAN JUAN, PR 00909

SMART SECURITY SERVICES  
PO BOX 2110  
BAYAMON, PR 00960

PRECISION MEDICAL INC  
300 HELD DR  
NORTHAMPTON, PA 18067

RESPIRONICS, INC  
PO BOX 405740  
ATLANTA, GA 30384-5740

SMART SECURITY SERVICES  
PO BOX 50986  
LEVITTOWN STATION  
TOA BAJA, PR 00950-0986

PREMED, LLC  
PO BOX 474  
TRUJILLO ALTO, PR 00977

REY ELECTRICAL SERVICES  
HC 73 BOX 5766  
NARANJITO, PR 00719

SMITH MEDICAL  
PO BOX 7247  
PHILADELPHIA, PA 19170-7784

PRINTER REPAIR DEPOT, LLC  
PO BOX 364846  
SAN JUAN, PR 00936-4846

RICOH, PR  
BOX 71459  
SAN JUAN, PR 00936-8559

SMITHS MEDICAL ASD, INC  
PO BOX 7247  
PHILADELPHIA, PA 19170-7784

PRO-FAB, INC.  
BOSQUE FARMS BLVD.  
BOSQUE FARMS, NM 87068

RUSSIN, VECCHI & HEREDIA  
EL RECONDO 2 MONTE MIRADOR  
ENSANCHE BELLA VISTA 3ER PISO  
SANTO DOMINGO, DO

SMITHS MEDICAL CO  
PO BOX 7247  
PHILADELPHIA, PA 19170-7784

SPOT ON HOLD  
PO BOX 1836  
MAYAGUEZ, PR 00681

TECHNO-AIDE, LLC  
PO BOX 305172  
DEPT 96  
NASHVILLE, TN 37230

TRUMPF MEDIZIN SUSTEME GM  
PO BOX 68  
FARMINGTON, CT 06034-0068

SPS MEDICAL  
6789 W. HENRIETTA ROAD  
RUSH, NY 14543

TELEFLEX MEDICAL  
PO BOX 601608  
CHARLOTTE, NC 28260-1608

ULINE  
PO BOX 88741  
CHICAGO, IL 60680-1741

SS TECHOS, INC  
PO BOX 2022  
TRUJILLO ALTO, PR 00977

TELEFLEX MEDICAL/CV  
PO BOX 601608  
CHARLOTTE, NC 28260-1608

UNITED INSURANCE FINANCE  
PO BOX 6356  
SAN JUAN, PR 00914-6356

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

INTRA MEDICAL SUPPLY CORP.  
6364 WEST GROSS POINT ROAD  
NILES, IL 60714

UNITED PARCEL SERVICE  
PO BOX 71594  
SAN JUAN, PR 00936-8694

STERICYCLE, INC  
PO BOX 6582  
CAROL STREAM, IL 60197

THERMI FISHER SCIENTIFIC  
8364 VALLEY PIKE  
MIDDLETOWN, VA 22645

UPM GROUP  
PO BOX 192052  
SAN JUAN, PR 00919-5052

SURGICAL SPECIALTIES  
PO BOX 419407  
BOSTON, MA 02241-9407

TIDI PRODUCTS, LLC  
PO BOX 776290  
CHICAGO, IL 60677-6290

UPR SCHOOL OF MEDICINE  
PO BOX 365067  
SAN JUAN, PR 00936-5067

SURGICAL SPECIALTIES PR  
PO BOX 823444  
PHILADELPHIA, PA 19182-3444

TORCOS, INC  
PO BOX 29708  
SAN JUAN, PR 00929-0708

VEGA MEDICAL, INC  
PO BOX 1937  
VEGA BAJA, PR 00694-1937

SYSTEM ONE, INC  
BOX 10567  
SAN JUAN, PR 00922

TRI-TEX ENTERPRISES  
4909 LAKAWANA STREET  
DALLAS, TX 75247

VYAIR MEDICAL, INC  
29429 NETWORK PLACE  
CHICAGO, IL 60673-1294

SYSTRONICS, INC  
PO BOX 194030  
CA 91940-3000

TRIPLE S-SALUD  
PO BOX 71548  
SAN JUAN, PR 00936-8648

VYGON  
PO BOX 787426  
PHILADELPHIA, PA 19178-7426

WATERLOO HEALTHCARE  
PO BOX 53555  
PHOENIX, AZ 85072-3555

WELLS JOHNSON COMPANY  
8000 S. KOLB ROAD  
TUCSON, AZ 85756

WESTMED, INC  
PO BOX 29661  
PHOENIX, AZ 85038-9661

WEXLER SURGICAL, INC.  
11333 CHIMNEY ROCK RD.  
SUITE 110  
HOUSTON, TX 77035

WILFREDO PICORELLI  
AVENIDA ROBERTO CLEMENTE  
#D-1  
CAROLINA, PR 00985

WINCO, INC  
5516 SW FIRST LANE  
OCALA, FL 34474

WOLF X-RAY CORP  
100 WEST INDUSTRY COURT  
DEER PARK, NY 11729

YOKOGAWA CORP OF AMERICA  
2 DART ROAD  
NEWNAN, GA 30265

YOLANDA BENITEZ, COTTO  
CITY TOWERS SUITE 802  
SAN JUAN, PR 00918